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"SALUS POPULI SUPREMA LEX."

ORIGINAL COMMUNICATIONS.

ON WRY NECK,

RESULTING FROM

CARIES OF THE CERVICAL VERTEBRÆ,

BY

WILLIAM A. ELLIOTT, F.R.C.S.I.,

SURGEON TO THE WHITWORTH HOSPITAL, DRUMCONDRA.

FROM the number of cases of this formidable disease which have been brought under my observation, I have selected the following, as it represents the affection in a very aggravated form—the treatment of which, and its results, I consider interesting, and of some practical importance:—

Margaret Lynch, ætat 7 years, was admitted into the Whitworth Hospital, Drumcondra, on the 29th April, 1856. The child, who was badly nourished and emaciated, presented the following appearances:—The head (as exhibited in figure No. 1) had fallen completely to the left side, with an inclination forwards; the right side of the face was turned upwards, and was much congested from impeded circulation; the cheek rested upon the left side of the chest, and advanced so far downwards and forwards as to reach within about two inches of the nipple; the chin had passed the mesial line of the thorax, and advanced as far as the junction of the middle with the sternal third of the right clavicle.

FIG. 1.

The posterior aspect of the patient (which is represented in figure No. 2) exhibits the head, as thrown to the left side and resting upon the top of the shoulder. The spinal curvature, with its convexity looking towards the right side, occupied the entire of the cervical region; although, to the best of my judgment, I could only localise the disease as existing in the 3rd, 4th, and 5th cervical vertebræ.

The following history of this case was given by the patient's mother:—When about the age of 6 years, whilst playing roughly with her sister, the child received a very severe twist in the neck, which was immediately followed by faintness; and afterwards she complained of stiffness and pain in the part—the pain being greatly increased upon the slightest movement of the head or neck.

Immediately after the receipt of the injury the child was placed under surgical treatment, but her health, which, previous to the accident, was represented as having been very good, gradually declined.

FIG. 2.

For the next nine months, during which the most judicious treatment was unremittingly pursued, she suffered, at intervals of about three months, from inflammatory attacks, each being followed by a more gradual inclination of the head and neck to the left side.

The principal symptom which she complained of was a constant aching pain in the upper part of the neck, which was increased by making pressure upon the vertex and along the spinous processes, but greatly aggravated by the slightest attempt to rotate the head and neck.

In the recumbent posture she seemed to rest with comparative ease; but, when asked to sit up, the effort was made by first firmly grasping the head with both the hands, and then the act was accomplished with no small amount of difficulty.

In the erect posture the child rested her head upon the left shoulder; but, when desired to raise the head, she could only do so to a very trifling extent—say to half an inch or three quarters; and this position could only be maintained for a few seconds.

When asked to walk, she instinctively raised the top of the shoulder and placed it against the ear and side of the head. An amount of support was thus afforded, which enabled her to move slowly and cautiously about.

The treatment which I adopted in this case consisted of Constitutional, Local, and Mechanical agents, viz.:—She was ordered full and generous diet; iron combined with quinine, varying at intervals with other tonics, and cod-liver oil at night.

Counter irritation was constantly kept up in the neighbourhood of the diseased vertebræ, by means of small Blisters; alternating, when the parts were healed, with applications of the Tinct. Iodine.

The child was strictly kept to her bed, with the head and shoulders slightly elevated. This course was steadily pursued for six weeks, when a visible improvement had taken place in her general health, accompanied with almost complete subsidence of pain in the neck.

The case having thus far satisfactorily progressed, and fortunately without any formation of abscess, I ventured upon the gradual restoration of the head and neck to their normal positions, by adopting the following means:—

I placed a soft but firm pad, three quarters of an inch in thickness, between the maxilla and chest (which was the maximum extent to which the parts admitted of separation). This pad was very gradually increased in thickness, until the head became so far elevated as to permit a collar made of leather, one inch in height, to be so applied

as to encircle the entire neck, which was worn by day and night.

The child became accustomed to the use of this support after three or four days, when I allowed her to get up and walk about the ward. Of this permission she gladly availed herself, and seemed to derive much comfort from the collar, which was raised from time to time at the left side and under the chin, by means of strips of thick chamois leather, pasted one over the other upon the upper edge of the collar, until the head and neck were brought to the position represented in figure No. 3.

Fig. 3.

The head and neck having been restored to their normal positions, and the child's health being much improved, I gave permission for her removal from the Hospital at the latter end of December, 1856 (being eight months from the period of her admission), with directions to have the collar kept constantly on.

In three weeks after patient's discharge from hospital she presented herself at the dispensary, when I was disappointed at finding her general health very much impaired; she seemed weak and languid, and had become much thinner. Her constitution had suffered considerably from want of care and suitable nourishment, with which her parents were, in all likelihood, unable to supply her. She was, therefore, re-admitted on the 15th January, 1857, and kept in hospital until the 20th of June following, when she was discharged cured.

I have had frequent opportunities of seeing Margaret Lynch since the above date. In October last I examined her and made the following notes of her case:—

This little girl is much altered in appearance, she has grown strong, her figure well developed, and her general health good. There is some amount of rigidity in the neck, accompanied by deep-seated thickening of parts commencing from about the third to the fifth or sixth vertebra, which indicates that anchylosis to a greater or less extent has taken place, with some apparent shortening of the neck.

The motions of the head and neck are in a very trifling degree impeded, she can fully bend the head forwards. Lateral inclination at both sides is in some measure limited, she can throw the head sufficiently backwards, as to enable her to look almost fully and freely upwards without any compensatory movements in the dorsal or lumbar regions. I may fairly say, however, that close observation is requisite to detect any existing difference from the normal motions of the cervical region.

The cases which, in my experience, have been successfully treated according to the foregoing system have occurred in children between the ages of three and ten years. In whom I found the head and neck thrown into various positions—viz., laterally and forwards with torsion of the neck. Laterally, with different degrees of inclination. Forwards with the chin resting upon the sternum, and Backwards with convexity of the spine anteriorly. This latter form of the disease I have found much more intractable in its management than any of the former.

In each case of recovery no symptomatic abscess existed. I have attempted this mode of treatment even in patients who were suffering from purulent discharges, but soon desisted, finding that all such interference was fruitless, and productive rather of evil than good results. They were, however, persons of eminently strumous diathesis, and consequently unpromising subjects for any mode of treatment.

We cannot expect that each case of recovery can be perfect, and unaccompanied with either more or less of deviation from the normal formation of the neck. In Margaret Lynch's case the disease occurred in an extremely aggravated form; and, although her recovery was unattended with deformity, other patients with less formidable symptoms have recovered with slight malposition of the neck, evidently resulting from absorption of bone, and possibly of intervertebral substances.

I attended with the late Dr. Cusack and Sir Henry Marsh a young lady, aged 23 years, of extremely weak and delicate constitution, in whose case there existed but very little deviation of the spine and unaccompanied with abscess. She had all the well-marked symptoms of cervical caries; after eighteen months from the first appearance of the disease, she died. Three weeks previous to her death she complained for the first time of difficulty in deglutition accompanied by loss of power over the hands and arms, which quickly extended to the trunk and lower extremities, and terminated in total paralysis. Her miseries were greatly aggravated by loss of control over the sphincters of the bladder and rectum.

We find it difficult in spinal caries to define the exact extent of the diseases, and what structure has been the primary seat of inflammatory action. It may have its origin in the intervertebral substance, or in the cancellous tissue of the vertebræ, which latter may be considered the strumous form of the disease, and most likely to be followed by the formation of matter. But as the disease advances both structures may become implicated.

The direction towards which the head and neck will become inclined (should the disease not be arrested) will be determined by that part in which the morbid action exists. To this situation the head will invariably be found to lean.

It may be suggested, and it occurred to my mind at first, the prudence of interfering by mechanical means in restoring the shape of the part, by raising the head and neck, and thus keeping apart the inflamed and ulcerated surfaces of bone and intervertebral substance. Such interference might seem a positive obstacle to the formation of anchylosis, and somewhat at variance with the opinions of systematic writers upon this subject. Yet experience justifies me in stating, that whilst the curative process of anchylosis is progressing, the restoration of parts to their normal position may contemporaneously be conducted with the utmost safety and benefit to the patient.

When caries occurs in any part of the spinal column, it is invariably accompanied by a debilitated condition of the general system; therefore, it is manifestly important to attend strictly to hygienic treatment, if we hope for successful results.

In caries and other affections of the neck attended with contraction, I have practically experienced the great utility of the leather collar, to which I have already alluded. It forms an important mechanical adjunct in our treatment. When properly shaped, the lower edge should be made to rest upon the sternum and clavicles, whilst the upper edge should with equal accuracy be adjusted and brought in contact with the inferior maxilla and occiput.

The indications fulfilled by this support are obvious—viz.: 1st. Having fixed points for the collar to rest upon, the

superincumbent weight of the head is thereby in a great degree removed from the inflamed and diseased tissues.

2nd. Mobility of the parts is rendered greatly limited.

3rd. The collar affords an amount of passive resistance to the action of the cervical muscles, the contraction of which must be attended by a closer approximation of the diseased and softened surfaces, thereby promoting a more rapid absorption of bone and intervertebral substance.

4th. There is no necessity for constant confinement in the recumbent posture. When the collar has been applied, patients may be allowed occasionally to walk about and enjoy open air exercise, which is not the least important advantage to be derived from the mode of treatment which I have suggested.

A CASE

ILLUSTRATING A RARE FORM OF RHEUMATIC PERICARDITIS,

SUCCESSFULLY TREATED.

By ROBERT HUNTER SEMPLE, M.D., M.R.C.P.Lond.,

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THE following case is an instance of a very severe form of pericarditis, having its origin, no doubt, in a rheumatic diathesis, but not preceded, nor accompanied, nor followed by the ordinary characters of rheumatic fever. It would appear that the rheumatic poison circulating in the system concentrated itself almost in the first instance upon the heart, thus rendering the premonitory symptoms very obscure and the disease itself doubly dangerous.

Mr. ——, a gentleman, aged 32, tall, and of robust appearance, of an active and energetic disposition, engaged in an extensive mercantile business and accustomed to generous living, but not amounting to excess, became affected about the end of June last year with several anomalous symptoms. He was occasionally feverish, restless at night, disinclined to food, but rather thirsty, and his mind was somewhat affected at intervals, especially at night. These symptoms, however, assumed a kind of intermittent character, for on some days he could go to town and transact his ordinary business, while on other days he would remain at home and lie in bed the greater part of the day. He was perfectly rational when spoken to by his medical attendants, and the wandering showed itself chiefly to some members of his own family.

On Saturday, June 24th, I was attending a member of his family at a little distance in the country, and I came to town with him; he was then quite rational, and apparently in good health, and I left him in the west-end of London. On Sunday, when I went to visit the other patient, he was in bed, and I examined him carefully in conjunction with his ordinary medical attendant. We could find nothing definite in his symptoms, which somewhat resembled those of incipient typhoid fever, which indeed was then prevailing, not only in the neighbourhood, but in the house itself; but I felt sure that he was not labouring under this disease, because I had attended him some years before in a well-marked attack of this very fever, and I thought it very improbable that he would take it a second time. There were no symptoms of typhus, the pulse was rather rapid, the head was warm but not hot, the skin was moist, there was no eruption, there was some thirst, and he was quite rational. We, therefore, recommended rest, and a little saline medicine, and a moderate amount of supporting diet. The next day (Monday) I saw him incidentally in the evening as I was seeing the other patient. He was then in much the same condition; and on Tuesday I saw him again, when he was in bed, but quite tranquil, and apparently getting better; and I left him under the care of his usual medical attendant. I did not see him again until July 5th, when I received a telegraphic message from his wife to go down and visit him at Broadstairs. This message was sent to me without his knowledge, and was caused by his restless and excited manner, want of sleep, and frequent incoherence of mind, but there were not any other remarkable symptoms. On visiting him I found him quite tranquil, but rather low-spirited; he was sitting up, and was quite able to walk about. As he did not admit that he was ill, I had some little difficulty in making a careful medical examination, but I found that the head was not hot, the skin was cool and moist, and the pupils acted normally; the pulse was rather quick, but soft. All I could ascertain was, that he had had very restless nights, with a total want of sleep, and great incoherence. It should be mentioned that since I saw him at home he had been actively engaged in various pursuits, and had indeed been making rather violent efforts to "shake off" the complaint, and had come down to Broadstairs by himself, not only without any advice, but rather in opposition to it. As his condition was unsatisfactory and the symptoms were anomalous, I determined not to leave him for the night, and as he was labouring under evident excitement and irritability of the nervous system, I ordered him to take half a drachm of Battley's sedative solution at bed-time, and the dose to be repeated if necessary, requesting that I might be called during the night in case of his being restless. I was called accordingly, and found that the opiate had produced no effect at all, and I therefore repeated the dose, and recommended more to be given afterwards. After taking about two drachms of the opiate, no effect was produced, and the night was passed, I believe, absolutely without sleep. As I thought that the Battley might possibly not be genuine, I now changed it for the hydrochlorate of morphia, of which I gave, in solution, a quantity amounting to half a grain, but still no sedative effect was produced. I remained with the patient the greater part of the day of July 6th, and gave him additional doses of the hydrochlorate, one-third of a grain at a time, but still no benefit ensued. I was obliged to return to London, but directed that the morphia should be continued, and that a local practitioner should be called in. The next day I received a note from the patient, perfectly well written, but of a somewhat peculiar character, and seeming to express some annoyance at my having been sent for to visit him, and he made no allusion to his being ill. For the next few days I heard nothing of him, except that I was informed, in conversation with some of his relatives, that a local practitioner had been called in, and that "gout" had developed itself in one of his feet. I was rejoiced to hear this statement, as I now thought that a clue was given to the nature of the affection. It should be mentioned that the patient had never suffered from rheumatic fever.

On Monday, July 10, I was summoned by a telegraphic message to go down immediately to Broadstairs, as the patient was much worse, and the medical gentleman in attendance wished to meet me in consultation. I accordingly went down and met Mr. Walter of the above town, and I desire to express my sense of that gentleman's extreme care and ceaseless attention throughout the progress of the case. My first inquiry on seeing the patient was, whether there was any pain or swelling of the feet, and I found a slight redness on the left great toe and some tenderness on pressure; but these symptoms were quite transient, and an hour or two afterwards I could not detect them. But in other respects the patient was very dangerously ill. He was lying prostrate in bed, breathing rapidly and laboriously, with a quick, rather small and intermittent pulse, head moist, pupils acting normally. On examining the region of the heart, I found that the præcordial dulness was increased, particularly upwards, while the impulse and sounds of the heart were quite imperceptible. It was now evident that there was pericardial inflammation with effusion into the sac of the pericardium. I, therefore, in consultation with Mr. Walter, directed a large blister to be laid over the præcordial region, and at the same time strong blistering fluid was applied to the feet and toes. The solution of morphia (which had been

continued at frequent intervals ever since I first ordered it), was directed to be still given, and brandy was administered in the dose of a tablespoonful every two or three hours, together with strong beef-tea and milk. The objects aimed at in this treatment were—first, to support the strength of the system and to stimulate the flagging action of the heart; secondly, to divert the effusion of serum or lymph from the surface of the heart; thirdly, to produce a kind of artificial rheumatism in the extremities; and, fourthly, to tranquillize the nervous system while the process of repair was going on in the pericardium. I considered that depletory measures were unadvisable, and that no benefit could be expected from mercury in any form. As the patient's case was very critical, I remained with him all night, and repeated my visits from London from time to time, often staying near him at night.

The above treatment did not produce any immediately beneficial effects; but the blisters answered the purpose of causing rather extensive vesication over the chest and over the feet and toes, but without much pain. Nothing like rheumatism or gout was developed, either then or afterwards; but after a day or two the action of the heart became perceptible, both to the touch and by the stethoscope, although its impulse was still weak, the sounds were feeble, and there was no murmur. The patient was quite delirious, but not violently so, his thoughts wandering chiefly about matters of business; his head was always cool and moist to the touch; the pupils were quite regular, and acted on the stimulus of light; the bowels were moderately open; the urine was passed freely; there was abundance of acid perspiration. It should be mentioned that the urine was examined, but it contained no sugar or albumen, nor did it appear thick or high-coloured.

Thus matters went on for some days, the breathing being rapid and laborious, 40 to 50 in a minute, the pulse rapid and intermittent, so that it could hardly be counted; but it appeared to be about 160, and the unconsciousness and delirium continued. There was, indeed, very little favourable about the case, except that the patient continued to live and to take support and stimulants, which were given very freely, and the acetate of morphia was regularly administered in the dose of a third of a grain to half a grain every three hours. Notwithstanding this enormous quantity of morphia, the pupils were unaffected, and very little genuine sleep was procured.

It was now thought advisable that another London opinion should be requested in consultation, owing to the extreme gravity of the symptoms, and accordingly I went down in company with a distinguished hospital physician on the 19th of July. On relating to him while on the journey the features of the case, he informed me that he had seen two cases, and only two, as far as I understood him, of a similar kind. We found the patient nearly in the same state as that I have just described, but the inflammation had now spread to both lungs, and there was pleuro-pneumonia on both sides; the action of the heart was still weak, but it was perceptible, and there was a distinct but not very loud friction sound. The opinion of the other physician, both as to the nature of the disease and the treatment to be pursued, coincided entirely with my own, and no change whatever was recommended. Brandy was to be regularly given in the dose of a tablespoonful every two hours, or more if necessary; milk and strong beef-tea, or jelly, or turtle-soup, were to be taken as freely as possible, and the morphia was to be continued in the same doses as before until the pupils were affected.

Still no great change was observed, and it became obvious that the case would run on for the same length of time as one of ordinary rheumatic fever, if the patient survived the heart-affection, and this turned out to be the fact, for when I saw him on the 5th of August, which was about five weeks from the commencement of the attack, he was beginning to get a little better, and was becoming rational. Still the pulse was very rapid, weak, and intermitting; the breath very quick and laborious, and there was extensive dulness all over the posterior part of the lungs, with friction sound and tubular breathing; the action of the heart was now distinctly perceptible, with occasional friction sound, but I could never detect any endocardial murmur. There was profuse perspiration and a miliary eruption over the skin. A rather alarming symptom presented itself about this time—namely, swelling, tenderness, and redness along the course of the right basilic vein, and I was under some apprehension that thrombosis or embolism might develope itself; but by assiduous fomentation of the inflamed vein, the pain and tenderness gradually subsided and gave no further trouble. As the general symptoms were now relieved, the quantity of brandy was reduced, but the use of the morphia was still continued, though in somewhat smaller doses, and at rather more distant intervals. I last saw the patient at Broadstairs on the 12th, 13th, and 14th of August, when he was very much better, was quite rational, and was able to eat his meals as usual. He was still suffering, however, from shortness of breath, the pulse was very rapid, and he was very weak, but not much reduced in size.

I now saw nothing more of him until the 6th of September, when I was asked to visit him in the vicinity of London. He was now able to walk, although he was still weak, and his breath was short on making any exertion. The pulse was weak, rapid, and intermittent, and the breathing rapid; there was some dulness on the back of the right lung, but I could detect no murmur or friction sound over the heart. Since that time the patient has been in Scotland, where he has been sailing, riding, and walking, and he is now in London, pursuing his business as usual.

Remarks.—The above case was one of rheumatic pericarditis, in which the affection was altogether, or almost altogether, confined to the investing membrane of the heart—for I cannot recognize the slight and transient inflammation of one toe as more than an indication, though an important one, of the true nature of the disease. The early symptoms were rather those of a cerebral than of a cardiac nature; but it is well known that in pericarditis the intellect is very often impaired, and this latter circumstance is, indeed, sometimes almost diagnostic of pericardial inflammation. The treatment throughout, it will be observed, was of a soothing and sustaining kind, no depletion having at any time been recommended. The amount of stimulants administered was very large, twelve ounces of brandy having been given in the twenty-four hours regularly, for at least three weeks, and a smaller quantity before and after that period. The amount of morphia given was also very great, one-third of a grain to half a grain having been administered at frequent intervals during the whole of the illness. What may perhaps appear astonishing to those who are unacquainted with the results of such treatment is, that no injurious effect whatever was produced, either by the alcoholic liquids or by the morphia; the delirium diminished in proportion as the alcohol was increased, and the morphia produced no constipation of the bowels, and did not even contract the pupils.

NOTES ON THE USE OF

ASTRINGENTS, STIMULANT-ASTRINGENTS, AND CAUSTICS,

IN

AFFECTIONS OF THE EYE.

By D. ARGYLL ROBERTSON, M.D., F.R.C.S.E.,

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THERE are no remedies which are so much, and but too often indiscriminately, employed in diseases of the eye, as astringents, stimulant-astringents, and caustics. Under these heads are included sulphate of copper, nitrate of silver, alumn, corrosive sublimate, and the active ingredients of almost all the ordinary collyria. They may conveniently be divided into the three classes I have already specified, for although many of them possess properties

enabling them to be ranked under all the three heads according to the strength of the preparation employed; yet some possess in a higher degree the one, some the other action. This division is of essential practical importance, for cases constantly occur in which the use of a stimulant-astringent application aggravates the disease, while the employment of an astringent preparation rapidly effects a cure. On the other hand, many chronic inflammatory affections yield much more rapidly to a stimulant-astringent than to a purely astringent lotion. It is almost needless to observe that the use of a caustic solution to such a tender organ as the eye is applicable only in a few special cases.

Under the term Astringents, I would reckon solutions of tannin (gr. v. ad. ℥j.), or acetate of lead (gr. i—ij. ad. ℥j), drops of nitrate of silver (gr. ii. ad. ℥i), and infusion of tea (j℥. ad. Oi). A remedy I have found an excellent astringent, and for which I am indebted to my friend Dr. Andrew Inglis, is the resin of the Argemone Mexicana (yellow thistle) dissolved in glycerine. It is, I believe, much employed by the native oculists of India. A weak ointment of the red oxide of mercury, consisting of one part of the Pharmacopœial ointment and seven of lard, well mixed, also forms a useful astringent. The class of stimulant-astringents includes solutions of sulphate of zinc (gr. i—iii. ad. ℥j), alumn (g. iv. ad. ℥i), sulphate of copper (gr. i. ad. ℥i), corrosive sublimate (gr. i. ad. ℥vi), nitrate of silver drops (gr. x—xx. ad. ℥i) and vinum opii, either pure or diluted, with equal parts of water.

As caustics, the solid nitrate of silver, either pure or fused along with nitrate of potass (either equal parts or two parts of the latter to one of the former), as recommended by Professor Von Graefe, and a crystal of sulphate of copper, are those most usually employed.

I have now only a few suggestions to make regarding their use. I would first remark that the employment of all the three classes of remedies should be limited almost exclusively to the most superficial affections of the eye. Thus we find them of most service in inflammatory affections of the conjunctiva. In the earlier stages of acute inflammation of that membrane, great benefit will be derived from the use of purely astringent washes, while in the chronic stages and in its chronic inflammatory affections the stimulant-astringents are more particularly indicated. In the common affection, granular lids, it is advisable to vary the application according to the nature of the granulations; in those cases in which the granulations are large, soft, and flabby, consisting of the papillæ of the conjunctiva much distended and highly vascular, and in which the whole of the conjunctiva is congested and thickened, the use of strong astringent washes, such as those of tannin or nitrate of silver, are of most use; whereas in other cases, in which the granulations are small, hard, and light-coloured, more stimulant applications, such as a crystal of sulphate of copper, rubbed gently over the granular surface, answer best.

In affections of the cornea, astringents and stimulant-astringents must alike be used with great caution. They should never be used in acute inflammatory affections of that structure, and they must be used very cautiously, even where the inflammation is chronic and superficial, where their application is frequently of great service. If used too early or too freely, inflammatory reaction is certain to occur, and the affection aggravated. The same rule applies to ulcers of the cornea. The application of cold water is a good method of testing whether the eye is in a condition to bear the use of these remedies or not. Where its application is grateful to the patient, the use of mild astringent washes will generally be found to answer well. I may here repeat a caution, which is to be found in all ophthalmic works, to avoid the use of bad washes in ulcers of the cornea, as the chloride of lead, which is formed by the union of the wash with the lachrymal secretion, becoming deposited at the foot of the ulcers, forms a permanent opacity. To hasten the absorption of corneal opacities, a weak stimulant-astringent wash may be freely used.

Stimulant-astringents and astringents should never be employed in iritis, or any of the deeper seated inflammations of the eye; as, so far from doing any good, they invariably aggravate the disease. In fact, the worst cases of iritis a surgeon can be called upon to treat, are those in which such lotions have been employed in the earlier stages.

Caustic applications are not required in many affections of the eye. I have already referred to the use of sulphate of copper in one variety of granular lids. They may also be employed in chronic enlargement of the caruncle—in eversion of the lids from inflammatory thickening of the conjunctiva, and to remove the fungoid growth which often forms at the conjunctival wound after the operation for strabismus; but in most of these cases the knife or scissors are to be preferred. In a case of chronic fistula of the cornea, I found the application of a fine point of the so'id nitrate of silver induce closure of the aperture. Caustics are occasionally employed in prolapsus iridis to remove the prolapsed portion of the iris. It is a highly dangerous practice, as the amount of irritation thus set up is very apt to give rise to suppurative inflammation of the iris and its consequences. The use of the scissors is attended with far less risk, and better results.

These jottings are the results of experience and observation, and, I trust, may prove serviceable in leading to a correct use of these valuable but often misapplied remedies.

CASE OF

MALIGNANT ULCERATION OF THE ŒSOPHAGUS PENETRATING THE TRACHEA.

By WILLIAM LODEWYK CROWTHER, Esq., M.R.C.S.E.,

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GEORGE C——, aged 52 years, of robust habit and previously good state of health, applied to me on the 28th of May, 1865, having at the time symptoms of stricture of the œsophagus, the seat of obstruction being immediately behind the sterno-clavicular articulation. There was no actual impediment to the transit of liquid aliment, although a greater effort than natural was required to carry it past the affected spot, and the passage was always attended with pain. Under treatment these symptoms wore off, and in the course of ten days he was enabled to swallow solid food without embarrassment, and on the 7th of June reported himself *well.*

On the 7th of July I was requested to see him, and found him coughing violently, the matter ejected being a bloody frothy mucus. The cough commenced at eleven a.m., and had continued without intermission until the time of my visit (three p.m.) Upon examination, the chest was found to be resonant throughout, and no symptoms of bronchial or pulmonic lesion were present, nor was there any cardiac disease. In consequence of the severity of the cough, the state of the larynx at that moment could not be determined with accuracy. When an attempt was made to swallow a small quantity of liquid, a violent paroxysm of coughing instantly followed, the material having evidently found its way into the air-passages. Each subsequent attempt produced a similar result, and it was found necessary to abandon the idea of conveying anything to the stomach by the ordinary process of deglutition. Upon the following day the cough subsided, and so long as aliment of all kinds was withheld, no inconvenience was experienced, nor did the circulation exhibit any disturbance. The larynx was examined, and proved to be in a healthy condition. For several days nourishment was administered by means of the stomach pump and broth enemata, but the transit of the œsophagal tube produced so much distress that at the urgent request of the patient the plan was abandoned. He sank on the 20th, thirteen days after perforation of the trachea took

place; the respiratory functions (so long as nothing was swallowed) having remained, with the exception of the first day, comparatively undisturbed.

Post-mortem examination.—The anterior wall of the œsophagus, opposite the upper part of the trachea, was extensively ulcerated, and completely adherent to the trachea. Between the two tubes a free communication had been formed by a ragged ulcerated opening, one inch and a quarter in length and half an inch in width. The larynx, as well as the trachea and œsophagus, below the immediate seat of the disease, were healthy, as were the bronchi and pulmonary tissues. On microscopic examination, the diseased tissues presented the characteristic structure of epithelial cancer.

The preparation has been presented to the Museum of the Royal College of Surgeons of England.

LECTURES

ON THE

NATURE, CAUSES, AND TREATMENT OF DYSPEPSIA,

Delivered at the

QUEEN'S HOSPITAL, BIRMINGHAM,

By BALTHAZAR W. FOSTER, M.D., F.L.S.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE QUEEN'S HOSPITAL AND PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, AND OF THERAPEUTICS AND MATERIA MEDICA IN SYDENHAM COLLEGE, BIRMINGHAM.

LECTURE I.

Gentlemen,—I have long promised to deliver to you some few lectures on the various disorders of the digestive system commonly classed together under the term Dyspepsia, and I do so with the greater pleasure as I am sure that any attention you may now give to the observation of these affections will be of almost daily use to you in your after life. One of the great errors committed by students when pursuing their curriculum at the hospitals is the neglect with which they treat the more ordinary forms of disease. The bed of a patient suffering from some *interesting* complaint is too often surrounded by many observers, who would be doing far better work for themselves by carefully attending to the more common manifestations of disease to be seen in the out-patient departments of the hospital. For I would have you ponder this fact in your minds, that while you will seldom meet in your future practice with such cases as you now best love to dwell upon, your daily task will be, on the contrary, to treat, and your future success will mainly depend upon your skill in treating maladies that are now passed by as uninteresting and trivial. Far be it from me by these remarks to deter you from devoting much of your attention to the fascinating problems that medicine so freely offers for solution, and the investigation of which will in future become to the true student amid the daily routine of practice one of the chief charms of his profession. To these questions I would have you give the most careful and prolonged observation, but only when by a minute and accurate study of the more frequent varieties of disease, you have strengthened yourselves for the task. Most of the examples by which I shall illustrate these lectures are to be found among our out-patients, and by thus directing your attention to a field much neglected, yet teeming with material useful and most instructive, many of you will, I hope, enter on your professional career better armed to meet its emergencies.

Diseases of the stomach are surrounded with an amount of obscurity which, although daily decreasing with the advance of physiological and pathological knowledge, still leaves much to be cleared up by the experimental medicine of the future. Our increased acquaintance of late years with the physiology of digestion has, however, given us much useful material to apply to the solution of some of the pathological conditions of the digestive act; but the progress made has been small when compared with the growth of our knowledge in some other departments of medicine. There are several difficulties connected with the investigation of this class of diseases which, to some extent, explain this.

In the first place, our means of obtaining physical information are much limited in gastric disorders. The stethoscope tells us in no uncertain tones the various changes that occur in the viscera of the thorax, and the products of these changes are mostly excreted in an instructive form. The microscope and chemistry also have done much to elevate from obscurity to light the diseases of such organs as the kidneys, whose secretions pass from the body unchanged. But the stomach does its work silently, and only allows its secretions to pass away when mingled with food and complicated by admixture with fluids even more complex than its own. Again, mucous membranes, as we know from the researches of the great German school of pathologists, assume, for the most part, that form of inflammation called the secretory, which leaves after death such a dearth of all traces of disease. The lining membrane of the stomach on this account in very many cases, even where the malady has been of long duration, offers us no appreciable changes of structure; and, moreover, the gastric juice acting, as it does, under certain conditions on the membrane whence it is derived, often sweeps away all signs of pathological action in the more extensive post-mortem lesions which it causes. Sufferers from dyspepsia themselves too often add much to the difficulty of arriving at a fair knowledge of their cases by the reluctancy with which they admit, nay, often by the energy with which they deny the real causes of their disorder. In the better fed classes you will especially find this to be the case, the effects of some well-beloved indulgence on the digestive system being often hidden with the greatest ingenuity from the scrutiny of the physician. A brief consideration of these various obstacles to a more intimate knowledge of the various changes of structure produced by disordered action renders it easy for us to understand how it is that we still must speak of the *functional diseases* of the stomach. The tendency of all modern pathology is to refer all the phenomena of disease to some antecedent lesion of structure; but in all those tissues that are devoted to the performance of special and important functions, this tendency meets with its greatest difficulties.

The functions of such organs generally depend on very delicate changes in the contained matter of cells rather than upon alterations of the cells in their entirety, and these modifications occur often under certain influences with great rapidity, and with the production of great results without leaving any sufficient traces of altered arrangement in the cell contents. Our closest investigation gives us with our present appliances but negative results; we can recognize no certain chemical change, no decided abnormality in the structure of the tissues. We are therefore obliged to consider that these conditions depend upon an abnormal functional irritation, although

many of the diseases of the digestive organs that we are now obliged to include in this definition will eventually be found to depend on changes of a nutritive or formative character in the cell elements. Many pathologists would have us consider these so-called functional derangements as altogether dependant on nerve influence, and would class them all as neurosis of either the pneumogastric or sympathetic nerves. The doctrines of the neuro-pathologists are, however, I think insufficient to explain all the conditions that we speak of under the term dyspepsia; and although I believe that in the stomach, as in all glandular apparatus, the nerves play an important part, yet I am confident that, as the progress of pathology has hitherto been to limit the power of the nervous system in the production of disease, so the future will continually discover for us well-marked structural changes, anatomical or chemical, associated with what we now term functional diseases. Dyspepsia will, therefore, mean for us in these lectures a group of diseases of the digestive organs, associated with difficult digestion as their marked and characteristic symptom, but dependant upon no definite alterations of structure that we can at present distinguish. Some of these dyspepsias we may call neuroses; others, doubtless, owe their origin to abnormal conditions of either the mucous coat and its secreting apparatus, or of the other tissues, to be recognized hereafter as formative or degenerative errors of nutrition; while an increased knowledge of animal chemistry will teach us, no doubt, that a third class are referable to chemical derangements in the economy.

It is manifestly difficult to include within the limits of an ordinary definition anything like a fair statement of a class of diseases like dyspepsias; and this difficulty is increased by our want of knowledge on this subject, for good definitions can only be found as science approaches its maturity. Nevertheless many attempts have been made, of which that of M. Guipon is perhaps the best. In a modified form I give you this definition, but I would have you, while accepting it, keep in mind the observations I have just made. Dyspepsia signifies *difficult digestion dependant on either faulty secretion or disordered enervation, or both combined.* Some would discard the use of the word entirely, but it is eminently convenient, and although we may admit with its opponents that it includes many conditions essentially different in their nature and causes, yet we must remember that all these conditions are united in their one great symptom of difficult digestion. And although a more perfect pathological knowledge may in time enable us to distinguish the elementary lesion of each variety, we should be wrong in dismissing from present use a term so convenient and expressive. From the preceding remarks you will naturally expect me to place before you for your guidance some classification of the various disorders of digestion to which I have alluded, and which I propose to consider as varieties of dyspepsia. The remainder of this lecture I shall devote to the elaboration of such an arrangement, using for that purpose the labours of my predecessors, and endeavouring, with their aid, to construct a chart for your guidance and instruction. This task is no easy one, for a classification, like a perfect definition, can only be enunciated when our knowledge of a subject is drawing near to its completion. The attempt, however, will, I trust, give you some clearer views of the malady in question, and prove useful to you, not only in diagnosis, but in treatment. If we glance over the various arrangements of the divers forms of dyspepsia that have from time to time been advanced, we are struck by the two extremes that have characterised different schools; by the one we find all deranged conditions, functional as well as organic, of the digestive organs classed under a single head, and by the other are equally to be decried multiplication of forms so great that each symptom is made to represent an independant disease. In the first place, distinction is now generally made between the derangements of digestion that are *essential* and those that are *secondary* or *sympathetic.* Dyspepsia is said to be *essential* when it is the consequence of some abnormal condition of the digestive system itself—*secondary* or *sympathetic* when it follows diseased action in any other part of the body. As secondary dyspepsia may accompany nearly every disease, the consideration of it is manifestly foreign to our present purpose and would necessitate a review of nearly all the domain of pathology.

Essential dyspepsia will, therefore, only be considered. In natural digestion as we can recognize two chief stages, viz.—the gastric and the intestinal or enteric, so we shall primarily distinguish two forms of indigestion, the one dependant on error in the first stage, the other on abnormality of the second part of the digestive act, and we shall denominate them respectively *gastric* and *enteric dyspepsia.* This division we shall find very convenient in considering the various causes of disordered action, but we must not draw the line of differentiation too strictly, for we often find digestive derangements partaking not only of a gastric but also of an enteric character, a circumstance not at all surprising when we reflect on the intimate connexion existing between the functions of the two tracts. It is necessary, therefore, to add a class of *gastro-enteric* or mixed dyspepsias, in which diseased conditions of the stomach are associated with intestinal disorder.

The duration of the malady affords us also occasion to make a distinction between *acute* and *chronic* affections. Of acute gastric dyspepsia there are two varieties—*accidental dyspepsia* and *irritative dyspepsia* (the temporary dyspepsia of Guipon). The latter we might fairly call subacute, as it has a somewhat longer course than the ordinary acute form, accidental dyspepsia. Of chronic gastric dyspepsia, the following varieties may be enumerated—arranged as nearly as possible in the order of frequency:—

1. Flatulent.
2. Acid.
3. Gastralgic
4. Atonic.
5. Catarrhal.
6. Syncopal.

In a future lecture it will be my task to explain more fully my views of the nature of these different forms of chronic indigestion; at present I may remark that many of them have been long recognized. The syncopal variety has, however, the interest of being a recent addition of which we owe our chief knowledge to a French author. Since my attention has been more especially directed to it, I have met it with sufficient frequency and associated with such characteristic symptoms as to feel justified in retaining it in a classification.

Of enteric dyspepsias we may enumerate the same varieties of the acute form that we have mentioned in the gastric class, viz.—accidental and irritative. The

following include in my opinion the various forms of chronic enteric dyspepsia :—

1. Flatulent.
2. Enteralgic.
3. Atonic.
4. Bulimic.

For reasons that I shall have to state on a future occasion I have omitted from my list *acid intestinal dyspepsia*, and I have also classed bulimic dyspepsia as an enteric variety.

The following table will show at a glance the different forms of gastric and enteric dyspepsias, and at the same time give you some information concerning the gastro-enteric class: any further subdivision is not only a burden to the memory but an unnecessary refinement :—

	Class I. Gastric Dyspepsia.	Class II. Enteric Dyspepsia.	Class III. Gastro-Enteric Dyspepsia.
Acute	Accidental dyspepsia.	Accidental dyspepsia.	Accidental dyspepsia.
	Irritative do.	Irritative do.	Irritative do.
Chronic	Flatulent do.	Flatulent do.	Various combinations of the gastric and enteric forms
	Acid do.		
	Gastralgic do.	Enteralgic do.	
	Atonic do.	Atonic do.	
	Catarrhal do.		
	Syncopal do.	Bulimic do.	

CLINICAL RECORDS

ILLUSTRATIVE OF THE

DISEASES OF CHILDREN.

By G. STEVENSON SMITH, L.R.C.S.Ed.,

RESIDENT MEDICAL OFFICER, ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

POST-SCARLATINAL DROPSY WITHOUT ALBUMINURIA.

The frequency of dropsy as a sequel of scarlet fever led the immortal Cullen to mention it in his definition of that disease; and in more recent times, the almost invariable presence of albumen in the urine of those suffering from post-scarlatinal dropsy, has given rise to the very general opinion that the association of these two symptoms always indicates a morbid condition of the kidney analogous to Bright's disease. Thus Dr. Watson, in describing the dropsy that follows scarlatina, remarks :—"In this, as in other species of febrile dropsy, the urine is very dark, olive-coloured, albuminous, and sometimes bloody; and it contains fibrinous casts of the renal tubules, with epithelial cells intermixed." And Dr. Warburton Begbie, whose careful observations and extensive experience give great value to his conclusions, says :—"While there is no anasarca, the urine may be albuminous, but it contains no casts. As soon as anasarca occurs casts and epithelium, and sometimes even blood, are found associated with the albumen." And in the most recent work on the practice of physic, Dr. Aitken, in treating of the secondary affections of scarlatina, makes the following observation :—"The dropsy is generally accompanied with scanty and albuminous urine." And again, on the authority of Dr. Parkes, he says :—"The scarlatinal dropsy is very generally considered as most intimately connected with the kidney disease; and when the kidney disease is well-marked, the characters of the urine exactly resemble those in acute Bright's disease."

Dr. Basham, too, insists on the identity of the two diseases, and he points out that the characters of the urinary sediment, as well as the condition of the kidneys as ascertained by post-mortem examination, are similar to what is observed in morbus Brightii.

It is evident, therefore, that an albuminous condition of the urine is regarded by almost all writers as a constant phenomenon in cases of post-scarlatinal dropsy; and, further, it is believed that the association of albuminuria and anasarca is generally connected with some form of renal disease. The occurrence, then, of any case of anasarca following upon an attack of scarlet fever, in which the urine is free from albumen as well as from tube casts, must be regarded as exceptional and worthy of being recorded. Three such cases have recently come under my notice, and I venture to think that a brief account of them cannot be without some interest, especially as the evidence in favour of the opinion that albuminuria may be wanting in this form of dropsy requires to be strengthened and substantiated.

Case 1.—G. H., æt. 2, when seen on the 17th of June, 1865, had general œdema of the face, hands, feet, and scrotum, which had come on about three days previously. His mother could give no cause for it, but stated that some weeks before she had noticed that the child was feverish and *had a reddish eruption on the skin*, which however did not stay out for any length of time. Since that time he had never been very well. His skin was very dry, and the face had that dingy pallor so generally seen in cases of albuminuria. *The urine, however, was plentiful, and contained not a trace of albumen, nor any other renal product.* He was treated with the ammoniated citrate of iron and the hot air bath, and in three or four days the œdema had passed almost entirely away. He remained under my care till the 17th of July, but although frequent careful examination of the urine was made, no albumen was ever detected.

Case 2.—A. S., æt. 2, was first seen on 25th August, 1865, and at that time the eyes were nearly closed from œdema of the eyelids and cheeks. The mother stated that, about three weeks before the child had suffered *from a mild attack of scarlet fever*, and that the swelling of the face had been present for about four days. She also stated that the child had been passing very little water of late.

The urine contained no albumen, and a microscopic examination failed to detect any tube casts or epithelial scales. Some purgative medicine was prescribed, and the warm wather bath was ordered. She was also to have plenty of cold water to drink. On the 30th of August, five days after she was first seen, all puffiness of the face had entirely disappeared; the urine was plentiful and free from albumen, and under the microscope only a few octahedral crystals of oxalate of lime were visible. On the 1st of September she remained perfectly well.

Case 3.—R. W., æt. 2, *had had a red rash on his skin resembling the eruption of scarlet fever*, and was feverish about a week before advice was sought. The eruption, however, speedily disappeared, and on the 27th November, 1865, his face and feet were noticed to be swelled. It was also observed that he had frequent desire to pass water, which was said to be scanty and "thick." I saw him on the 28th, and at that time he was very pale, his face was puffy, and the feet and legs œdematous. On the legs and soles of the feet the cuticle was beginning to desquamate. There were no febrile symptoms. The urine was pale, of sp. g. 1012, and *free from albumen*. Under the microscope no casts could be seen, but one or two epithelial scales were present. He was ordered to have as much cold water as he would drink, with a nutritious fluid diet. He was also to have a hot air bath. On November 30th, the urine was passed in considerable quantity and contained no abnormal constituent. By the 4th of December, the œdema had quite passed off, the urine flowed in large quantity, was free from albumen, but contained some octahedral crystals. The tincture of the muriate of iron was now prescribed, and on the 18th the patient passed from my care, being then in perfect health.

Here, then, are three cases in which the anasarca was clearly preceded by scarlatina, but in none of them could a single trace of albumen be discovered. Nor was there any indication that the kidneys was seriously affected. In cases No. 2 and 3 the urine was scanty, but the free action

of the kidneys was speedily re-established by simply administering copious draughts of pure cold water. And here I may be permitted to remark, that in many cases of so called albuminus neptitus I have seen the greatest benefit result from the cautious administration of pure water, accompanied by the occasional use of the hot-air bath. Indeed, in many cases, provided the febrile disturbance is not great, this disturbance alone suffices in a short time to remove both the albuminuria and the dropsy. Dr. Dickenson, of the London Hospital for sick children, was the first to point out the advantages of this system, and an interesting paper by him on the subject will be found in the *Edinburgh Medical Journal* for September, 1866.

Cases like the three which I have recorded distinctly prove that albuminuria is not necessarily invariably associated with post-scarlatinal dropsy. And although no notice is taken of this in most of our works on medicine, I think it is a fact which is not altogether wanting in interest and importance. The knowledge of it may be useful in leading practitioners to make a careful examination of the urine, both microscopically and chemically, in every case of scarlatinal dropsy that comes under their care; and it may also prove of benefit in simplifying the treatment of that affection, for if there is no albumen present, then there will be little need for anything more active than the administration of a gentle stimulant to the functions of the skin, the kidneys, and the bowels. Let me add, in conclusion, that the occurrence of cases of anasarca subsequent to scarlet fever, in which albuminuria is not present, should be noted and published, for although Rilliet and Barthez in their treatise on the diseases of children, and Dr. Parkes in his work on the urine, show that the evidence is in favour of the opinion that albuminuria may be absent in scarlatina dropsy, there is, nevertheless, a great want of carefully-recorded facts in support of that idea.

ON A

NEW METHOD OF APPLYING REMEDIAL AGENTS TO THE CAVITY OF THE TYMPANUM.

By EDWARD BISHOP, M.D.

SURGEON TO THE METROPOLITAN INFIRMARY FOR DISEASES OF THE EAR, LONDON.

NOTWITHSTANDING the great improvements which have been effected of late years in the treatment of "Aural" disease, it must be confessed that much remains to be done.

The patient and practical investigations of our own countrymen, amongst whom stand pre-eminent the names of Yearsley, Toynbee, Wilde, and others, as well as those of our Continental and Transatlantic brethren, are worthy of all praise, having done much to raise the treatment of diseases of the "ear" in professional and general estimation, and, as a natural result, to take it out of the hands of a class of unprincipled charlatans, who preyed on public credulity. It must, however, be acknowledged, that the means at present at our command for treating several forms of aural disease, particularly those having their habitat within the cavity of the Tympanum, or middle ear, are few and often inefficient; the prejudices at one time existing against catheterism of the Eustachian passages, and also against insufflation of the middle ear, is rapidly dying out, and the opinion of Rau would now be very generally endorsed, viz., that the opposition to catheterism arises chiefly from a want of dexterity in the use of that instrument.

Politser's method, which is nothing more than *incomplete catheterism*, is practised and eulogised by some aural surgeons, and, doubtless, is an excellent alternative, where, from peculiarity of conformation, or from disease, there is some impediment to the complete passage of the catheter, or where the mucous membrane is so irritable, and the tensor and levator palate are prone to spasm from the slightest touch of the instrument; but such cases are rare —the exception and not the rule.

At the Metropolitan Infirmary for Diseases of the Ear (London), this method of Politser's has been adopted in a large number of cases, and the result compared with ordinary catheterism—and there can be no question as to the superiority of the latter mode of treatment—and this is the *practical test*. I do not wish to detract from the merits of Politser's plan, as it is really valuable in the cases to which I have referred; nor is my object to write an article on the use of the eustachian catheter, hether considered as a *curative* agent or as a means of *diognosis*, but to bring before the profession a mode of applying remedial agents *directly to the seat of lesion*, in those cases where disease exists in the middle ear, or in the passage leading to it. As far as I am aware, this plan is novel, yet I venture to hope it will prove useful, and become an adjunct to the means we already possess. I am induced to place confidence in it from the trials to which it has been subjected at the Metropolitan Infirmary, the details of a few of which I send you for publication.

It is impossible to over-estimate the good that has been accomplished of late years, and the light thrown on this form of disease; or it would be more correct, perhaps, to say, on the enunciation of the FACT, that in a very large majority of cases the *mucous membrane*, with its numerous ramifications and connexions, is the SEAT of disease. A gentleman, whose extensive hospital and private experience and whose accuracy of observation entitle his opinion to the greatest weight, writes as follows:—"Almost all diseases of the ear, associated with deafness, originate in a morbid condition of the mucous membrane of the throat, nose, and ear, which membrane becomes affected from a variety of causes, among which cold, the eruptive fevers or exanthemata (especially scarlatina), and stomach derangement, stand pre-eminent; and according as the disease terminates in simple thickening of the membrane, in adhesions, in disorganization of the whole mucous lining, in partial or total loss of the membrana tympani, in loss of the ossicula, or of the inner membrane of the fenestræ, so is the deafness more or less intense and confirmed."*

It is a remarkable fact, which, by your kind permission, I will take an early opportunity of showing in your journal, that there are comparatively few cases of deafness in which the disease ought to be attributed to the internal ear. The time has gone by when we can screen ourselves behind the term "nervous deafness," which, it must be confessed, was often made use of to hide our ignorance, and operated as a direct hindrance to a discriminating diagnosis.

The principal means available at present for treating affections of the tympanic cavity locally (the membrane of the tympanum remaining entire) are, INSUFFLATION by the *lungs* or by an *air press*; the *injection* of *steam*, *simple* or *medicated*, and the *injection* of *tepid water*, or *medicated solutions*. With respect to the last method, if sufficient quantity be used to come into contact with the whole of the lining membrane—which must be the case to do much good—mischief of one kind or another will result; the mastoid cells, lying on the same plane as the entrance of the eustachian canal, and the minute crannies in the cavity of the tympanum, are filled up, and often remain so, producing mechanical irritation and swelling of the lining membrane, the mischief being still greater if a medicated solution has been used. There are other objections, which your space will forbid my referring to; and I believe this operation will shorly be, if it is not already, abandoned by the best aural surgeons.

The first two methods are certainly valuable in many cases—the use of an air-press in the hands of an experienced operator being perfectly free from danger The same objections may be urged against it as were formerly against insufflation by the lungs, viz., that the redundant and accumulated mucus in the tube may be driven into the cavity of the tympanum; that the current of air may break down too forcibly any existing old adhesions or anchyloses in the cavity left by previous inflammatory attacks; that it may luxate one or more of the articulations of the ossiculi, &c., &c. Practical experience, however,

* See Yearsley on Throat Deafness. 10th Edition.

shows that, as in the former so in the latter case these objections are more imaginary than real, and that insufflation by the lungs or the air-press may be adopted with perfect safety. It is also equally practicable to send vapour, medicated or otherwise, into the cavity, and to do this with advantage in some few cases; but it is evident those medicaments alone are available which are volatile and will pass off in solution in steam.

The importance of local treatment for the cure of disease purely local in its character is generally acknowledged, and one of the most valuable practical teachings of modern surgery is the recognition of the fact of how much may be done, and that with impunity, *within the cavities* of the *body;* therefore, any means by which we can safely apply a remedy to the seat of disease must be more or less valuable. Even within the "tympanic cavity," contiguous to such delicate and sensitive parts, much may be attempted, though great care is necessary in the manipulation.

The method I am adopting at the hospital is to apply lotion containing such soluble remedial agent as may be considered appropriate, by means of tepid pulverised water. It is evident, as far as the *principle* is concerned, lotion of any strength, up to the point of saturation, may be used. The quantity required to come into contact with the whole lining membrane is so small that there is not the least fear of mechanical injury, and by slightly turning the point of the instrument, the pharynx, the nasal passages, and the parts connected therewith, may all be subjected to the action of the remedy—an important fact, as it is found that the whole tract of mucous membrane lining these parts is generally suffering from the same morbid condition. As the pulverised lotion is driven off in the finest state of subdivision, it may be sent into the cavity of the larynx; but on this point I have not yet had much experience, and therefore refer to it with diffidence. In the treatment of ozena, however, it will be found useful, as a solution of such agents as carbolic acid or creosote may be sent into every crevice and cranny of the tortuous nasal passages and the parts connected with them.

The apparatus consists of a small graduated glass syringe similar to that used for subcutaneous injection. The solution is gently forced guttatim into a cylinder, and at the point where it leaves the nozzle of the syringe it is caught by a current of air sent by a pump worked with a proper degree of force by the hand. This drives the fluid forward in a pulverised state. This small apparatus is then attached to an ordinary Eustachian catheter previously introduced, and suspended by a suitable apparatus. To ensure complete pulverisation, the end of the catheter is covered by fine gauze wire.

Some amount of dexterity is required in the successful use of the instrument, but this is soon accomplished by any one accustomed to the introduction of the catheter.

It is equally applicable to those cases where it is thought desirable to use Politser's catheter, introduced a short distance only within the nasal passage—the pulverised solution finding its way through the Eustachian tube into the cavity of the tympanum during the act of swallowing.

The instrument described above has been made for me by Weiss and Son, Strand, London. I am conscious it is capable of much improvement, and in the hands of those highly scientific gentlemen has already been put into a *more* practical form than I at first anticipated.

A is a glass syringe graduated in minims.

B is a Eustachian catheter which fits the body of the instrument, and which is capable of being turned in any direction.

C is an elastic tube, to which an india-rubber air syring is attached.

The latter forms part of the instrument; but is omitted in the sketch to save space.

WESTMINSTER HOSPITAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—If you think the following case worthy of a place in your journal, pray let it appear.—Yours truly,

14 Savile-row, W. BARNARD HOLT.

STRICTURE OF THE URETHRA OF TWELVE YEARS' DURATION, INFILTRATES OF URINE, ABSCESS IN PERINÆO, SUBSEQUENT FISTULOUS OPENING, IMMEDIATE DILATATION. CURE.

By BARNARD HOLT, Senior Surgeon to the Hospital.

R. B., a labourer, was admitted August 10th, 1865. He had suffered from stricture for twelve years, and for some time previous to admission had only been enabled to pass his urine in drops. The late Mr. Brown of Stratham, under whose care he was, failing to get any instrument into the bladder, sent him to the hospital; upon admission it was found he had infiltration of urine to a great extent, there had been a large abscess in the perinæum through which the urine escaped freely, his general health was much damaged, and he was much emaciated. I endeavoured to pass a small catheter, but upon several occasions I failed to get beyond the first stricture, which was in the spongy part of the canal. I, however, eventually succeeded in passing the smallest sized gum elastic catheter through two other strictures into the bladder. This was fastened. Upon the following day I succeeded in introducing a larger size, and eventually I passed the dilator and split the strictures, which were very dense and offered considerable resistance to the tube. This being the largest size the urethra would take the urine was removed upon the first four occasions by the introduction of the catheter, and the after treatment was properly carried out. The fistulous openings speedily healed; the man could pass his water in a full stream, and his health greatly improved. He now only requires the passage of the No. 10 bougie once a month. This was another example out of many that have been already recorded of the rapid manner in which an obstinate and complicated stricture might be at once relieved, and the patient be speedily restored to health; it was also a good example of the rapidity with which urinary fistulæ will heal with retaining any instrument in the urethra, so soon as the urethra is restored to its natural dimensions.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 3, 1866.

THE NEW YEAR.

The commencement of a New Year and the incorporation of The Medical Press and Circular demand at our hands a few observations in reference to ourselves and to the profession to whose interests our columns are devoted.

As for ourselves, we would rather be judged by our deeds than our words, and we have so often known promises to be falsified by the results, that we refrain from making a display of professions, and prefer to await the judgment of our readers upon the efforts we make in their service. There is so much uncertainty in human affairs, that the commencement of a new undertaking must inspire even the boldest of editors with a certain misgiving, and all that can be done by those who are placed in such a responsible position is to buckle on their armour with the full determination to do their best and to trust to the indulgence of the circle to which they address themselves for any shortcomings in their editorial labours. With a full sense, then, of our duties and responsibilities, but with an earnest desire to do justice to all parties and to uphold the dignity and honour of our profession, we commence our New Volume. One point on which we desire to express ourselves most emphatically at the outset of our career is, that we entertain no jealous or envious feelings towards our medical contemporaries, but that we wish to hold our own ground on the basis of our own merits. There is room enough for us all, and we have no wish to jostle our neighbours on the highway where there is ample room for all to move about in ease and comfort. There is now no larger number of medical journals than there was thirty years ago, while the number of medical readers and of medical writers is infinitely greater. We therefore hope, and we believe not unreasonably, that we may continue to enjoy our due share of the patronage and support which have hitherto been extended to us in no niggardly manner, and which have encouraged us to persevere in the course which has led to our present successful and prosperous condition.

With regard to the profession in general, the prospects for the coming year are encouraging. The assembling of a new Parliament, and the accession to power of a new Premier, afford considerable hope that a favourable ear may be granted to the addresses, and it may be the complaints of the medical profession—a hope which is considerably strengthened by the presence, in the new House, of an opposition, formidable in point of talent and influence, if not preponderant in numerical strength.

The condition of the Army and Navy Medical Officers leaves much to be desired, and it may fairly be anticipated that the grievances of this important class of our brethren may be listened to in a friendly spirit, and redressed, as far as the exigencies of the public service will allow. For ourselves, we shall always be happy to promote the interests of these officers, and to urge their claims to the consideration of the government. We do not altogether endorse the opinions held by some of our contemporaries as to the present degenerate condition of the Medical Military Services, nor will we condescend to encourage class distinctions on the score of nationality; but we shall advocate the just claims of all the medical officers, whether English, Irish, or Scotch, to the favourable consideration of the legislature, and to the good opinion of the British nation. The present position of the English Poor-law Medical Officers appears to us to be so bad, that it must soon be altered for the better; and we are encouraged in this hope by the greater interest which is now evinced in the care of the poor by the public and the general press. That unfortunate class of our fellow-creatures who are brought within the operation of the Poor Law, has been hitherto treated with harshness and neglect by the local authorities, and with supercilious disdain by the leaders of public opinion; but it is now discovered, apparently for the first time, that the poor are human beings like ourselves, and that their welfare ought to be one of the cares of a humane and enlightened State. Hence we may conclude, that not many years, or perhaps months, may elapse, before we witness the demolition of those hideous Bastiles, where the sick and insane poor are too generally immured. At the same time we may hope that the Poor-law Medical Officers will be placed in a more independent position, both as regards their emoluments and their freedom of action, and be assimilated in their functions to the Medical Officers of our hospitals, lunatic asylums, and prisons. Our indefatigable friend, Mr. Griffin, who has done so much for his brethren of the Poor-law Medical Service, will, we hope, be at last rewarded by living to witness a real improvement in the system of Poor-law Medical relief in Great Britain.

But there is another question which presses still more earnestly upon the attention of every member of the Profession in the United Kingdom, namely, an amendment of the present Medical Act. After immense labour on the part of our medical reformers through a long series of years, we have at last obtained a measure which has almost completely disappointed the hopes of all, and which, by the influence of parliamentary trickery, has been deprived of nearly all the provisions which might have protected the profession. As it is, we are all compelled to pay a pretty tax for registration, and then we are left to struggle as best we may, against a host of pretenders, who are actually encouraged by the law to practise medicine without any qualification or registration whatever. This monstrous anomaly in our Medical Act cannot be allowed any longer to continue, and it is gratifying to know that the Medical Council are fully alive to the necessity of amendment, and that the pre-

sident, Dr. Burrows, is energetically exerting himself to impress upon the government the amount of the injury and hardship inflicted by the operation of the present most imperfect measure.

The above are only a few of the questions which will be submitted for consideration during the ensuing year, but they are of paramount importance, and the Profession must bestir itself, if it expects any solid and substantial change in its present condition. It is in the columns of the medical journals that these matters must be discussed, and we shall never be remiss in opening our pages for their due and ample consideration.

THE CASE OF DR. PRITCHARD.

TESTIMONIAL TO DR. JAMES PATERSON.

On Thursday afternoon, 21st ult., Dr. James Paterson was presented, in the Crown Hotel, George-square, Glasgow, with a testimonial subscribed for by a large number of the citizens, as a mark of respect for, and sympathy with him in the difficult position in which he was placed in connection with Dr. Pritchard's trial. There was a large number of subscribers present. Ex-Bailie Mitchell was called to the chair,

This is, perhaps, as objectionable a form of the testimonial nuisance as has ever taken place, and the opportunity thus given to Dr. Paterson of blowing his little trumpet, and the manner in which he has availed himself of it, will not raise him in the estimation of any right-thinking men. We are of these who perfectly agree with the Lord Justice Clerk, in his statement thus quoted by Dr. Paterson, that "as a citizen of this country, as a right-minded man, I had failed in my duty, in not preventing the destruction of human life; that I had acted in, what he considered, an improper manner, and had disregarded what was undoubtedly a public duty," and for these obvious reasons, setting aside completely all his peculiar notions as to medical etiquette, which, as the Lord Justice Clerk rightly remarked in his charge, ought never to be permitted to interfere with those higher duties which every right-minded man owes to his neighbour, and which are to be expected in a tenfold degree from every medical man, because his life is solemnly devoted to the preservation of life and the prevention of its destruction. Setting aside these peculiar views, however, and taking up the history of the case from the date of his first (and last) visit to Mrs. Taylor, we are told that he then made up his mind that Mrs. Pritchard was being poisoned by antimony; and what did Dr. Paterson do? *Nothing!* Again, when, at Dr. Pritchard's request, he visited Mrs. Pritchard six days afterwards (on the day of Mrs. Taylor's funeral), and found her (Mrs. P.) in the same state, what did Dr. Paterson do? *He assisted by his prescriptions in keeping up the farce, that she (Mrs. Pritchard) was labouring under gastric fever.* He never mentioned antimony either to Dr. Pritchard or to Mrs. Pritchard, nor did he take any pains clearly to ascertain the presence of antimony in the urine or the matters vomited. Mrs. Pritchard lived for more than fifteen days after this last visit—there was ample time to scare the murderer from his victims; there were ample means of doing it. But Dr. Paterson contented himself with nursing his suspicions, refusing a certificate of the cause of Mrs. Taylor's death, and letting the murderer do his work. Did we believe that Dr. Paterson's suspicions were as strong as he now makes them out to be, we should not hesitate to state that his conduct actually made him an accessory before the fact; but we hope, indeed we may say we believe, that Dr. Paterson makes himself out to be worse than he really is. But what, it may be asked, ought Dr. Paterson to have done? That question is easily answered. He ought, either by an examination of the urine or matters vomited, to have made himself sure that his opinion was correct, and that antimony was being administered, in which case he might safely have put the matter in the hands of the Procuratur Fiscal. Or, instead of prescribing champagne, ice, and grey powder, &c., for a case of antimonial poisoning, which he knew could not possibly do any good, he ought to have told Mrs. Pritchard that her symptoms were not those of any known disease, and were those of poisoning; this confidence would, at all events, have saved the victim, and might even have led to the sure detection of the would-be murderer. In regard to the proper conduct of a medical man when placed in such a trying position, we may refer to that of Dr. Addington, in the case of Mr. Blandy (Howell's State Trials, vol. xviii.), or to some interesting remarks by Dr. Christison, in regard to the Wooler poisoning case, in the *Edinburgh Medical Journal*, Feb. 1856, p. 711, &c.

A RECAPITULATION OF OUR ARRANGEMENTS.

Under the circumstances we will be excused for republishing the following details which appeared in our issue of December 20th:—

The Medical Press and Circular consists of not less than thirty-two pages, the same number and size as our present issue, to be increased as advertising space may require. Of these, twenty-four pages will be available for the letterpress, sixteen of which will be devoted to original contributions, excerpts from medical literature, and pure Medicine, Surgery, and Science in every form—the joint contributions of Ireland, England, and Scotland. Original communications to the Journal will, therefore, appear in the entire issue, and will be read equally in the three Kingdoms. The remaining eight pages will be composed of Leading Articles on Medical Politics and Ethics, and general information on all Medical subjects, and will be compiled and printed separately and distinctly for English, Irish, and Scotch readers, by a separate staff of writers in each country. Irishmen will thus continue to have the information which they wish for, without its being of necessity intruded on the notice of English or Scotch practitioners; while, on the other hand, readers in the sister countries will have the information which most interests them, each without interfering with the other.

To carry out this system with uniformity, and to give our Irish Subscribers equal advantages with our English and Scotch constituency, the subscription rate of The Press will be reduced in future to £1 1s. 8d. per annum free by post, if paid in advance, and £1 2s. 6d. if not paid within six months. We venture to claim for The Medical Press and Circular the following ad-

vantages, which we hope will recommend it to a large support from the Medical Profession :—

I. Enjoying the advantages of a triple connexion, and being conducted by a separate Editorial Staff in each of the three divisions of the United Kingdom, it must possess facilities for the acquirement of information which no other periodical conducted by a single local staff can have, while at the same time the strictest caution is exercised to prevent the affairs or interests of any one class in the profession from predominating. The purely Medical, Surgical, and Scientific portion of the Journal will be the joint contribution of the Schools of Medicine in London, Dublin, and Edinburgh, each equal to the other in talent and originality, while the Critical and Editorial Department will furnish material at once comprehensive and adapted to the requirements of each country.

II. While inferior to none in influence and merit, The Medical Press and Circular is the cheapest weekly Medical Periodical in the United Kingdom. To attain which qualification the Subscription rate of The Medical Press has been considerably reduced. The Subscription will be 17s. 6d. per annum for Unstamped Copies, and £1 1s. 8d. free by Post. This latter rate is recommended, as it ensures greater regularity and rapidity of transmission. It is hoped that no Medical man who desires to keep pace with the rapid march of Medical Science will hesitate about the expenditure of a sum which would be amply repaid by the acquirement of a single fact of value in the practice of the profession.

III. The Medical Press and Circular courts no competition with other Medical Journals, fully entitled to as much confidence as itself can be. It will, therefore, be published on Wednesday—a period intervening between the day of issue of other Medical Journals—in the belief that it will be read alike by every Medical man whose position enables him to subscribe to other Periodicals, and by the Practitioner, to whom a reliable Medical Record at an economical rate is of importance.

It would be a work of supererogation to point out to Advertisers the advantages which such an incorporation must insure ; suffice it to say, that there will be no occasion henceforth to seek beyond their own shores for a certain medium for their announcements.

ELECTION FOR EXAMINER AT THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

The Fellows of the College have been summoned to meet on the 4th inst., to witness the election of an Examiner, in the room of Dr. Jerome Morgan. The gentlemen who are likely to lay their claims before the electors are Dr. C. F. Moore (formerly Surgeon to the Peninsular and Oriental Company, and now Medical Officer of one of our City Dispensaries), Dr. Murney, and Dr. Head, one of the Surgeons of the Adelaide Hospital, and five others, whose names have not transpired. The claims of these gentlemen will depend in some respect on the view which may be taken of the functions of an Examiner. By common consent, the late Dr. Morgan had confined his examination to Pharmacy and Materia Medica ; and the question arises, whether the candidate shall be selected as possessing special qualifications in that subject, or as dividing his examination among all subjects indifferently. As we understand, the bye-laws of the College do not specify that the Examiners shall confine themselves to a special subject ; but on the other hand, it is considered by some persons that it may be advisable to recognize a specialty of subject in each examiner. The election is conducted by seven members of Council selected by lot and sworn to exercise their choice impartially.

We understand that the late Dr. Richard Corbett of Cork, whose death we announced in our last number, requested in his last testament that an examination of his body should be made, with a view of elucidating the obscure cause of his death. The examination was made by Drs. Townsend, Harvey, Gregg, O'Leary, and Haines. The name of Dr. Corbett, Professor of Anatomy in the Queen's College, Cork, was mentioned in the testamentary request, but was unable to be present.

MEETING OF MEDICAL MEN AT THE LIMERICK JUNCTION.

(from our special reporter.)

On Thursday last, the 26th inst., the meeting of medical men was held at the Limerick Junction. The meeting was one of the most successful that have ever been held at the Junction. The attendance was large, and the metropolis and nearly every part of the south of Ireland were represented. Almost every train that arrived at the Junction during the day brought a number of medical gentlemen to attend the meeting. Gentlemen were present from Dublin, Cork, Limerick, Tipperary, Galway, Cahir, and a number of other towns.

At five o'clock precisely the chair was taken by

Dr. Mackesy.

Amongst the other gentlemen present were—Drs. Quinan, Dublin ; Macnamara, Dublin ; Mapother, Dublin ; Hynes, Kinvarra ; Harvey, Cork ; Armstrong, Cork ; South, Cork ; Stafford, Arufinan ; Stokes, Cahir ; Bennett, Bruff ; O'Connell, Kilmallock ; O'Connell, Templemore ; Forsyth, Templemore ; Russell, Thurles ; Webb, Dundrum ; Martin, Portlaw ; Mullin, New Ross ; Callaghan, Cork ; T. Flynn, Cork ; Goulding, Cork ; O'Sullivan, Limerick ; Brodie, Limerick ; O'Brien, Co. Galway ; Morrisey, Tipperary ; Kennedy, Tipperary ; Hamilton, Tipperary ; W. Sadlier ; Tipperary ; Bradshaw, Bansha ; J. O'Donnell, New Ross ; Clarke, Mountrath ; Power, Cappawhite ; Chaplin, Kildinn ; and Smyth, Ruther.

Drs. Armstrong and Synan acted as Secretaries.

The Chairman, who on rising was received with loud applause, said—Gentlemen, in taking the chair at so important a meeting as the present, called on a requisition so numerously signed, and attended by such a large number of medical practitioners of high standing in their profession, I cannot but feel flattered at the confidence reposed in me. The first in order, and the subject most interesting to the profession generally of the United Kingdom, is in reference to the working of the medical act and the medical council, and it is with much reluctance and with deep regret I have to say that the medical profession have been sadly disappointed from the want of unanimity, action, and firmness on the part of the medical council in not having as yet, after a lapse of seven years, made due provision for the preliminary education of students intended for the medical profession. If medicine is to be continued to be ranked as one of the learned professions, and its professors are to

hold that social status and position they should do, it is all important that young men, before they enter on their professional studies, should be well acquainted with general literature, and well grounded in the classics. That uneducated and incompetent persons have obtained, unfortunately for the public and the profession, such qualification from the want of a stringent examination has been abundantly proved by the examination of candidates for commissions in the medical department of the army. All candidates must have a diploma in medicine and a diploma in surgery before being admitted to examination, and yet one-third of those competing who were legally qualified in medicine and surgery failed to obtain the minimum number of marks required in the preliminary examination to qualify them for admission into the service. The examination of candidates to the medical department of the navy was still more discreditable, for some of the competing candidates, also holding legal qualifications in medicine and surgery, were so totally ignorant of the Latin language that they could not translate the pharmacopœia from which they were expected to prescribe for their patients. Now, all this is anything but creditable to us as a learned body, and must tend to bring the profession into public disrepute; and its explanation, I presume, is only to be found in the sharp competition that exists amongst the numerous licensing corporations for the fees paid on the diplomas of those they admit to medical or surgical practice, and the obvious prevention exists in the adoption of a uniform curriculum and course of study by each and all of those bodies granting licenses or degrees, which should be firmly enforced by the Medical Council, and if required by the Privy Council. A high standard of education in our profession is the more required at the present time, when it is generally admitted that the application of medical science to the health of the community is a matter of primary importance in the prevention of disease, by the removal or diminution of the causes tending to shorten the duration of human life. Within the last 20 years, the drain from famine, disease, and emigration, and war, suggests serious apprehension of an undue decrease in our population, reminding us that man is essential to his fellow-man, that the welfare of every class of society is inseparably linked together, and that numbers constitute an essential element of national wealth, prosperity, and security. Hygienic legislation, has, therefore, been more closely attended to by the government and the public; but although the importance of judicious sanitary legislation has been for some years generally acknowledged, yet the application of medical science to the preservation of the public health and the prolongation of the average duration of life, has been as yet by no means satisfactory; and it devolves on government to take this subject into mature consideration, and by giving appointments for hygienic purposes to medical men of attainments, with remuneration sufficiently liberal to enable them to withdraw from the curative practice of their profession, and devote their time to the investigation of the cause of zymotic disease, and the best means of prevention—a great boon would be conferred on society, the lives of thousands would be annually saved, and, by the increase of population from the increased average duration of human life, the prosperity and security of the empire would be placed on a permanent basis. Now, it seems to me that it is a subject of serious inquiry whether there should not exist some special distinguishing degree for such special attainments, which from year to year henceforward will, I trust, become increasingly valuable and popular. None of our universities or colleges at present confers a special degree for such special qualifications. The Colleges of Physicians and Surgeons, being for the examination of practitioners in curative medicine, could not be expected to undertake this duty. Recently Lord Granville, at the London University, expressed an opinion that there should be new university degrees to mark special attainments. It may, therefore, be expected that in the universities of the United Kingdom will be found a degree of B.C.M., Bachelor of Civil Medicine, and a degree of D.C.M., Doctor of Civil Medicine, analogous to the degree of B.C.L., Bachelor of Civil Law, and D.C.L., Doctor of Civil Law, in the old universities. I need not remind you that whatever uncertainty there may be with regard to the specific nature of certain zymotic diseases, the history and course of modern epidemics have fully established the fact that when hygienic precautions have been neglected, then we may anticipate the heaviest visitation of the prevailing epidemic. Amidst the anxiety and urgent calls of practice, there are few of our body who have the time, however great may be our inclination, to study the course and progress of zymotic diseases. In times of epidemics we are too deeply engaged in struggle with disease—too deeply engaged in the recovery of our patients, to track, as it were, the footsteps of the destroying angel, and by long continued, patient observation, to ascertain, for the benefit of mankind, the hygienic reasons which, I doubt not, will be found to exist for the excessive mortality in our locality and the comparative exemption from disease in some adjacent village, where, from some fortunate cause, it may be accidentally, the laws of health have been attended to. I consider it due to Dr. Rumsey, of Cheltenham, to say that a special medical attainment was first suggested from reading his works, and the members of our profession are much indebted to that distinguish physician for his papers on sanitary and medico-legal subjects. Surrounded as I am by such a number of gentlemen of high intellectual power, practically conversant with the working of the medical charities in Ireland, I have confined my observations to the necessity of high education, as every matter connected with the medical institution and the charities of the country will be fully entered on by the movers and seconders of resolutions, and the gentlemen who will take part in the discussion. I must, however, call the attention of the meeting to the advantages the Medical Association presents in being a bond of union to all classes of the profession, and to the advantages the medical officers under the poor-law and medical charities acts have derived from the exertions of the association. I shall not now enter into particulars, but it must be acknowledged that there has been considerable improvement in the remuneration (although still inadequate) of medical officers since theformation of the Association, and this improvement is most observable in those districts where the Association has been in active operation, from the medical officers having the spirit and energy to join the association. I have at times differed with the Poor-law Commissioners, and have not on some occasions hesitated to express my views, but I give them every credit as high-minded gentlemen for anxiety to discharge their arduous duties with that justice and impartiality characteristic of all high officials under the British crown; and these gentlemen, and in particular Dr. Macdonald, the medical commissioner, deserve the thanks of the profession for the firmness with which they have resisted all attempts on the part of the union boards and dispensary committees to interfere in the arrangement of medical officers as to their private practice. I cannot conclude this address without expressing my deep and poignant regret at the loss the profession, the public, and Medical Association in particular have sustained in the death of Dr Richard Corbett, Vice-President of the County and City of Cork Medical Protective Association—a man universally respected by his professional brethren.

Dr. HARVEY (Cork) rose to propose the first resolution. He said—Mr. Chairman and gentlemen, I have been called upon to propose the resolution which I shall now read:—

"Resolved—That the Medical Reform Act, as carried out by the Medical Council, has failed in securing for the Medical Profession the advantages originally intended, and that no adequate return has been given for the expenses incurred. We, therefore, suggest that a *uniform curriculum* of high preliminary education and of professional and scientific study be adopted for all licensing bodies, empowered under the act to grant licenses or diplomas in medicine or surgery, as the best means of maintaining the respectability and status of

the profession, and of securing to the public competent practitioners in medicine and surgery."

On occasions like this, Mr. President, it always occurs to me to regret the great difficulty I find in expressing my opinions. I am, I know, gentlemen, a bad speaker, but shall not on that account shrink from the task that has been imposed on me. Permit me, in the first place, to express the great pleasure I feel in seeing so many of our brethren rallying round us to-day; and I trust that these meetings shall always be as well attended (hear, hear). These meetings are necessary—most necessary, for the well-being of our profession. It is by them that we are enabled to carefully examine the condition of our profession, to see what its wants or grievances may be, and how those wants may be supplied, these grievances removed. Owing to the peculiar nature of our avocations, it is almost impossible that a medical man in practice could occupy a seat in the House of Commons, and of the few medical men that do sit in the house, still fewer of the *esprit de corps* to undertake any work calculated to raise or assist the profession of their adoption. But, gentlemen, if we cannot speak in Parliament, we can through these meetings speak to Parliament. For some reason or the other, when we meet to endeavour to obtain our just rights, the public, to a certain extent, appear to ridicule our doing so. The other day I happened to sit near a country gentleman, and one of the first remarks he made was, referring to the meeting we are now present at, "Oh! so the doctors are at it again" The tone of his remarks was to throw ignominy and ridicule on our efforts; that we were begging for favours, that we were coming forward to the legislature with *argumenta ad misericordiam*, that we were always saying, "please Sir, more." We have in this room a practical answer to such a charge as that. It was not, Mr. President, for any ease or selfish motive, that you leave the practice of the profession to which you are an honour, that you leave your private emoluments, and that you came here to occupy the chair you so worthily fill (hear). Nor, gentlemen, do these imputations lie against you who come here for the public weal, nor do they lie against him on whom the grave closed yesterday (Dr. Corbett, Cork), who was, as you all well know, at all times and under all circumstances so ready to bring to the aid of his profession his sound judgment and large abilities. It is unfair to look at the question as affecting the medical class alone. When one section of society suffers, the whole community must suffer; when one section of the community is unsound, the body cannot be healty; when one section is not in a vigorous condition, it hangs as a drag on the whole body (hear). The mistake of under paying medical officers has been demonstrated by a fact that occurred within the last few days. A medical man held a government appointment, and was expected to support himself on the salary of £95 a year. The result of giving this man this wretchedly inadequate salary was that he committed a crime; he was discovered and convicted, and the community are now supporting in a convict cell a man who, had he been fairly paid, might now be a respectable member of society (hear). The rate at which boards of guardians pay their officers is so entirely inadequate as actually to prevent a man from being able to get proper conveyances, or otherwise debar him from properly looking after the poor. The result is, that the labouring man gets sick—the doctor cannot attend to him properly—his health breaks down, and he and his family enter the poor-house and are ever afterwards a burden on the rates. This happens, and must happen as long as boards of guardians will not allow medical men even a salary sufficient to enable them to get a vehicle to carry them from one end of their district to another. Until medical men are properly remunerated the poor must suffer—the ratepayer must suffer from this miserable and mistaken economy (hear). I maintain that the interests of the public and the interests of the medical men are not opposed to each other, and that in asking for our profession their just rights we are in reality asking the government to put the social condition of the country in a sounder and safer position. With regard to the subject of the resolution itself, I believe that it is universally acknowledged that up to this we have received no benefit whatever from the Medical Act (hear). It is unnecessary for me to say that at the end of seven years we have not reaped one of the benefits we expected from that act. We expected that the Medical Council would take such steps as would enable us to secure a supply of really well-educated medical men, that they would enable the public to judge between qualified and unqualified men; and another hing we expected was, that all unqualified persons infringing on the provisions of the Medical Act would be punished. One alone of these has been granted to us, the registration of the qualified practitioners; but this is rendered useless to us, for the Council takes no trouble at all about the matter, and never think of prosecuting the unqualified men who violate the act. Again, I ask, during the seven years this act has been enforced, has there been any improvement in medical education, preliminary or otherwise? The question stands to-day just where it did this day seven years. The Medical Council have sent an immense number of questions, but they have taken no practical step whatever to insure that none but educated men shall enter the profession. In fact, within the last seven years things have become worse and increased facilities given to men to enter into the profession with little or no education. The result is that the Government boards have to examine candidates for medical situations on those matters, and to the disgrace of the profession twenty-five per cent. of the army candidates were rejected, because they were not men of ordinary education. What is the consequence of this? Why, that the profession into which those uneducated men are allowed to enter is looked down upon (hear). In the army and elsewhere its members are often treated with indignity, and that respect is not paid to them which their profession ought to receive. For seven years the council has been in existence, and it has as yet done nothing. It refuses to ask for further powers; it does not even act up to the powers it has. The council has not done its duty, and I must say that a council of one-fourth the number of the present one—a council composed of men free from all partial interests (hear), would be far preferable to the present council. The council, as it at present stands, is composed of a number of gentlemen, every one of whom is of necessity inclined to seek to promote the interest of the body to which he belongs himself. In the matter of education, what the profession should imperatively demand are not preliminary examinations, for these are quite useless; but that no man should be allowed to enter on his medical course without as a *sine qua non* having obtained an arts degree (hear). There would not then be any occasion for hampering medicine with French, natural philosophy, and other subjects, which are now in most colleges attached to the medical course. The whole four years, assuredly a sufficiently short space, should be devoted to studies purely medical. There should also, during the time devoted to medical education, be examinations partially devoted to practical tests. I would say that no education could be complete without the preliminary arts course, registration of the students, and the abolition of certificates, which are, I firmly believe, a gross evil (hear). When we have those things, no uneducated man can enter into a profession requiring the highest intelligence and the best education; and I do believe that by a persistent advocacy of our rights we will finally obtain from the Government the granting of all our fair demands (applause).

Dr. Russell (Thurles) seconded the resolution.

Professor Macnamara—Before the resolution is put, I wish to say a few words. It appears to me that that resolution strikes at the root of the evils of which we complain. I entirely concur with Dr. Harvey that every young man before commencing his medical studies should have an arts degree. But I fear that before such a boon will be granted to the profession many years must elapse.

What I would suggest we should insist on at present is, that every boy, before commencing his medical studies, should have a preliminary examination; that examination being taken out of the hands of the medical corporations (hear) and given to some one body—a body somewhat similar to the middle class examiners at Oxford and Cambridge (hear). Every one of the medical corporations has a preliminary examination, but in many cases these examinations are mere shams. Any boy who can stammer through a line or two of Greek or Latin is sure of passing the preliminary examinations at some of the corporations, and nearly all of them recognize the certificates obtained at any one. Of course it is the interest of every corporation to get a student for the sake of the fees he will pay them, and accordingly, nearly everywhere, they are trying to have the preliminary examinations easier than elsewhere. (hear). The matter should be taken entirely out of the present hands and placed in those of some body to whom it would be perfectly indifferent whether the candidate passed or not (cheers). The Medical Council appears to have done nothing but tax us heavily, and then to bring disgrace on the country by a pharmacopœia which has been rejected by the London College of Physicians, and in every possible way laughed at and snubbed (hear). While I am on the subject, I would also suggest that no student, having presented himself for his diploma at any corporation and having been rejected, should be allowed to present himself at any other corporation for six months after his rejection. I know as a fact that men having been rejected by us, instead of spending six months preparing themselves for another examination, go on board the steamer the very next day and go to another place; if they fail there they go to a third, and so on *unde*, *unde*, until in the end they are sure to return with their diploma (hear, hear). I state this from my own experience, and I appeal to Dr. Mapother, who can confirm my statement. If a man having been rejected at Dublin was not allowed to proceed for examination to either London or Edinburgh for six months, this system would be put an end to, and the man would spend his six months in improving his knowledge of medicine and preparing himself for his examination (hear).

The resolution was then unanimously adopted.

(To be concluded in next number.)

MEMORANDA OF THE MONTH.

(FROM A CORRESPONDENT.)

"Tros Tyriusve."

A MEDIUM of communication between the three chief Medical Schools of Great Britain and Ireland is hailed with satisfaction in the colleges and hospitals. True science is of no country. We meet every week Russians, or Danish, or Dutch physicians in our visits to London hospitals; "strangers of Rome, Cretes, and Arabians;" medical men from India and Australia, all coming to learn what there is of novelty in London, in cancer cures, or ovariotomy, or ophthalmic surgery, or obstetrics, nearly all are they either coming from Edinburgh or going to Dublin to catch a passing glimpse of the distinctive surgery or medicine of each school, and asking eagerly in what this distinctiveness consists.

For all such a new periodical will be of interest. True science is of no country, and in being free from mere local politics of this or that city, a large space seems open for a new and useful journal. The present periodical was amongst the first to ask fair play for the treatment of consumption by Dr. Churchill's hypophosphites. Their value in some cases is now generally admitted. THE CIRCULAR first noticed, too, Dr. Brown-Séquard's lectures and dissections, when that eminent physiologist was invited to St. Bartholomew's by Mr. Paget, and was rather pooh-poohed. Great discoveries, however, can afford to wait.

There are no such hospitals in the world, perhaps, as those in London. There are no such hospitals for extent. Within their walls, with a great amount of good dull routine, cases also of the very first importance are to be studied; within their precincts, men who knew Sir Astley or Mr. Abernethy tell over again their experiences. There are no such institutions for extent and opportunities of medical and surgical study. Yet how often have we wished within a dozen years or so that Dublin and Edinburgh were sufficiently noticed in London hospitals or college lectures, of the vast improvements in surgery of the present century. How have we wished, for instance, for a trial of the Dublin method of compression in aneurism, never fairly tried yet in London, or a fair exposition of Dr. Hughes Bennet's Edinburgh statistics of pneumonia. How have we wished to see acupressure tried clearly and honestly, without reference to which side of the Tweed it had its origin, or the amenities of its friends or enemies.

If learned colleges ignore such, or excision of the knee-joint; if in courts of justice we every month meet a clashing of medical opinion, arising very often from a want of extended experience, the remedy seems to consist in a broader style of journalism. Very closely, indeed, have the three countries been drawn together of late by such subjects.

One medical school, or one class of medical men—what with electric telegraphs and railways flashing information—cannot now afford to lag behind other schools or medical men; or if they do, they are certain to suffer in the estimation of patients and the public.

It is, perhaps, allowable to look back, and to look back with satisfaction, at the work done by THE PRESS and THE CIRCULAR in past years, in their different spheres or separate circles of influence.

THE PRESS, as the exponent of medical progress, with its monogram of "SALUS POPULI SUPREMA LEX," has encouraged improvement, no matter from which of the points of the compass it came, and has not yielded to the mere book-shop interests of rival publishers: in criticisms of books or favours shown to special hospitals or hospital magnates, it has held the balance fairly in such things as the much opposed operation of ovariotomy, excision of joints, &c. Our London hospitals are overflowing with new facts and practical cases: so entirely neglected at present, that the hospital staff of such like institutions as St. Bartholomew's, the London, King's College, and Guy's, have tried of late to perish in the attempt, or publish a tithe of the cases themselves.

There is plenty of room for fair analytical reviews of books in the new journal. Dublin may do for English what Brussels does for French medical Literature; in small towns able men have time to read books which they review; in London the publisher wishes the review first and the book to be read afterwards! so, at least, it is supposed in hospitals; and given the name of a publisher, the character of the review follows with algebraic complexity and certainty.

The interests of one school of medicine or surgery are identical with those of others. The Registration Act binds us in our faculty or brotherhood, and it is our own fault if illegitimate pretenders make way amongst us, or if non-medical subjects in the interest of vestry clerks or wine merchants, grocers or druggists, engross such disproportionate space in medical weeklies.

STRYCHNIA POISONING.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,— In THE MEDICAL PRESS of the 20th inst. a case of cure of strychnia poisoning, supposed to be effected by alcohol, is quoted from Dr. P. J. Farnsworth in the *Philadelphia Medical Journal.*

I am at a loss to know on what grounds this cure is attributed to the Scheidam Schnaps, given with the intention "of smoothing his passage to the grave," or in other words of sending him drunk into the presence of his Maker.

It is distinctly stated in the account itself that the unhapppy man "poured half a drachm of strychnia into his tobacco box, shook it down among the 'fine cut,' and took a large chew; part of the saliva he swallowed and part spit out; he did not remember how many chews he took, but there remained only enough for one more in the box."

As it is quite clear from the foregoing that the well-known antidote, nicotine, was taken with the strychnia, I consider that the cure should be set down to the tobacco and not to the gin.—I am, your obedient servant,

SAMUEL HAUGHTON.

Trinity College, Dublin, 23rd Dec., 1865.

THE UNHEALTHINESS OF IRISH TOWNS.— NEWTOWNARDS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I am much obliged to Dr. Jamison for his correction of my misquotation of the population of Newtownards, which in 1861 was 9543, instead of 2543, the number I copied from the "Official Irish Guide."

However, as I struck the cholera-rate, fever-rate, and death-rate for the union, not for the town, no misrepresentation followed. To describe the town, I quoted Dr. Jamison's own words in September, 1864: "Newtownards is dirty, unlighted, and unwatched at night;" and as he now pictures a very satisfactory state of things, the efficacy of town commissioners (since elected—three being medical men), has been clearly demonstrated.

That something more is to be still wished for, seems to me from two facts. 1. That the last four quarterly returns (which confessedly do not give us the whole truth) prove the death-rate of the district, over one-third of which is rural, to have been one in 32·3 against one in 86, the rate in the rural unions with which I contrasted the mortality of towns; and, 2. Dr. Jamison, as Registrar, has recorded in all these quarters, deaths which show that almost every form of zymotic disease has been alarmingly prevalent.—I am, Sir, your obedient servant,

E. D. MAPOTHER.

December 27, 1865.

DEATH OF DR. CHARLES G. RITCHIE, LONDON.

AMID the festivities of this happy season, a dark cloud of affliction has suddenly settled over the home of one of the most respected physicians of Glasgow. Dr. Ritchie has been bereft of an only son. With a position attained by few at his time of life, and with a splendid future before him, Charles G. Ritchie, M.D., well known through his "Contributions to Assist the Study of Ovarian Physiology and Pathology," died in London on Friday, the 22nd ultimo, under the most distressing circumstances. On the morning of the day he died he had intimated by telegram to his relations in Edinburgh his intention to spend a few days with them; and later in the afternoon he was found in a dying state in his consulting-room. All efforts to restore him were unavailing, and he died apparently from some poisonous agent with which he had been experimenting. After going through the usual curriculum, Dr. Ritchie studied for a considerable period at the medical schools of Paris, Vienna, and Würzburg, where he devoted special attention to the study of obstetrics, which was his favourite branch of medical science. Subsequently he held for a short period the office of Resident Physician to the Edinburgh Hospital for Sick Children, and afterwards went to London, where he settled in practice. During the last two years he has acted as assistant to Mr. Spencer Wells, in whose extensive practice Dr. Ritchie enjoyed unusual facilities for becoming acquainted with the diseases of women. In that capacity he was of immense service to Mr. Wells in making careful dissections and examinations of the numerous ovarian tumours removed by that eminent surgeon. There can be no doubt that if he had been spared, Dr. Ritchie would have risen to high rank as an accoucheur, for to good natural abilities were added the manners of a gentleman, and the most enthusiastic love for his profession. At the early age of twenty-four he has gone down to the grave, amid the regrets of all who knew him; and we are certain that if anything can blunt the sharpness of the arrow that quivers in a father's heart, it is the fact that the sympathies of the whole profession are extended to him in this the hour of his bitter sorrow.

(FROM OUR LONDON CORRESPONDENT.)

London, 30th December, 1865.

KNOWING as I well do the great demand on your space this week for other and more important matter than any small talk of mine, I shall content myself and please some of your readers by only sending you a short letter.

The principal, and indeed the all-engrossing topic of consideration just now in our medical circles is, the well-deserved honour conferred by our Sovereign Lady the Queen on the amiable and accomplished Professor Fergusson, F.R.S. Throughout the profession, and amongst the public generally, it is hailed with great satisfaction; even our newspapers, which seldom bestow any marks of commendation on the poor doctors, are unanimous in expressions of approval of the selection just made, and about to be confirmed. It has been justly observed that this is not a mere courtier's apotheosis into the Red Book—it is a reward well won by honest scientific efforts, and given where it was certainly due. It is acknowledged that no man represents more truly the advancing branch of medical science better than Sir William Fergusson, whose practice has illustrated that nicety of means, courage of nerve, humanity of heart, and anxiety to conserve, which has ever distinguished this recipient of his sovereign's favour. There may be two gentlemen in this metropolis, and one in the northern, whose friends may think the hon ur might have been conferred on *older* men, but the time has expired for measuring intellect by age. I heard one of those gentlemen at my club complaining that the title had not been conferred on a neighbour of Sir William Fergusson's, whom he displaced from his seat in the Council of the College of Surgeons, and that the gentleman in questio had no alternative but to resign his serjeant-surgeoncy; h s, in my humble opinion, I don't think he will do. I will let you know directly the event takes place.

The next topic of conversation refers to yourself—viz.: the amalgamation of two such important journals as the *Medical Press* and the *Medical Circular*. The announcement has been received with great satisfaction by a large and not unimportant circle in this metropolis, judging from the position of many who have made me offers of co-operation; and to show how little jealousy there is to fear from your contemporaries, I may mention that the *British Medical Journal* gives you an especial notice on the subject in its current number; but this is only what you might expect from one who always exhibits so much true gentlemanly courtesy as Dr. Markham. Differing as he often does from his contemporaries, he always gives credit where it is due; this is especially observable in the *questio vexata*, "Voting by Proxy," when he has spoken in terms of commendation of "a most elaborate table drawn up by the *Medical Times and Gazette*," showing the number of the Fellows of the College of Surgeons being members of the Association who voted at the last election, and which said table, no doubt, considerably influenced the Council in the decision at which it recently arrived, in direct opposition to the wishes of the Medical Association; yet the organ of that association of gentlemen, through its editor, re-argues the point in that high-toned spirit which should always influence journalists, and which has ever pervaded the pages of the *Dublin Medical Press*, now I see entered on its 26th year of existence. Strengthened as it is now with the *Medical Circular*, which has long since learned to run alone, and feel strong on its legs, success must attend your efforts aided by such a staff as I am glad to see you possess.

Referring again to association, I am glad to see Irishmen of all classes and distinctions in the profession banded together and about to hold an early meeting at Limerick, to take into consideration the present position of the profession in the various public services, as well as the law respecting the sanitary condition of the country, and to adopt such measures and make such suggestions in relation to these important subjects as may be deemed advisable previous to the meeting of Parliament. All honor then to the 262 gentlemen who have signed the requisition, especially those medical officers in the army and navy who have had the courage to do so. I hope the example thus set by the Irish Medical Association will be followed by the sister association in this country, when success will no doubt crown the efforts of those so much interested in all that relates to the welfare of the medical service of the country. The commission relating to army and navy surgeons has suspended its sittings; and as an illustration of the scarcity of surgeons in the latter department, I may mention that during the past year our College of Surgeons only examined twelve candidates and rejected a third.

Writing of the College of Surgeons, I may mention the publication for the first time of a Calendar of that institution, and a very interesting and creditable production it is for a first issue. I send you for publication in another column a few statistics; but I must be very careful how my pen runs on in favour of anything the College of Surgeons is capable of doing, or I shall be attacked in the *Lancet*, as a friend of mine has been in the current number of that periodical, where an obscure writer, or rather a writer with a defective vision, or perhaps both, insists that a paragraph which appeared in the *Times* evidently emanated from the College. If the writer had not been looking through a *gelatanised medium*, he would have seen that either of the institutions therein named might have sent it, if so disposed.

Writing of gelatine and ophthalmic preparations in connection with it, so constantly vaunted in the advertising columns of the *Lancet*, I may mention that Mr. J. Z. Laurence, the surgeon of the Surrey Ophthalmic Hospital, has introduced a much better because a more simple and portable article, viz: a stick or pencil charged with atropine, which an application to once or twice over the conjunctiva of the lower eyelid, displaces a sufficient quantity of atropine to dilate the pupil for all ophthalmoscopic or other purposes.

I am sure your readers will be glad to learn that the desire for medical in preference to legal coroners is increasing, and with a certain amount of success your countrymen only lately appointed a medical man. We have just received an important provincial district for Mr. W. H. Bennett, M.R.C.S., who has been elected for the Shaftesbury division of Dorsetshire. His opponent was Mr. Chitty, a lawyer, who on the great show of hands in favour of Mr. Bennett, declined demanding a poll. And now apologising for a very hurried letter, and sincerely wishing success to the MEDICAL PRESS AND CIRCULAR, I take my leave until next week.

MEETINGS OF SOCIETIES.

THE Edinburgh Medico-Chirurgical Society met in their Hall, 117, George-street, on Wednesday, the 26th ult.—Dr. P. D. HANDYSIDE, Vice-President, in the chair. Previous to the commencement of business, Dr. Handyside made some interesting remarks in regard to the remarkable case of double monstrosity presented by J. B. dos Santos, whom the members had a private opportunity of examining during the preceding week. In regard to this extraordinary case, Dr. Handyside, who made a most careful examination of the man both externally and also internally as far as that could be done by digital manipulation per anum, arrived at conclusions somewhat different from those propounded by Mr. Ernest Hart, in the *Lancet* for July 29th; but as these conclusions shall be presently published *in extenso*, we forbear for the present entering upon them.

Thereafter Dr. J. D. Gillespie read the notes of an interesting case of "Death from Chloroform," which had occurred in his practice. The patient, a young lady, had chloroform administered to her for the purpose of having a tooth extracted. When she appeared to be fairly over, and the extraction was attempted to be gone on with, the jaws were found to be firmly clenched. This obstacle having been overcome and the tooth extracted, Dr. Gillespie turned from the patient to procure some water to rinse out her mouth, but was instantaneously recalled to her side by a loud cry to find her apparently dead. The tongue, which was not however retracted, was at once pulled forwards, artificial respiration fully and fairly put in exercise, and further medical assistance at once procured, but unavailingly; the patient never rallied. Upon a *post-mortem* examination being made, the only thing anormal discovered was a spasmodically contracted condition of the left heart, which contained no clot, and scarcely a drop of blood.

Dr. Roberts made some remarks upon the distressing character of such untoward events, and upon the importance of recording all such cases.

The retiring President, Dr. Douglas Maclagan, Prof. of Medical Jurisprudence, then read his valedictory address; and the public business having been concluded, the society proceeded to elect its office-bearers for the next year, who are as follows:—

President—John Moir, F.R.C.P

Vice-Presidents—J. W. Begbie, M.D.; D. R. Haldane, M.D.; J. D. Gillespie.

Councillors—W. Saunders, M.D.; James Cappie, M.D; T. Grainger Stewart, M.D.; J. Matthews Duncan, M.D.; Arthur Mitchell, M.D.; Robert P. Ritchie, M.D.; D. Argyll Robertson, M.D; W. Stephenson, M.D.

Treasurer—G. W. Balfour, M.D.

Secretaries—Patrick H. Watson, M.D., 29 Charlotte-square: Charles Dyce, M.D., 42 Great King-street.

The next meeting of the Society takes place on Wednesday, the 3rd of January, when a paper will be read by Dr. Francis Skae, upon "Insanity caused by Sunstroke, and by Injuries of the Head, with Illustrative Cases."

MEDICAL NEWS.

Dr. John Moir has been elected President of the Edinburgh Medico-Chirurgical Society, in the room of Professor Maclagan, whose term of office has expired

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practice, on the 21st inst.:—

Barraclough, Robert Wooding Sutton, Streatham-hill, Brixton.
Broughton, Robert David, Ryton xi Towns.
Folliott, James, Egerton Villas, Douglas-road, N.
Hembrough, John William, Waltham, Grimsby.
Manby, Frederic Edward, East Rudham, Norfolk.
Smith, Samuel Hgnett, Weavenham, Cheshire.
Spencer, George Owthwaite, Horbury-terrace, Notting-hill.
Weller, George, Fairfield Villas, Bow-road.

The following gentlemen also on the same day passed their first examination:—

Glaister, Harry Burrill, Royal Infirmary, Liverpool.
Meadows, Chas. John Walford, Guy's Hospital.

MEDICAL DIARY OF THE WEEK.

Thursday, Jan. 4.

Central London Ophthalmic Hospital.—Operations, 1 p.m.
St. George's Hospital.—Operations, 1 p.m.
London Surgical Home.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Royal Institution.—3 p.m. Prof. Tyndall, "On Sound." Juvenile Lectures.
Harveian Society of London.—8 p.m. Anniversary; President's Address, and Election of Officers.

Friday, Jan. 5.

Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Saturday, Jan. 6.

St. Thomas's Hospital.—Operations, 9½ a.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.
Royal Institution.—3 p.m. Prof. Tyndall, "On Sound." Juvenile Lectures.

THE NEW ANÆSTHETIC.

Long before the blessed influences of ether or chloroform were known, the attention of medical men was directed to the discovery of some agent wherewith "to stail men's brains away" and thereby alleviate the agony of bodily suffering. Bloodletting, tobacco, opium, and many other substances had been tried and laid aside as unsuitable. And it was left to the distinguished professor of midwifry in the Edinburgh University, to make known to the world the therapeutic and anæsthetic properties of chloroform, an agent which is now in hourly use throughout the length and breadth of the world. This discovery undoubtedly has added the greatest lustre to his name; for although almost every department of the healing art has been benefited and enriched by his genius, still it is as the bestower on humanity of the mighty boon of painless surgery, that Dr. Simpson is best known and will be longest remembered.

Unhappily, however the administration of chloroform, even in the most careful hands, is not altogether free from danger. True the accidents that occur are very very few in proportion to the immense quantity that is used, for from one establishment in Edinburgh alone no fewer than 2,500,000 doses are dispensed in a year! Cases do now and then happen, nevertheless in which without any other discoverable cause, the patient dies under its influence; and such occurrences certainly tend to shake the confidence of the profession and of the public in its safety. But we cannot well give up the use of chloroform until we have found a substitute which will be equally useful and at the same time freer from risk. Such an agent has not yet been found.

And it is only by further experimenting with that group of chemical compounds which are known to possess anæsthetic properties, or by the discovery of some agent yet unknown, that we can expect to become acquainted with any substance that will excel chloroform as an anæsthetic. Dr. Simpson, with that uniting energy which characterizes him, has made many experiments with many different fluids, and quite recently he has been using the bichloride of carbon, which he believes resembles chloroform more than any other agent he has tried. He gives the following account of it in a late number of the *Medical Times and Gazette*.

The last of these compounds—the Bichloride of Carbon is the new anæsthetic which forms the special subject of the present observations. It was first, I believe, discovered by M. Regnault, in 1839. It has already received various appellations from various chemists, as Perchloroformene, Perchlorinated Chloride of Methyl, Dichloride of Carbon, Carbonic Chloride, Tetrachloride of Carbon, Superchloride of Carbon, Perchloruretted Hydrochloric Ether, and Perchloruretted Formene (see Gmelin's 'Handbook of Chemistry,' vol. vii., p. 355, and Watts' 'Dictionary of Chemistry,' vol. i, p. 765).

"If it becomes, as I believe it will, for some medicinal purposes, an article of the Materia Medica, it will require to have a pharmaceutical name appended to it, and perhaps the designation of Perchloroformene, or the shorter term Chlorocarbon, may prove sufficiently distinctive. In its chemical constitution, Bichloride of Carbon, or Chlorocarbon, is analogous to chloroform: with this difference, that the single atom of Hydrogen existing in Chloroform is replaced in Chlorocarbon by an atom of Chlorine, for the relative chemical constitution of these two bodies may be stated as follows:—

$$\text{Chloroform} = C_2HCl_3$$
$$\text{Chlorocarbon} = C_2Cl_4.$$

"The Chlorocarbon can be made from Chloroform by the action of Chlorine upon that liquid; and Geuther has shown that the process may be also reversed, and Chloroform produced from Chlorocarbon, by treating it in an appropriate vessel with Zinc and dilute Sulphuric Acid, and thus exposing it to the action of nascent Hydrogen. The most common way hitherto adopted of forming Bichloride of Carbon consists in passing the vapour of Bisulphide or Bisulphuret of Carbon together with Chlorine through a red-hot tube either made of porcelain or containing within it fragments of porcelain. There result from this process Chloride of Sulphur and Bichloride of Carbon, the latter being easily separated from the former by the action of Potash

The Bichloride of Carbon, or Chlorocarbon, is a transparent, colourless fluid having an ethereal and sweetish odour, not unlike Chloroform. Its specific gravity is great, being as high as 1·56, whloroform is 1·49. It boils 170° Fahrenheit, the boiling point of Chloroform being 141°. The density of its vapour is 5·33, that of Chloroform being 4·2.

Besides trying the anæsthetic effects of Bichloride of carbon upon myself and others. I have used it in one or two cases of midwifery and surgery. Its primary objects are very analogous to those of chloroform, but it takes a longer time to produce the same degree of anæsthesia, and generally a longer time to recover from it. Some experiments with it upon mice and rabbits have shown this—two corresponding animals in these experiments being simultaneously exposed, under exactly similar circumstances, to the same doses of chloroform and chlorocarbon. But the depressing influences of chlorocarbon upon the heart is greater than that of chloroform; and, consequently, I believe it to be far more dangerous to employ as a general anæsthestic agent. In a case of midwifery in

which it was exhibited by my friend and assistant, Dr. Black, and myself, for above an hour, with the usual anæsthetic effects, the pulse latterly became extremely feeble and weak. In another case in which it was exhibited by Dr. Black, the patient, who had taken chloroform several times before, was unaware that the new anæsthetic was different from the old; her pulse continued steady and firm, although she is the subject of valvular disease of the heart. The surgical operations in which I have used chlorocarbon have been, the closure of a vesico-vaginal fistula, the division of the cervix uteri, the enlargement of the orifice of the vagina, and the application potassa fusa to a large flat nævus upon the chest of a young infant. In all of these cases it answered quite well as an anæsthetic. The child did not waken up for more than an hour and a half after the employment of the caustic, which was used so as to produce a large slough. Its pulse was rapid and weak during the greatest degree of anæsthetic sleep. One of the mice exposed to its influence, and which was removed from the tumbler where the experiment upon it was made, as soon as the animal fell over, breathed imperfectly for some time after being laid upon the table, and then died.

"Chlorocarbon, when applied externally to the skin, acts much less as a stimulant and irritant than chloroform, and will hence, I believe, in all likelihood be found of use as a local anæsthetic in the composition of sedative liniments.

"In two cases of severe hysteralgia I have injected air loaded with the vapours of chlorocarbon into the vagina. The simplest apparatus for this purpose consists of a common enema syringe, with the nozzle introduced into the vagina, and the other extremity of the apparatus placed an inch or more down into the interior of a four-ounce phial, containing a small quantity—as an ounce or so—of the fluid whose vapour it is wished to inject through the syringe. Both patients were at once temporarily relieved from pain."

From this description it will be seen that the new anæsthetic does not possess any properties superior to chloroform. It is said it is cheaper, and less liable to cause sickness; but its disagreeable odour, its slowness of action, above all, its depressing influence upon the action of the heart, prove that, however useful the bichloride of carbon may become as an external application, it is assuredly not destined to supplant chloroform as an anæsthetic agent.

THE UNIVERSITY OF LONDON.

From a letter which has been forwarded by the University to all medical schools, it will be seen that the Senate is very much dissatisfied with the attainments of the aspirants who are seeking the scientific distinctions of that body. The chief complaint is as to the failures which have annually taken place at the preliminary scientific M.B. examination, and in July last it appears that no less than forty-three out of seventy-five candidates were rejected at that ordeal, the failures being chiefly in botany and zoology. The object of the letter is to recommend the medical schools, in connexion with that University, to train their alumni more carefully in these subjects, and, more especially, to insist upon their practical acquaintance with the objects of Natural History by the aid of specimens and museums. We entirely approve the sentiments expressed by the Senate, and hope that its recommendations will have the desired effect; but we cannot help thinking that the students are somewhat overtasked by the regulations of the London University. First comes the Matriculation Examination, which is almost equivalent to an ordinary examination for B.A., then the Preliminary Scientific M.B. examination, then the first M.B. examination, then the second M.B. examination, and at last the M.D. examination, or that for the Mastership in Surgery. Comparatively few students can have the time and the money, to say nothing of the intellect, for these numerous and varied trials, more especially when an accurate knowledge of all the subjects is expected. The Senate seems rather to be legislating for medical students as they ought to be than as they are, but still we wish well to the attempt to raise a body of first-class practitioners.

SUMMARY OF THE WEEK.

SIR WILLIAM FERGUSSON, BART.

The honour conferred by her Majesty on Sir William Fergusson will be regarded, not only by the friends of that gentleman but by the profession at large, with feelings of the liveliest satisfaction. [illegible] will be glad to learn that the de- part of the highest personage [illegible] o legal coroners is inar- of surgery to an exalted po[illegible] among the arts and sciences, and we need not add that the dignity could not have been more worthily bestowed. Although Sir William Fergusson has been for some time attached to the Court by holding the position of Surgeon Extraordinary to her Majesty, his personal services have, happily, never been called into requisition, and the baronetcy must, therefore, have been conferred chiefly on public grounds, and in recognition of the high standing which the recipient has already occupied in the surgical profession. Sir William's heir-apparent is a gentleman who, in social position and in all other respects, is well calculated to sustain the hereditary honour of his family.

DR. WATSON ON THE CATTLE PLAGUE.

The *Times*, having already done an infinity of mischief by supporting the homœopathic and other forms of quackery, and recommending them in the treatment of the cattle-plague, has at the eleventh hour done a tardy act of justice to an outraged profession by inserting a letter from the respected President of the College of Physicians of London, containing some very sensible remarks upon the present epizootic. It is true that Dr. Watson does not tell the profession anything which it did not know before, but still the words of science, and indeed of common sense, have been of late so scanty in the columns of the *Times*, where medical matters are concerned, that it is positively refreshing to read Dr. Watson's modest and sensible observations. He proposes no cure for the cattle disease, and points out the folly of expecting that any should be found, as the disease resists cure like small-pox or scarlet-fever; but he strongly urges the preventive treatment by isolating the cattle affected by the malady, by prohibiting the movement of the beasts through the country, and by the establishment of dead-meat markets. It is possible that Dr. Watson's letter may produce a good impression in influential quarters, and at any rate, it may be hoped that it will put a stop to any more homœopathic follies in the leading daily journal.

ROYAL COLLEGE OF SURGEONS.

The Council of this institution has just published for the first time, a calendar on the plan of those emanating from our universities. From this work it appears that there are now 312 fellows by examination, 254 honorary, and 247 by election, making a total of 1313. The members of the College number 14,375. The income of the College for the past year amounted to £11,634 4s. 8d., derived principally from the fees paid by students for examinations for the diploma of membership, which produced £8896 10s., a decrease of £1305 10s. from those of the preceding year. Elections to the fellowship pro-

duced £336 10s., whilst examinations for that distinction yielded only £115 10s. The rent of the chambers adjoining the College amounted to £690 15s. 8d. This item will, no doubt, be considerably increased next year by letting the residence of the late secretary. There appears a very serious diminution in the income arising from the examinations for the dental diploma, which in the preceding report was set down as amounting to £924, whereas in the statement now before us, it appears as yielding only £42, a falling of £882. There is a diminution also in the midwifery licence fees, of however only sixteen guineas; the amount

Dr. John Moir has been elar was £121 16s. against burgh Medico-Chirurgical Year. The dividends on investment in government securities amounted to £1194 3s.

The disbursements amounted to £12,085 18s. 2d., being an excess over the receipts of £451 13s. 6d. The largest item under this head appears for salaries and wages, which amounted to £3,208 13s. 8d. The Court of Examiners received £3,059 14s. As the fees received for the midwifery and dental diplomas were small, so likewise were those paid to the examiners in those departments, the former receiving £58 16s., and the latter only £31 10s. The Government received £364 9s. for diploma stamps, and £762 4s. 6d. were paid for taxes and plates. There is an increasein pensions, which now amount to £444. The oldest member of the Council appears to be Mr. Lawrence, who was admitted a member of the College so long ago as the 6th of September, 1805, and who has twice filled the office of president. The oldest of the officials appears to be Mr. T. M. Stone, as filling the office of assistant-librarian in 1832. In continuing the analysis of this interesting calendar it appears that there have been only five baronets who have filled the president's chair since the incorporation of the College in 1800—viz., Sir Everard Home in 1813 and 1821; Sir David Dundas, who occupied that position in 1819; Sir Astley Paston Cooper, who filled the office in 1827 and 1836; Sir Benjamin Collins Brodie in 1844, and the recently appointed Sir William Fergusson, who has that honour looming before him. Of the knights who have filled that honourable post are, Sir Charles Blicke in 1803 and 1810; Sir James Earle in 1807 and 1817; Sir William Blizard in 1814 and 1822; Sir Anthony Carlisle in 1828 and 1837. There have been and are other baronets and knights on the list of fellows and members, as amongst the survivors are Sir S. L. Hammick, Bart., Sir Rutherford Alcock, H.M. Minister at Japan, Sir Henry Cooper of Hull, &c. Amongst deceased knights are Sir Lurford Harvey, Sir Patrick Macgrigor, Sir John Webb, Sir Charles Bell, Sir James Eyre, &c. There also appears in the list of fellows and members two M.P.s, as Dr Brady for Leitrim, and Mr. W. J. Clement for Shrewsbury; there also appears to be several clergymen, at the head of whom appears the honoured name of F. Thomas MacDougal of Sarawak, the Lord Bishop of Borneo.

TO CORRESPONDENTS.

The Editor begs to apprise his querists that in future all inquiries, hitherto answered by private note, will be responded to in the Correspondents' column of the Journal.

All communications, letters, and books for review will be acknowledged in due course.

Letters and communications have been received from Dr. Barnard Holt, Dr. B. W. Foster, Birmingham; Dr. Edwards, London; Dr. M'Kinlay, Paisley; Dr. Harvey, London; Dr. Elliott, Dublin; Dr. Shinkwin, Cork; Mr. Harry Lobb, London; Dr. M'Berrier, Glasgow; Dr. Courtenay, London; Dr. Lyster, Liverpool; Dr. Mapother, Dublin; Dr. Donovan, Skibbereen; Mr. Milton, London; Dr. Charles Kidd, London; Dr. G. W. Balfour, Edinburgh; Dr. Morrell Mackenzie, London; Dr. Mackesy, Waterford; Messrs. Maclachlan and Stewart, Edinburgh.

REPRINTS OF CONTRIBUTIONS.

Contributors to The Medical Press and Circular are informed that their communications can be reprinted in book form at a very moderate cost immediately after they have appeared in the Journal. It being assumed that the contributions have been properly corrected and revised before publication in the Journal, and great delay and no little expense having been incurred in consequence of alterations made subsequently to publication, it is notified no proofs can in future be sent out or alterations made in the matter before reprinting. The rates of charges for reprinting will be forwarded on application at the office.

COMMUNICATIONS POSTPONED.

The following communications are unavoidably postponed, having reached our office too late for insertion:—

Dr. G. K. H. Paterson, Perthshire, on the Treatment of Exhaustion Occurring During Labour. Three Cases of Functional Aphonia Cured by the Application of Galvanism to the Larynx, by G. Johnson, M.D., F.R.C.P., Professor of Medicine in King's College. On the Treatment of Ganglion of the Wrist, by Dr. Donovan, Skibbereen. Selections from Dutch Medical Literature, translated by W. D. Moore, M.R.I.A. On the Health of Towns, by Dr. M'Cormac, Belfast. Observations on the Treatment of Spontaneous Vaginal Hæmatocele, translated from the French by Dr. George Bolster, Newcastle, County Limerick. On the Treatment of Cholera, translated from the "Bulletin de Therapeutique" by Dr. Isaac Ashe, Castleblayney. A Leading Article on Scepticism in Medicine. Letter of the Senate of the London University on Preliminary Examinations. Letter from Dr. Coleman, Miltown Malbay, on Unhealthiness of Irish Towns. Case of Strangulated Hernia cured by Operation, by Dr. Horan, Cootehill, County Cavan. Meteorological Report, Dr. Hanlon, Portarlington. Letter from our Belfast Correspondent. Proceedings of the Surgical Society of Ireland. Proceedings of the Harveian Society of London. Dr. O'Rorke, Report on Treatment of Epilepsy by Artenosia Vulgaris and Cardamme Pretensis. Review of Reports to the Lord Provost and Magistrates on the Pathological Appearances, &c., of the Cattle Plague.

Mr. F., Upton Noble, Somersetshire.—The village of Upton Noble has lately been agitated by a difference of opinion as to a point of professional etiquette between two medical practitioners—Dr. Banks and Dr. Higinbotham. It appears that the former having been called in to attend a child pronounced the disease to be scarlatina; but after the patient's death, Dr. Higinbotham called upon the parents and obtained leave to open the body, and then declared the disease to be inflammation of the larynx. It should be mentioned that Dr. Higinbotham's object in visiting the house of the patient was to make inquiry as to a sister of the deceased, as he wished to take her into his family as a nurse for his children. He was, therefore, anxious to ascertain the nature of the complaint of which the patient died. But as is usual in small villages, the difference of opinion between the doctors caused a great commotion, and an inquest was the result, the verdict being "death from natural causes." We do not reprint the inquest "in extenso," because the points of interest are really very few. We think that it is difficult, after death, to determine that scarlatina has not existed, and we think it a pity that Dr. Higinbotham should have made such an assertion. Dr. Banks does not seem to deserve any censure in the matter, and the verdict completely exonerates his reputation from any blame, if indeed any ever attached to it, which we very much doubt.

Chirurgus, Isle of Man, asks us to give a brief and precise statement of the Banting system of reduction, as he wishes to apply it in a case he has in hand. We really feel unable to comply with the request, and must refer our Correspondent to Mr. Banting's pamphlet on the subject. We may state generally, however, that the system consists mainly in an abstinence from sugar and farinaceous food.

Dr. Fraser's paper will be acceptable.

The Obstetrical Society of London.—The notice has been received.

Dr. Carpenter's letter, enclosing an address by the University of London to Medical Schools, has been received.

x.—The gentleman in question is quite able to blow his own trumpet without any assistance on our part.

Nemo.—The article contains passages which might be deemed libellous.

Chirurgus.—Among the surgical knights whose names have been lately published we do not find that of Sir Ranald Martin, who certainly adds dignity to the order to which he belongs, and who ought not to have been omitted.

The Editor is anxious to secure the services of a local Correspondent in each large town in Ireland. He will be happy to communicate with gentlemen with that object, on their sending their address. He is also desirous of appointing a gentleman to act as Hospital Reporter in Dublin, at a moderate salary.

MEDICAL NEWS.

The Editor solicits the kind assistance of his readers in the compilation of his Medical News. He will be glad to receive from Subscribers notifications of Vacancies, Appointments, Births, Deaths, Marriages, and newspaper cuttings of medical interest.

Medical Officer to the Metropolitan Police.—Dr. Nedley has been appointed as the successor of Dr. Ireland in the position of medical officer to the Metropolitan Police.

Dr. Narburton Bagbie has been elected one of the Physicians to the Royal Edinburgh Hospital for Sick Children, in the room of Dr. Moir, resigned.

Mr. Wm. Turner, M.B., Demonstrator of Anatomy in the University of Edinburgh, has been elected a Fellow of the Society of Antiquarians of Scotland.

Dr. J. D. Cowan has been appointed Professor of Materia Medica in the University of Glasgow, in the room of Dr. Easton, deceased.

Electric Garments in the Treatment of Disease.—In order in to render a current of electricity capable of passing through a patient, Mr. Harry Lobb has invented some electric garments which are made to fit any portion of the human frame. Each garment has an insulated conducting wire attached to it, by which it may be brought into connexion with any kind of battery; and the advantages claimed for the electric garment are, their simplicity of application, their great efficacy, their portability, and their cleanliness. The electro-magnetic, the magneto-electric, and the voltaic batteries may all be used with the garments, and they are said to be used with great advantage in many nervous and painful complaints, as, anæsthesia, muscular paralysis, hemiplegia and paraplegia, and even in some cases of suspended animation. The electric garments are manufactured and sold by Messrs. Maw and Son, Aldersgate-street, London, and by all chemists and druggists in the United Kingdom.

The "Pall Mall Gazette" and "Dr." Hunter.—The *Lancet* states that an action for libel has been commenced by "Dr." Hunter against the *Pall Mall Gazette*, in consequence of the articles which appeared in that able and spirited journal on the occasion of the recent trial.

Christmas Holidays for Edinburgh Medical Students.—It was the intention of the Senatus of the University not to grant to medical students this Session the usual short recess at the end of the year, and notice of the resolution was intimated in the University Calendar. As Christmas drew near, however, the medicals began to think that it was rather too bad that they alone of all the students, should be deprived of joining the family circle, and mingling in the social pleasures which belong to the merry Christmas time. Meetings were held, and a memorial, signed by about 320 medical students, was drawn up and presented to the Senatus, asking that four lectures during the last week of the year might be omitted, thus allowing a recess of ten days. This request the Senatus refused, and the students appealed to the University Court. The Court was of opinion that for this year the Senatus might grant the usual holidays, but left the matter to be decided by them. It was ultimately resolved by the Senatus that the Medicals, in common with the Arts, Law, and Divinity students, should be released from attendance at classes from Friday the 22nd December till Tuesday the 2nd of January, 1866, so that by this decision 420 medical students have had it in their power to see the old year die and the new one born, amid the familiar faces of their friends and the dear associations of home. A similar privilege was granted to the students attending the extra academical school.

BIRTHS.

Announcements of Births, Deaths, and Marriages must be authenticated with the card of the sender, and are inserted free of charge.

Dec. 21, at 10, Morrison's-quay, Cork, the wife of E. R. Townsend, jun., M.D., of a daughter.

December 25, at Dundrum, the wife of Dr. Bernard, of a daughter.

On the 23rd inst., at 62, George's-street, Limerick, the wife of J. J. Gelston, M.D., of a daughter.

December 24, at 15, Gardiner's-place, the wife of W. B. Jennings, Esq., M.D., of a son.

At the Royal Dockyard, Portsmouth, the wife of Dr. Gordon, R.N., of a daughter.

December 27, at the residence of his father, Altamont-terrace, Westport, the wife of Dr. F. Noel Burke, Medical Director, United States Army, of a daughter.

MARRIAGES.

December 27, by special license, at the Church of St. Andrew, Westland-row, by the Rev. Mr. Patterson, assisted by the Rev. Mr. Pentony, Malachy J. Kilgariff, Esq., L.R.C.S.I., 47, Harrington street, to Katie, eldest daughter of Joseph Plunkett, Esq., 30, Lower Pembroke-street.

December 19, in St. Mary's Church, Clonmel, by the Rev. Francis Tempest Brady, A.M., Rector of the Parish, and Chancellor of Lismore, Henry Robert Perry, Esq., of Liverpool, son of the Rev. Henry Pottie and the Lady Catherine Perry, of Tullamelan Rectory, county Tipperary, to Harriet Jane, youngest daughter of William James Shiell, Esq., M.D., of Clonmel.

DEATHS.

December 28, at Kesh, William Johnston, Esq., M.D., in the 70th year of his age.

November 19, at Bombay, of consumption, Letitia, wife of J. A. Fitzpatrick, Esq., M.D., King's Dragoon Guards, and only daughter of Hugh Corley, Esq., of this city.

December 21, at the residence of his father, James Henry, M.D., Brougham House, Birkenhead, Staff-Assistant-Surgeon Richard Henry, late Royal Artillery.

December 20, at the residence of his father, Newtown House, Tullamore, William Blakely Tarleton, Esq., M.D., of Banagher, King's County.

On the 22nd inst., at his residence, South Mall, after a long and painful illness, Richard Corbett, Esq., M.D., aged 66 years.

MILITARY MEDICAL PROMOTIONS.

Staff-Assistant Surgeon T. Maunsell, at present in medical charge of the detachment 5th Fusiliers, at Ship-street Barracks, has been ordered to take medical charge of the detachment 60th Rifles at the Linen Hall Barracks.

Staff-Assistant-Surgeon White, ordered for duty in Dublin, on arrival will take medical charge of the detachment 5th Fusiliers at Ship-street Barracks.

THE MEDICAL PRESS AND CIRCULAR.

BEING THE INCORPORATION OF THE TWO JOURNALS HITHERTO KNOWN AS THE MEDICAL PRESS AND THE MEDICAL CIRCULAR.

A Special Edition of "THE MEDICAL PRESS AND CIRCULAR" will be Printed for each of the Divisions of the United Kingdom, and will be Published simultaneously in London, Edinburgh, and Dublin. Advertisements will therefore appear in the three Editions, including the Issues of the "THE MEDICAL PRESS, THE MEDICAL CIRCULAR, and THE EDINBURGH SPECIAL EDITION," now for the first time Established. This arrangement will guarantee a Circulation unrivalled in extent and peculiarly the property of "THE MEDICAL PRESS AND CIRCULAR.

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FULL PARTICULARS AS TO FUTURE ARRANGEMENTS WILL BE FOUND AT PAGE 12.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

ORIGINAL COMMUNICATIONS.

CLINICAL SURGERY.

LITHOTRITY.

By JOHN HAMILTON, F.R.C.S.,

SURGEON TO THE RICHMOND HOSPITAL, AND TO SWIFT'S HOSPITAL FOR LUNATICS.

No operation in surgery is so satisfactory as lithotrity, when the stone is small or of moderate size, and the bladder so little engaged that it is not irritable. In the two following cases the progress and result were most favorable:—

Case 1.—John Hudson, ætat. 54, a healthy-looking man, admitted into the Richmond Hospital April 29th, 1864, suffering from great pain after having passed water, lasting for twenty minutes. While passing water the stream would suddenly stop and a mere dribbling ensue. The urine had white shreds in it and deposited a thick slimy matter. He passed a small stone so long ago as 1836, but remained well till a few months since. Mr. Hamilton introduced a silver catheter and detected a stone. He then passed the lithotrite of M Civiale, and at once seized the stone (which by measurement appeared about the size of a nutmeg) and broke it. The fracture, Mr. Hamilton said, was soft. He then again seized it, and it broke with an audible crack, the stone, though with a soft outer layer, being evidently a hard one. Then the instrument was withdrawn, the hollow of the female branch was filled with partly a white calcareous mass of the triple phosphate, and partly with dark brown hard fragments of the oxalate of lime. The next day he passed some fragments of small size. The third day he was suffering from irritation in the passage, and had had a rigor. On examination Mr. H. found a rather large piece stuck at the end of the urethra, near the orifice, which he extracted. It proved to be oxalate of lime. He had no further trouble after this, and left the hospital well. He returned in a week perfectly free from any symptom of the disease.

Case 2.—Matthew Higgins, aged 66, a healthy-looking farmer, residing at Bossfort, county Longford, was admitted into the Richmond Hospital Friday, July 21, 1865, with symptoms of stone in the bladder.

Eleven years ago he felt much pain in the right kidney. At the end of four days the pain left the kidney and went gradually down the groin, when it suddenly ceased; but immediately after he felt something in the bladder, followed by retention of urine, for which his medical attendant passed a catheter. This was followed by the passage of a small calculus resembling a piece of resin. He remained free from any symptoms of gravel till last May. On the 11th of that month he again suffered from pain in the same kidney, which went down the groin as before, terminating in much irritation in the bladder, pain in passing water, with occasional stoppages, pain at the lower part of the end of the penis, and an unpleasant straining feel in the rectum. Once or twice he observed a little blood. His medical adviser in the country recommended him to go to Dublin to be relieved of the stone. He had observed since the stone had entered the bladder, that if he remained quiet in bed on his back he was free from uneasiness, but that when he got up and walked about the irritation began and the desire to pass water. The urine he passes is tolerably clear; no slimy deposit.

He was told to keep his water for a few hours previous to the hospital visit. Mr. Hamilton passed Civiale's lithotrite and caught the stone at once. It was the size of a small marble, and very hard, which led Mr. Hamilton to say he was sure it was oxalate of lime. It broke with an audible crack. The instrument would not close entirely from the fragments remaining between the two branches, but it came on pretty freely till at the orifice, when the resistance to the extraction was so great that Mr. Hamilton divided a small portion of the edge of the orifice at the frenum. The spoon-bill, or female branch of the instrument, was full of tightly-compressed detritus, of a dark brown colour and rather square fracture, oxalate of lime.

Monday, July 24th: The only sensation is a little irritation, as if there was a small piece of grit in the passage, but all feeling of stone gone.

25th: Perfectly well. He yesterday passed a small piece of the calculus, but to-day no species of irritation whatever, and he left town for his home.

In this case there was a little difficulty in the introduction of the instrument, probably, considering his age, from some enlargement of the prostate. The stone was very hard to break, so that I used a towel to act more decidedly on the screw, which I should not have done had the stone been larger, for fear of putting too great a stress on the strength of the instrument.

The next example will show that when an oxalate of limestone is large a stronger instrument than Civiale's lithotrite becomes necessary. In such a case Weiss' instrument must be used. It also shows how much more serious the complications become as the stone is larger.

Case 3.—George Conan, ætat. 20, admitted, complaining of difficult and painful micturition, pain most felt at the end of making water, and at the end of the penis—this last not marked. The water generally clear, but depositing a sediment. Five weeks since it appeared red and bloody. Walking rather gave him ease, nor did he suffer from the motion of a rough car. The frequency was great and disturbed him constantly during the night. The stream, free at first, would diminish and dribble away from him. He suffered less at some periods than at others.

At ten years' old he got a severe fall by a person suddenly letting go a stick he held. After that he passed bloody urine. He suffered occasionally from irritable bladder, but was sometimes free from it. For the last six or seven weeks he has suffered severely from his present complaint, with a pain across the loins and in the stomach. His general appearance is healthy. Pulse 90, and nervous, and he appears of a nervous temperament.

He has congenital phymosis, but the foreskin could be retracted sufficiently to expose the orifice of the urethra. I sounded him on Monday and at once detected a stone. The next day I operated, using Civiale's lithotrite, and without difficulty caught the stone, which appeared to be about the size of a large walnut. No effort with this instrument would break the stone, so after strenuous exertions, twisting the screw by aid of a towel (a very wrong proceeding), I gave up further attempts, and disengaging the stone withdrew the instrument. He bore the operation well. He objected to chloroform. A few days after I operated again, but this time with Weiss' screw, which is not only stronger but the blades armed with chisel or wedge-shaped teeth. It required some degree of force, and broke with an audible crack. Two large fragments were caught and broke readily.

8th: He showed me a large collection of pieces of mulberry calculus that he had passed after the operation. Some of them presented the lobulated surface and dark colour of the mulberry calculus, smooth and polished, and inside, each lobule presented on its fractured surface, a regular striated crystallization. There was a good deal of muco-purulent deposit on the vessel, owing probably to the irritation of the fragments. I injected some tepid water.

9th: I operated with Civiale's lithotrite, but some of

the fragments were large and could not be broken by it. When withdrawn the scoop of the instrument was full of fragments of oxalate of lime. One large fragment that I could not break I found it hard to dislodge from the instrument.

Oct. 10th: I was agreeably surprised to find him remarkably well to-day. He had passed many good sized fragments.

14th: I used Weiss' instrument and caught fragments four times. They broke with a loud crack. One large piece measured ten lines, another seven. He suffered very little.

16th: He has passed a good deal of detritus, but less than after former operations.

20th: A very successful operation, large and numerous fragments caught and broken. He suffered more pain than usual. The next day he passed a number of broken pieces.

Nov. 1st: Very comfortable up to yesterday, when he felt heavy, with some tenderness of the left testicle, which to-day presents the characters of orchitis; the scrotum red, the testicle enlarged, but the epididymis not hard as in gonorrhœal orchitis. Goulard's lotion locally, and the administration of the diaphoretic mixture, with a little antimonial wine, subdued the inflammation, and at the end of a week the testicle was nearly natural and not tender. I therefore operated, caught some rather large pieces and broke them.

10th: Two days after the operation he presented me with a paper full of pieces that he had passed. He said there was a good deal of fine gravel that he could not collect. The last piece passed was angular and sharp, and caused a good deal of uneasiness in the passage. He passed a single piece after this, and felt so well that on the 13th he left the hospital apparently well. A week after, November 19th, he came back, suffering from some of his old symptoms; I therefore introduced the lithotrite and caught readily rather a large piece and crushed it. In the evening a fragment stuck just behind the orifice of the urethra Mr. O'Brien, the resident pupil, caught it with a forceps, but could not extract it. The patient got rigors, followed by fever and pain in the part, and distress in making water and difficulty. The glans penis was swollen and œdematous looking, and there was some purulent fluid oozing from the orifice. I tried Le Roy's instrument for the extraction of pieces of stone from the urethra, but it could not be got behind the fragment, for the urethra was so dilated behind it that the instrument pushed the stone back from the orifice. I therefore got out the stone by gently urging it forward to the orifice again and caught it with a strong forceps, and pulling it forward against the orifice enlarged the latter by a slight nick with a sharp vistoury, when the stone was readily extracted. A hip bath and ten drops of laudanum were ordered immediately after. The piece was very large, the largest that had yet come away. The next day he was quite comfortable and passed two pieces. Feeling so well he left the hospital.

May 23rd: He came to the hospital with renewed symptoms of stone, and a large piece was detected at the neck of the bladder. He could not bear the injection of more than four ounces of water, and he could not retain it for more than a minute. I therefore ordered rest in bed, a hip bath, and the pareira brava, with liquor potassæ, determined not to operate till the bladder was less irritable, and till he bore the injection of a sufficient quantity of water. In two days after, from the treatment, and most likely from the stone having been pushed from the neck of the bladder, the irritability had so lessened that I introduced the lithotrite and caught a large piece, measuring up to seven in Weiss' instrument, and broke it and many fragments afterwards. Some of the pieces he passed were of a pale yellow colour, as if there had been deposited a layer of lithic acid on the original oxalate of lime.

Soon after this he again left the hospital, and I saw nothing more of him till some months after for influenza fever. He had some irritability of the bladder, but nothing like his former suffering. In January last, three years since I first saw him, I had an opportunity of seeing him. With the exception of occasio a slight irritability of bladder he appeared to me to be well, following his business, and going about without any suffering. It had been a most tedious and troublesome case, in consequence of the unsteady character of the young man, and his leaving hospital before the entire removal of the fragments was completed.

In the next case the size of the stone was so great that the propriety of performing lithotrity at all might be questioned. It was at least the size of an ordinary lemon, and lithic acid—very hard therefore; and thus large and hard most difficult to break at all, and when broken the fragments, as always the case in large, hard lithic acid calculi, with sharp edges and angles. Many operations also would be required before such a stone could be got entirely rid of, that the patient would be worn out by their frequent repetition and the passage of large sharp fragments along the urethra On the other hand a large stone is not favourable for lithotomy. The patient, moreover, was of an age, near fifty, which statistics show to be the least desirable for the operation, besides being a full, fat, pale, flabby man, nervous and anxious to the last degree, and positively bent against cutting. On careful consideration, therefore, I chose lithotrity, the operation least immediately dangerous to life; and after the stone had been broken, should the irritability be such as to forbid further operations, I would then perform lithectasy and extract the fragments through the perineum.

Case 4.—George Donnelly, ætat. 48, a stout-looking man, a farmer, complains of pain and frequency in making water; the pain chiefly after having passed it, sometimes excrutiating. When passing water the stream will suddenly stop. The urine is rather pale, alkaline, and deposits a small quantity of tenacious yellow deposit—pus, zelatinized by the alkali, occasionally bloody. A stone was at once detected by a silver catheter; it appeared rather large and rough. Though the injection of water and the sounding were rather painful, the bladder was not irritable, nor had he pain in the loins or other indication of disease of the kidneys; his general health good. It appeared to me to be a case for lithotrity rather than lithotomy, the man being full and flabby, and of a very nervous temperament, and of an age the least favourable for the operation of lithotomy. The size of the stone, by measurement, larger than a hen's egg, was the only counterbalancing circumstance against lithotrity. His history was as follows:—Thirteen months ago, while sowing seed in the field, he got retention of urine, and had an instrument passed by a surgeon in the country, who declared he had stone, and afterwards passed the catheter frequently. For some time previous to the retention he had some slight difficulty in passing water, and a frequent inclination to do so. He used to suffer from pain in the left loin. About a month or so after the retention he passed near a teaspoonful of fragments of calculus, of a greyish-white colour, and evidently portions of the shell of a calculus, whether broke by the surgeon's catheter, the most probable, or spontaneously disintegrated is not certain, but they had remained sufficiently long after separation to have their sharp edges smoothed off.

July 22, 1862: I operated to-day with Weiss' strong fenestrated instrument, as the stone was so large; I caught it by the short diameter and broke it He suffered a good deal, but was ordered a warm hip bath with a few drops of laudanum, and was soon all right again.

Aug. 4th: He passed a good deal of detritus since the last operation, and at first suffered much urinary irritation. This has now all subsided, so I introduced Weiss' lithotrite, caught a large piece, measuring an inch, broke it, and afterwards several smaller pieces. The large fragment was very hard.

Aug. 5th: He handed me a paper of detritus, and small

pieces. There was little irritation compared to that after the first operation. After this, at longer or shorter intervals, according to the amount of irritation, I operated nine times, always using Civiale's instrument, the stone during the first two operations having been reduced to fragments of such a size as I thought it strong enough to break. Its small size, the shortness after the bend, render its manipulation easier and less painful, and more ready in catching the fragmonts, while its scoop brings away a good deal of detritus at each withdrawal. Some of the fragments caught in these operations were very large and hard to break, and some of the pieces passed were also large. They were composed of dense lithic acid, and broke with the sharp, rather even, fracture, peculiar to that description of calculus. He fortunately had a capacious urethra, and suffered less in their passage than usual.

After the ninth operation he went to the country to attend to some farming operations, and did not return for about three months. I then got a letter from him saying he was coming to town, suffering much irritation from some piece sticking in the passage. I found two large pieces of calculus sticking in the urethra, just opposite the scrotum; I moved them forward, cut down on them, and removed them. The wound healed without any trouble, and he went to the country perfectly well. I have heard from him frequently since, as late as last Christmas. During that period, now nearly three years, he has continued quite free from the disease.

Case 5.—In October, 1863, I was asked to see a gentleman 64 years of age, who was suffering dreadful torture from a stone in the bladder; but a most serious complication of the case was an enlargement of the prostate gland to such an extent that he was unable to empty the bladder, and required to pass the gum-elastic catheter, which he had been taught to do himself, several times in the day. His sufferings increased to a degree scarcely tolerable. The desire to pass water became incessant; what little he expelled and what he drew off contained a ropy bloody mucus, which he would sometimes draw out in strings on withdrawing the catheter. He was cut off from society and unable to attend to any business. He had gone to London and consulted Dr. De Mussy, by whom, as it was a surgical case, he was directed to Mr. Erichson, who sounded him, detected a stone, and recommended it to be broken. As an operation was required, the gentleman preferred to have it performed at home, and on his return sent for me. It was clearly no case for lithotomy, and by no means a good one for lithotrity, the inflamed bladder and large prostate rendering it most unpromising. Having ascertained the presence of the stone, I injected a small quantity of tepid water into the bladder and caught the stone with Civialés lithotrite. It was about the size of a walnut, and broke with the greatest ease. A few of the large fragments were then crushed and the instrument withdrawn, the scoop full of compressed detritus, like mortar, and composed entirely of the triple phosphate. This gentleman lived for two years and a half after I first saw him, and during that time I performed about twenty operations. After the first few operations the relief to pain and the improvement in his general health were most remarkable. He was enabled to return to his business and the ordinary avocations of life. Latterly I did not inject the bladder, but made him retain his water for some time previous to the operation. I found this plan, suggested by Mr. Thompson, to save much pain, the injection having often been the most complained of. As the state of the prostate prevented him passing the broken fragments, I took away in the spoon end of the female branch as much of the detritus as I could, but the irritability of the bladder was such that I could not pass the instrument more than twice. Some of the fragments would come away through the large catheter he passed every four hours to draw off the water. He died finally of the inflammation of the bladder, induced by the enlarged prostate, and also of diseased kidneys. I sounded him twice about a month before his death, but I could not detect any portion of stone, though such might have existed. The operation, performed under great difficulties, did, I believe, not only alleviate his great sufferings but also prolong his life.

Cases will arise in which after lithotrity has been performed, and the stone broken, it becomes advisable to remove the fragments by a shorter process than that afforded by further lithotritic operations.

Many years since I assisted Sir P. Crampton in performing lithotrity on a gentleman with a very large calculus of hard lithic acid. After a great many operations, there being still several large fragments in the bladder, it appeared to Sir Philip better to remove them by the operation of lithectasy, or opening the membranous portion of the urethra from the perineum. He was led to this by the arrest of some large pieces in that situation. The result was very satisfactory. I was led to perform the same operation in the following case by the extreme irritability of the patient.

Case 6.—A man was admitted some years since into the Richmond Hospital, No. 5 Ward, labouring under the symptoms of stone in an aggravated degree, the frequency and pain in making water excessive, and much blood in the urine. A stone in the bladder was detected, and afterwards ascertained by the lithotrite to be about the size of a chestnut. He suffered much pain from the examination, the bladder being so irritable that it was evidently a bad case for lithotrity, and yet the man, who had come from Manchester, and had worked in a manufactory there, was a still worse subject for lithotomy, sallow, emaciated, and unhealthy-looking, his age 45. After the inflammation and irritability of the bladder had been somewhat allayed by rest in bed, hip baths, opiates, and Vichy water, I performed lithotrity. But such irritation followed the operation, that it appeared to me a safer course to perform lithectacy, than to make further attempts to break the stone in fragments small enough to pass the urethra. I therefore made the usual incision into the membranous portion of the urethra, and having sufficiently dilated the opening with Weiss' dilator, so that I could readily introduce my finger, I tried with various kinds of forceps to catch any portions of the broken calculus; but I failed to do so, the difficulty being a very capacious bladder which the sudden emptying of urine threw into folds entangling the fragments. After gentle, though repeated, efforts, I desisted, leaving a sponge tent in the opening. For the first few days nothing but bloody, ropy mucus, the secretion of the inflamed bladder, came away, but afterwards a quantity of the broken fragments and detritus. The wound in the perineum rapidly contracted and healed, and he soon after returned to England quite well.

ON THE

TREATMENT OF EPILEPSY BY ARTEMISIA VULGARIS AND CARDAMINE PRATENSIS.

By Dr. O'ROURKE,

PHYSICIAN TO THE ENNISCORTHY WORKHOUSE AND FEVER HOSPITAL.

IN connection with my Report on the Treatment of Epilepsy in the Enniscorthy workhouse, by artemisia vulgaris and cardamine pratensis, published in the MEDICAL PRESS, in November, 1864, I forward another containing my further experience of the cases then remaining under treatment and of those since admitted.

In my first report, Bridget Moore, marked No. 4; Anty Walsh, No. 5; Eliza Mernagh, No. 6, and William Buller, No. 12, who remained under treatment, are all relieved; but as Mernagh did not improve much under the artemisia beer, she was put under the use of the cardamine pratensis on the 5th of May last. She is now greatly relieved, having only a slight weakness occasionally, which passes off without much observance.

A considerable change has taken place in the epileptic patients when attending at Mass. Before my treatment commenced in 1863, they were attacked in so remarkable a manner during the celebration of Mass, particularly at the Elevation of the Host, that the chaplain was obliged

to forbid their attendance. Now they are so improved that they are allowed to attend, as on feeling any approach of the attack, which they invariably do, they retire. In a minute or two it passes off unnoticed, and they return to their devotions.

I will take up the numbers from my former report, the first new case being—

Case 13.—Eliza Nolan, aged 30, imbecile, admitted on the 2nd of November, 1864, much emaciated and very feeble, and somewhat febrile, was admitted into a fever ward; had a recurrence of epileptic attacks, and was removed into the idiot wards. She was put under the artemisia beer treatment, was relieved of the fits, but died of debility on the 31st of December, 1864.

Bridget Burke, marked No. 7 in my first report, an imbecile, was re-admitted on the 1st of December, 1864; had two mild attacks after her return; was again put under treatment as formerly, and had no return of her illness for three months before she left, on the 25th of July, 1865. Her intellect was improved.

Case 14.—Sarah Sheridan, aged 51, was admitted into the idiot wards on the 7th of December, 1864, weak minded, delicate in health, ill-tempered, and easily excited; subject to epilepsy for 16 years, which was supposed to be consequent on deranged menstruation; had severe hæmatemesis before she became regular; had often fits, five or six times daily; was put under the usual beer treatment on the 6th of January last; the fits gradually ceased, and for two months previous to her leaving the house, on the 24th of April, she had no attack. Was re-admitted on the 1st of November, but scarcely ill since her re-admission.

Case 15.—Thomas Whitty, aged 60, was admitted into the idiot wards on the 10th of December, 1864; had a haggard, care-worn look; face very thin, with sunken eyes; stated he was first attacked about a year since; his fits were frequent every day and very violent; could not be induced to take the artemisia beer regularly; was going in and out of the workhouse frequently, consequently cannot be reported as under regular treatment, though he sometimes says he is relieved. His constitution is improved, and had no recurrence of his fits for five weeks.

Case 16.—James Waters, aged 50, a farm labourer, was admitted on the 12th of January, 1865; was strong and healthy, and no appearance of imbecility; had frequent epileptic attacks from his youth; could give no account of the cause; was admitted into the Infirmary for a severe injury of his hand, received in an epileptic attack. During his treatment he had seven or eight fits in the course of three days. He was removed to the idiot wards and put under the artemisia treatment; he had no recurrence of the attacks for a fortnight; had then three in one day, but the duration of the fits was shorter, and they were not so violent. For three weeks before he left, on the 6th of March, had no return, nor has he had an attack since, having been seen lately, when he enjoyed the best of health, and says he never felt himself better.

Case 17.—Mary Leacy, aged 60, was admitted into the idiot wards on the 17th of January, 1865; sallow looking and care-worn; is in very delicate health, very quiet and well-tempered, but easily excited; epileptic for some years, supposed to be caused by grief for the loss of her husband, and seeing a large quantity of blood coming from his knee, which was affected with fungus hæmatodes; was epileptic three or four times daily. After a fortnight's use of the artemisia beer she was only attacked slightly once a week. Her health is much improved; she had no recurrence of her attacks for months, except a slight weakness, which passes off without assistance. The treatment was gradually discontinued.

Case 18.—Mary Toole, aged 21, was admitted on the 15th of May last, and left on the 26th, not wishing to be confined in the idiot wards; went to service but returned on the 1st of November last; states that she has been subject to falling sickness for the last seven years, which occurred after a severe choleraic attack, brought on by the use of improper food, which resulted in a fit or convulsions; when attacked, the fit continues for a long time before she fully recovers; while out of the house she had a severe attack, from which she did not recover for three weeks. Her appearance is staring and vacant; she is weak-minded and eccentric, temper very bad, and she is ill-disposed; her bodily health and appetite good. She was put under the usual treatment on her admission; is much relieved, as her epileptic seizures soon pass off, leaving no depressing effects.

Case 19.—Mary Magee, aged 35, an inmate for the last ten years, imbecile; of eccentric habits; was frequently an inmate of the District Lunatic Asylum in Carlow; of violent temper, and very unmanageable; was attacked with epilepsy on the 15th of June last, fits recurring seven or eight times daily; was immediately put under the usual treatment on the appearance of the first attack. Her fits are less frequent; days pass off without any. She is much relieved; has had no return for the last five weeks.

Case 20.—Eliza Furlong, aged 30, was admitted into the idiot wards on the 1st of July, 1865, as an imbecile; difficult to control, and epileptic from her birth. When more advanced in years her attacks were every month, and became more violent at each recurrence, and fits would recur every fourth hour for three or four days at each period; looks well and healthy, but temper very irritable and easily excited. She was put under the usual treatment on admission; is now much relieved; the attacks are now more like a faintness, and passes off in a few minutes.

Case 21.—Johanna Miskella, aged 18, was admitted into the idiot wards on the 14th of July last; has been an epileptic from her youth; healthy, and no way imbecile; her attacks were frequent. She was put under the usual treatment on admission. Her parents had her removed on the 30th of the said month; was partially relieved.

Case 22.—Bridget Doyle, aged 22, was admitted into the idiot wards on the 20th of July last, as an epileptic. She looks to be in good health. She attributes her first fit from having suffered much from a mammary abscess, and disappointment that her child was not taken from her by its parent, he denying its paternity; she is ill-tempered and easily excited. Her first fit was in July, 1864, and then would only have one attack in three weeks, but since her admission she has had three epileptic seizures weekly. She is now much improved, and her illness is more in the form of a weakness or faintness than of an epileptic fit.

James Duffield, aged 20, reported in my former communication as No. 11, and who, previous to his discharge, had no recurrence of his attacks for two months, was re-admitted on the 12th of August last; relapsed some time after leaving the workhouse; was again put under treatment on admission; is much improved, but not as much as when he first left; and I find that cases which cannot be kept under the continued use of the artemisia beer are more difficult to relieve on their return.

There are remaining under treatment Thomas Whitty, Mary Toole, Bridget Doyle, and James Duffield, taking the full quantity of artemisia beer, and Sarah Sheridan and Mary Magee taking the preparation only once a day. Betty Mernagh is the only one taking the cardamine pratensis, the mugwort beer having had no decided effect on her.

In most cases I find more or less relief where the treatment is persevered in; the failure is often owing to the discontinuance of the treatment or to its irregular use. When imbecility is accompanied with epilepsy, and when relief is experienced, the intellect improves and the patient gains flesh. If in private practice there be no relief in a short time, the treatment is laid aside, and hence the result is often less successful than it is in a public institution. In our Workhouse Infirmary I have the artemisia beer prepared, and never without it, and it is now one of the hospital formulæ, because there are always cases for treatment.

Your readers are aware that there are no cells or wards for the proper treatment of lunatics in the workhouses of

Ireland, therefore I had no opportunity of judging the effect of the artemisia beer on dangerous lunatics whose illness was accompanied with epilepsy. We had one case, James Nolan, but being a dangerous lunatic, he had to be committed to Wexford Gaol on the 1st of October, 1862, and is, I understand, there still.

I have tried all the medicines that are most recommended for the relief or cure of epilepsy with little advantage, and have used gallons of the recent juice of the cotyledon umbilicus without even temporary effect. The only relief I found to be produced was by the use of the "Decoct. Aloes Comp."—the "Pulv. Aloes c. Cannilla," in medicated waters, before I began the use of the artemisia beer. It is not necessary to have the latter prepared by an apothecary, as any careful nurse or wardsmaid can have it properly boiled, only to be careful of the directions and quantities, and have the plant in proper season and condition.

The last Census Report shows that 222 deaths occurred from epilepsy in lunatic asylums, and 619 in workhouses, in the ten years ending 1861, and I see that 96 died in the workhouses in the year ended September, 1864. In each class of these institutions there is unfortunately an opportunity of testing the effect of these two medicines, which with me have produced the results stated in my paper of the 23rd of November, 1864, and in that I now send, and I trust we shall have the reports of several of the medical officers of these institutions on the subject. Hitherto I have only seen one, from Dr. Edmundson of Clonmel, published in the MEDICAL PRESS of the 22nd of March last. Dr. E. states that he put three females and two males under the treatment described in my paper; that in one female the fits ceased from the 10th of December, but recurred on the 24th of January, and have continued with their accustomed frequency. Dr. E. does not state how long this patient was under treatment, nor whether on the recurrence of the attacks he resumed the medicine. Of the effect on the other two females he gives no account, nor how long he continued the medicine with respect to the two male cases. Dr. E. observes that he continued the medicine for fourteen weeks without producing the slightest effect, but that, as they did not take it regularly, it would be unfair to record the results. As there are thirty-five epileptics in his asylum, it is to be hoped that Dr. E. will not be disheartened by his want of success in these cases, but that he will give a fair trial to the medicine, which in other hands has had more success than in his. Even though mugwort were not permanently curative in its action, and that it only affords, in more or less instances temporary relief, it would still be a valuable remedy. But that it is capable of more, the relief experienced, by Peter Brien, the ninth case in former report, is a satisfactory proof, without reference to the benefit derived by other epileptics. I agree fully with Dr. E., that we should record the failures as well as the successful cases, and I have honestly done so.

Enniscorthy, December 30, 1865.

PROCEEDINGS OF SOCIETIES.

SURGICAL SOCIETY OF IRELAND.

Dr. WILMOT, President of the College, in the Chair.

THE first meeting of the Surgical Society for the present Session was held on Friday, December 8th, in the Albert Hall, Royal College of Surgeons.

The PRESIDENT delivered the Inaugural Address, which appeared in THE MEDICAL PRESS of December 27, 1865.

Dr. BEATTY said: I trust you will, for a few moments, excuse one of the band of 1831 who formed the Surgical Society, and who has from that day to this looked upon it with the regard and affection which it deserves from every member of the medical and surgical profession in this country. I take the liberty, on the present occasion, of expressing what I know you all feel, what I very deeply feel, the value of the address with which the President has just now honoured us. I have heard every address that has been delivered from that chair since its foundation, and I think those who are about me (and they are not many) who did assist us in the foundation of the Society, will agree with me in saying that we never were favoured with an address more comprehensive, more valuable, more to the point, more feeling, and one better deserving to be carried away in the memory of every one who heard it. It is characterised by all the qualities that are inherent in the President, sound judgment, good taste, learning, and an elegance of style which is peculiar to himself—unassuming, yet strong; modest, yet firm, in every respect what an address ought to be, addressed to an assembly such as the present. The Surgical Society has done good work, and I have no doubt whatever that, in the hands of the able President who now fills the chair of the College of Surgeons, it will go on and prosper, and be a credit to the country, and uphold Irish surgeons throughout the world as it has hitherto done.

Dr. HARGRAVE had the greatest pleasure in adding his testimony to that of Dr. Beatty. He, like Dr. Beatty, was one of the band which founded that Society, and it was a great pleasure to him to see its triumphant success. He well remembered that when first formed, the greatest doubts as to its success were entertained on the subject, but happily they had not been realized. It was said that the debates might lead to ill feeling; but, although there had been many warm discussions at their meetings, he did not think they had ever left unkind or unpleasant feelings in the minds of the members (hear). He had the great pleasure in bearing testimony to the value of the President's address.

Dr. BENSON said, that as one of the originators of the Society, he also wished to add his testimony to that of the gentlemen who had preceded him. Like Dr. Beatty, he had heard every introductory address, and, perhaps, every concluding address that had been delivered in that society, and for upwards of twenty years he had been one of its secretaries; and he did not recollect to have ever heard, more appropriate or suitable remarks than those delivered on the present occasion. The words of the poet occurred to him as an apt description of the address—

Though deep, yet clear; though gentle, yet not dull;
Strong without rage; without o'erflowing, full.

—(Applause.)

The PRESIDENT said he was extremely obliged to his kind friends for the approval which they had expressed of his address, which, to tell them candidly, he thought perfectly unworthy of the present assembly. He was more attered than he could express, for there were not three men of whose opinion he could think more highly of than his friends, Dr. Beatty, Dr. Hargrave, and Dr. Benson.

CASE OF MALIGNANT TUMOUR FILLING THE ENTIRE MOUTH AND FAUCES.

Mr. TUFNELL said he hoped the case which he was about to bring forward would be one of interest to the Society and of use to its members. It was a case of rarity, fortunately, for he believed that operative surgery in similar cases, beyond the prolongation of life, would be found unavailing. The case was that of a recurrent malignant tumour filling the fauces, the posterior nares, passing down the pharynx to the œsophagus, and filling the mouth so completely as to project for some distance beyond the teeth. It occurred in a girl only seven years of age. This child in February last was taken to Dr. Halpin of Arklow, who found the posterior nares plugged up with a fungous growth, and he recommended that the child should be taken to the county infirmary, with a view of its being properly fed and supported, as its mother was in great want and could not properly attend to the child. This was done. Dr. Nolan, the Surgeon of the Infirmary, removed the tumour, and the child for a time did well. The tumour recurred again, and a second time Dr. Nolan

removed it. The child was then brought to its home. Upon the 7th of July last the child came under his (Mr. Tufnell's care) in the City of Dublin Hospital. The condition then presented was the following:—Upon opening the mouth a fungoid tumour was visible, which nearly projected as far as the incisor teeth. Passing the finger backwards as far as the child would allow, the fungoid growth could be felt passing downward into the pharynx, but beyond this no further examination could be made. During the day time and whilst awake the child breathed pretty well; but the moment sleep set in, and the child became unconscious, asphyxia threatened, and it woke up with a sudden start. Upon consultation, it was considered possible by means of a firm wire écraseur to cut its attachment away. The child being well under the influence of chloroform, so that the mouth might be fully opened, upon the 25th of July an attempt was made to carry out this operation. The child was brought under the influence of chloroform very favourably, but upon opening the mouth, became asphyxiated, and was evidently dying, the case apparently being one of chloroform accident. Artificial respiration by means of Sylvester's method was resorted to, and the galvanic battery used. After a little time the child recovered. In the evening, reflecting over the case, Mr. Tufnell considered that this was not a chloroform accident, but that it had arisen from alteration in the position of the tumour. On the day afterwards this was tested by placing the child seated in the lap of the resident, the lower jaw was then simply depressed, and in fourteen seconds the child ceased to breathe. It being necessary that operative proceedings should be resorted to without delay, upon the 28th of July a second attempt was made to remove the growth rapidly without the influence of chloroform, with the assistance of an apparatus of Dr. L'Estrange's for forcing the mouth open, and thus enable the wire to be got round the tumour at once. On attempting to do so, however, the child became asphyxiated a second time, and it was evident that nothing could be effected without the previous intervention of tracheotomy. That operation was consequently immediately performed, and the patient returned to bed. The trachea tube was used, two semicircular portions of the trachea being taken out, as recommended by the late Professor Porter. It was necessary, however, that some tube should be afterwards worn. The first introduced was of the ordinary character, but to this there were two objections; firstly, from the conical shape there was great difficulty in keeping it in; and, secondly, its sharp edge irritated the parts. Mr. Tufnell, therefore, substituted a piece of No. 12 gum-elastic catheter. After the child had become accustomed to the use of the tube, the question arose as to a third interference; but the emaciation and weakness were so great that no hope of recovery could be entertained. After death the body was examined, and the preparation exhibited was made. Prior to death there had been several hæmorrhages from the tumour, and it had since greatly contracted, assisted by the spirit in which it had been placed, but whilst the child was living it projected fully half an inch beyond the margin of the teeth. It was found to spring from the left side of the soft palate and thence filled the whole mouth. Posteriorly it passed upwards to the base of the sphenoid bone, filling the posterior nares, and then passing down into the œsophagus, distended it. The œsophagus, owing, no doubt, to the child having been for a long time fed by the rectum, was greatly contracted, and barely able to admit a No. 7 bougie. The tumour, having been microscopically investigated by Mr. John Barker, Curator of the College of Surgeons, was reported to be fungus hæmatodes in its early stage. The lungs of the child were examined and found to be healthy. Mr. Tufnell had endeavoured to find if the child had ever received any injury, such as a scald in the mouth, but no cause for the origin of the disease was given.

Mr. Collis said that some two or three years ago a man, upwards of 80 years of age, came to him at the Meath Hospital suffering from cancer of the tonsil—an unusual situation for such a disease. It had grown forwards and inwards, so as to press on the orifice of the glottis, so much so, that the man was frequently threatened with suffocation when he attempted to swallow. The upper movement of the glottis brought it in contact with the tumour, and fits of suffocation were the result. On two occasions, he (Mr. Collis) removed as much as he could of the tumour, and with temporary, but only temporary, relief to the patient. The patient came to him twice at intervals of two months, and on each occasion a similar operation was performed. He presumed that the man died shortly afterwards, for he had not seen him since, and he was at least 84 years of age.

Mr. Stapleton observed that, as to the late Mr. Porter's particular method of performing the operation of tracheotomy, as that gentleman was the first to publish it, he was entitled to the credit of it; but he (Mr. S.) had been for a great many years teaching that it was necessary to perform the operation in that way. He thought the best way, particularly in children, to perform the operation was by catching the part with double hooks and cutting the piece out with a curved scissors. Although this was an easy operation on the dead subject it was a very difficult one on the living, and particularly on the young subject, and the amount of the difficulty could hardly be appreciated by one who had not performed it. Instances had occurred where, by the slipping of the knife, the carotid artery had been penetrated. Therefore he thought the best way, as he had stated, was to seize the trachea by means of hooks and cut out a circular piece with a curved scissors. He perfectly agreed with Mr. Tufnell in what he had said about tracheal tubes. He thought the blunt end of a catheter was borne better than the silver instrument. Some years ago he had a case of a tumour in the mouth, which was a very interesting one, and had passed through more hands than his. It was first under the care of Mr. O'Reilly, who extirpated the tumour, which grew from one side of the palate, and the girl appeared to be well for *five or six months*. It then grew on the opposite side, and another surgeon removed a considerable portion of it. Again it grew, and it then came under his care, and he, too, thought he was equally successful. He removed the growth, and a cicatrix formed in the soft palate. Shortly afterwards it grew again, and was removed by the écraseur several times. It was also removed by the hot wire heated by galvanism. Each time it grew deeper and deeper, and was pressing more on the organs of respiration. Towards the end, a portion as large as a small orange could be observed, and in two days afterwards it was nearly as large as ever. There was no hæmorrhage from the tumour, when removed by the heated wire. The poor girl at last lost courage and returned to the country, where she died, partly from inanition and partly from asphyxia. This tumour could not be called fungus hæmotodes. It was a hard fibrous growth, and the rapidity with which it grew was another interesting feature. He was assisted by Dr. R. M'Donnell, who brought a powerful galvanic cautery, which acted to perfection with the greatest rapidity and without the slightest hæmorrhage or pain.

Dr. Hargrave said that no more relief could be given to the patient in the present case than had been given by Mr. Tufnell in performing the operation of tracheotomy. The child recovered from it very rapidly. There was one operation that might have been attempted. By dividing the lower jaw they might have got a view of the tumour and removed it, but that was an operation which was not justified under the circumstances. He had paid great attention to the operation of tracheotomy, and had performed it seven or eight times. In some respects he thought it the most difficult operation in surgery, whether by day or by night, for on some occasions the surgeon was working against time, and the whole object was to get through the superincumbent tissues and let in the atmo-

spheric air. In these extreme cases what should the surgeon do? If he passed his finger into the wound and pressed down everything to the chest he could plunge his knife into the trachea and pass it upwards without the slightest risk By pressing the trachea it was rendered fixed, and the operation could be effected in the safest manner. As to these tracheal tubes he thought they were the worst things ever introduced into operative surgery. If a tracheal tube were wanted the best they could adopt was the section of a catheter used by Mr. Tufnell.

Mr. STAPLETON observed that a very able surgeon now no more, the late Dr. Power, had more than once assisted him in performing this operation, and he agreed with him that the best way was not by raising up the trachea—that was not what he said—but by grasping it in the manner already described. It was not an easy operation; the moment you cut it from below upwards you take an elliptical piece out, and as soon as the lungs expand, and there was sufficient air, there was no danger of hæmorrhage. The great point was not to be in a hurry. It was an operation that required the greatest coolness. No one could have an idea of the depth of the trachea in a young child even, and the younger the child the more difficult was the operation for the greater the depth, he should say, the greater the danger from venous hæmorrhage.

Dr. DUKE wished to mention a case in which he had to perform the operation of tracheotomy, about a year and a half ago, under urgent circumstances. The subject was a gentleman past 60 years of age, a large man, but not very fleshy; was choking; his face livid; from attempting to swallow a piece of meat. On passing his finger down the throat he could barely touch the meat with his nail. He had a pocket case with him from which he took a scalpel, and without being very particular as to what veins he might wound, he plunged it into the trachea and made an opening, which was followed by relief. He kept the blade of the knife in the trachea until he obtained assistance. He sent for a probng, with which he dislodged the meat, and then the natural respiration was established. He then closed the orifice and brought the edges of the wound together. There was not a single bad symptom, the wound healed rapidly, and the patient got completely well. The only inconvenience he suffered being retention of urine for some days, owing, no doubt, to the shock to his system.

Mr. TUFNELL observed that if the case he had brought forward should lead to the discontinuance of tracheal tubes, as a general rule, he thought the evening would be well spent.

Dr. HANS IRVINE hoped it would not be understood that tracheotomy was the only operation to be resorted to. There was another operation which could be easily performed, and as quite as effectual—laryngotomy, which he thought would have been suitable in his friend Dr. Duke's case.

Dr. JAMESON said he had performed the operation twelve times for the one cause, the scalding of children by boiling water. They all knew the difficulty of performing it with young children, from the depth of the parts and the rapidity of motion of the trachea. He himself always seized the trachea with a small double hook, and with a curved scissors cut out a circular piece, and never used a tracheal tube. He took care the line of the incision should be medial, and the aperture into the trachea central with that, so that there was no danger of the parts overlapping.

Mr. CROLY said while he was resident surgeon in the City of Dublin Hospital, a patient there was suddenly seized with intense difficulty of breathing. He was about opening the trachea when Dr. Geoghegan, under whose care the patient was, came in and performed the operation. It was utterly impossible that the man could live if the tube were introduced, and Dr Geoghegan put his mouth down to the wound and sucked the trachea on several occasions. They were obliged to do so for an hour, in the ward, to save the patient's life. In such a case as that, the tube would be perfectly useless, and must have choked the patient.

Mr. FLEMING observed that Dr. Irvine had started an important point. Unquestionably, in such a case as that mentioned by Dr. Duke, it was more than probable, if there were sufficient leisure, that the operation of laryngotomy would have been feasible, and likely to be productive of as much benefit as tracheotomy. On one occasion in the public streets a child was attacked with extreme dyspnœa, and was in danger of death from suffocation by choking. Sir Philip Crampton was riding by, and he used as a probang a little riding whip which he had, and saved the life of the individual. A somewhat similar thing once happened to himself. At the Royal Dublin Society the son of a respectable professional man in this city was playing with a penny, and it slipped back into the pharynx. He was in immediate danger of suffocation. An attempt was made by one of our best surgeons to remove the foreign body, but it failed, and death was impending, when under the circumstances he (Dr. Fleming) had recourse to a small piece of switch. and down went the penny into the stomach, and he subsequently learned that it passed along the tract of the intestines after three weeks' delay. He did not reflect on the treatment adopted by Dr. Duke; but he thought, if they were satisfied that the obstruction was caused by a foreign body. and that it was at the commencement of the œsophagus, recourse should be had to mechanical means to send that body into the stomach. As to the provisions requisite in cases of tracheotomy, it would be in the recollection of some present that at the period when he commenced his professional studies the leading men of that day had not recourse to any tubes.

Mr. HAMILTON said that he had been obliged to perform the operation of tracheotomy in the case of a man who was affected with syphilitic laryngitis. When he left the hospital he would not allow the tube to be removed. He went to work at his usual occupation, and on one occasion took out the tube and cleaned it, and in his hurry, when returning the tube, he lacerated the posterior portion of the trachea and died.

Mr. STAPLETON observed that very often, when people were choking, the jaw became locked, and it was impossible almost to open the mouth.

The meeting then adjourned.

MEDICAL SOCIETY OF LONDON.

MONDAY, DEC. 18, 1865.

Mr. I. B. BROWN, President.

THE meeting was very largely attended by members of the Society and visitors, the numbers present indeed exceeding the capacity of the room for accommodation. Most of the well-known syphilographers of the metropolis were present.

TERTIARY SYPHILITIC ULCERATION.

Mr. HENRY SMITH showed a patient who had suffered from a very severe form of tertiary ulceration of the skin and bones of the face, and whom he had cured by larger doses of iodide of potassium than he believed were generally used.

Mr. WALTER COULSON referred to similar cases.

OVARIOTOMY.

Mr. BAKER BROWN showed an Ovarian Tumour that day removed, the pedicle having been seared by the actual cautery, used after the manner which he had lately introduced. He had now operated in sixteen cases, using the actual cautery, and in fourteen of them with success.

SYPHILIZATION.

Mr. JAMES LANE stated that he was not yet in a position to make a formal communication on the subject of syphilization. It was his intention merely to offer a few remarks, chiefly clinical in their character, on the cases which had been under treatment by Professor Boeck in

the Lock Hospital, in order to afford him an opportunity of taking part in a public discussion on the subject before he left this country. But for this he should have considered it premature to bring the subject forward, sufficient time not having elapsed to enable him to form any definite conclusion on the value of syphilization as a curative measure. He was anxious, therefore, to have it understood that for the present he declined expressing an opinion on that point, and that as yet he was neither an advocate nor an opponent of the method. They were told by Dr. Boeck that by means of syphilization, properly carried out, constitutional syphilis could be completely and permanently cured, and that relapses, which were unfortunately so frequent after mercurial and other treatment, would not occur at all, or would be so slight in degree as to be of little or no importance. Therefore in proportion as syphilization became generally practised, might there be expected to be a diminution of all the most serious and destructive consequences of the disease. To assist in the solution of these important questions, he had, in conjunction with his colleague, Mr. Gascoyen, offered to place the in-patients of the Lock Hospital at the disposal of Dr. Boeck, in order that Dr. Boeck might conduct the treatment under their supervision, and that they might in due course report upon the result from their own observations.

Twenty-one cases had been under treatment by Dr. Boeck during the last four months. Sixteen of these had been well-marked examples of secondary syphilis, uninterfered with by any previous mercurial treatment. Four had been cases of secondary disease previously treated by mercury, and one was a very severe tertiary case. Dr. Boeck had been desirous of confining himself as much as possible to non-mercurialized patients, as affording the best illustration of the value of the treatment, having found that a previous mercurial course interfered materially with the regular progress of the inoculations, and with the permanence of the result.

Mr. Lane then gave a brief account of one of the cases which had been longest under treatment. The patient was a girl, aged eighteen, with mucous tubercles and a well-developed squamous eruption. She was admitted into the Lock Hospital in August last, having undergone no previous treatment whatever. The inoculations were commenced by Dr. Boeck on the 5th of September with matter from a non-indurated sore, two punctures being made on each side of the chest. The inoculations were repeated sixteen times in this region of the body at intervals of three days, the matter being taken each time from the inoculations immediately preceding. The resulting pustules became smaller by degrees, and at last failed altogether. A like process was then (Oct. 26th) commenced upon the arms with fresh matter, and proceeded with there till Nov. 19th, when the inoculations failed. The same thing was then done on the thighs, and has been persevered with there to the present time (Dec. 18th); fresh matter, however, having been several times required. Punctures have also been made several times on the arms with matter from the thighs, with positive results. The treatment of this case might be considered as nearly but not quite concluded, it having extended over a period of three months and thirteen days. She is now evidently losing the susceptibility to receive the poison by inoculation, and latterly, as that susceptibility has diminished, her symptoms have been rapidly disappearing.

A second case was alluded to, the treatment of which Dr. Boeck considered to be now concluded. In this case all the original symptoms had disappeared, and the immunity to inoculation with fresh matter was nearly if not quite complete. The important question of relapse of course remains to be decided.

Mr. Lane stated that in none of the cases had there been any spreading ulceration at the seat of the inoculations. The earlier sores seldom exceeded half an inch in diameter, the majority, especially the later ones, having been much smaller than this. Their average duration had appeared to be about three weeks. The health of the patients had, in most instances, improved under the treatment; in none had there been any deterioration. The disappearance of the original symptoms, it seemed, could not be expected till towards the end of the treatment. On the contrary, a fresh accession of symptoms had been several times observed, and, in one patient, a severe attack of iritis. The inoculations, however, were persevered with notwithstand. The patient with iritis had recovered in about the usual time without any permanent damage to her eye.

After alluding to some further details, Mr. Lane said there was one point of great interest which these experiments had served to illustrate. The inoculations had been practised with matter derived from indurated as well as from non-indurated sores. Matter from patients undergoing syphilization, but originally derived from an indurated sore, had been sent from Norway by Dr. Bidenkap, and had been inoculated on several of the patients in the Lock Hospital, with no appreciable difference in the size or appearance of the resulting pustules. Matter derived from a well-marked indurated sore in an out-patient of Mr. Walter Coulson had also been inoculated on one of the female patients, and well-developed pustules had resulted, from which many re-inoculations had been made. The conclusion to be drawn from this fact was obviously adverse to the theory that had been put forward of late years—that matter from an indurated sore could not be inoculated upon another individual already the subject of syphilis.

In conclusion, Mr. Lane said that, although he and his colleagues had not yet sufficient evidence to enable them to form an opinion as to the curative power of syphilization, they had seen quite enough to induce them to consider the investigation of great interest and importance, and fully intended to pursue it as suitable cases came before them. His association with Dr. Boeck had inspired him with a profound respect for that gentleman's scientific attainments, as well as for his straightforward and truthful character; and he felt certain that in leaving England he would carry with him the good wishes and the sincere esteem of all with whom he had come in contact.

Dr. DRYSDALE had had the permission of Mr. Lane to watch the progress of the interesting series of cases treated recently by Prof. Boeck at the Female Lock Hospital, and he thought that these experiments were pregnant with interest. As observed recently by Mr. de Méric, at a meeting of the Harveian Society, there could be little doubt that the idea of treating syphilis by inoculation arose from the fact that many medical men were most averse to prescribing mercury for the disease. He (Dr. Drysdale) certainly agreed in this view of the matter, and he could add that he knew, from conversation with Prof. Boeck, that that gentleman had observed that syphilis when treated with mercury became a most intractable complaint, whilst when treated by common, sound surgical methods it usually was a benignant disease, although not invariably so. Furthermore Dr. Boeck had said, frequently, that when cases had already been treated by mercury there was a certain *facies* by which he could recognise them, and that such cases did not benefit so much by the inoculation of fresh virus as others treated by hygiene, &c. Many medical men were apt to attach little importance to the doctrine with regard to mercury in syphilis, which they seemed to consider a subject fit to be decided by so-called specialists. Nothing could be a greater delusion. The six months' course of mercury prescribed by the renowned Ricord for indurated sores was the Malakoff of the empirical school, and was, in his opinion, the greatest blot in the modern practice of medicine. An example of the bad effects of the mercurial treatment had just been shown to the Society by Mr. Henry Smith. It was easy to see how long the poor man had been treated by mercury. Of the cases treated by Dr. Boeck, he (Dr. Drysdale) had made some notes. There were the cases of two women, one with severe rupia and ulcers on the lower extremities, which the Doctor had treated for some time by inoculations without any one of them rising. Finally, however, they did take, and seemingly

to the manifest advantage of both patients. Although this of course was, like most other medical sequences, a case of *post hoc*, was it *propter hoc*? In the other 18 cases of young women treated by inoculation of the virus, he had not thought that the eruptions seemed to fade much more rapidly than when treated either by expectation, or, what was much better in many cases, the use of hot-air baths, careful diet, &c. One young girl of the eighteen had iritis, and he would call the attention of specialists in ophthalmic medicine—for this was a medical, not a surgical question—to the fact that the patient was treated in the most simple manner possible, and yet recovered completely. On the whole, although he had not seen sufficient of the practice of syphilization to make him a great partizan of this method over that of rational treatment by the ordinary non-specific plan used in other diseases, he had not seen any damage done by the inoculations; no phagedena had appeared, and the pain was almost nil. Altogether it was infinitely less objectionable than Ricord's plan, and perhaps it might be a positive therapeutic agent, as well as a method of putting away mercury.

Mr. R. W. Dunn stated that through the extreme kindness of Prof. Boeck he had been enabled to watch a case in private practice treated by syphilization. Prof. Boeck commenced his treatment on Oct. 27th, and had from that time regularly attended. When Dr Boeck first saw the patient she was in a very low weak state, not able to retain anything on her stomach. She was so ill that he (Mr. Dunn) did not think she could recover, having large sloughing ulcers on her legs, feet, head, and face, and rupia, more or less, over the whole body. At first the inoculations did not take well, but as soon as they commenced to take, her condition began to improve. The ulcers put on a healthy appearance, her appetite returned, and her health improved in every respect. At present nearly all the ulcers are healed. Her appetite is good, and her general health very much better. Previous to the syphilization she had been treated by iodide of potash, steel, bark, chlorate of potash and opium; no mercury had been given. During Prof. Boeck's treatment the only medicine she took was some bismuth and effervescing medicine to allay the sickness, and opium at night to allay pain and promote rest. This woman when she was first syphilized was in a worse condition than the worst case treated at the Lock Hospital by Prof. Boeck. He (Mr. Dunn) intended to pursue the same treatment in this case after Prof. Boeck had left, and hoped at some future period to be in a condition to report to the Society a successful termination of the case.

Mr. de Meric said he had been anxious to hear Mr. Lane's paper, with the hope of becoming acquainted with some definite conclusions as to syphilization; but it was plain that the surgeons of the Lock Hospital were not as yet prepared to pledge themselves, and we must wait for the report which Mr. Lane had promised. He (Mr. de Mérie) had been an antagonist of syphilization for the last twelve years. He was sorry to be obliged, in the presence of Professor Boeck, to offer a few strictures on this practice. He was sorry, because he held in very great esteem the scientific attainments of the Professor, and highly valued the services which he had rendered by his patient and extremely valuable investigations in syphilis and skin diseases. Indeed, the men who had practised syphilization were all men of worth and standing; as Sperino of Turin, Boeck, Bidenkap, and others. But, though highly estimable, they were nevertheless mistaken, because the practice must be condemned, whether it be considered in an experimental, a therapeutical, or a moral point of view. As an experiment, the successive inoculations of the matter of chancre, from various sources and from various species, were extremely interesting; the pathologist could only gain by observing the transformations, and might perhaps be led to the discovery of some great pathological principle. But the patients thus operated on would not gain by these proceedings; the possible results just pointed out were too dearly bought; and he (Mr. de Meric) thought—though he had himself inoculated on a comparatively small scale—that we were not justified in indulging in hundredfold inoculations upon the same subject. In a therapeutical point of view, he considered that syphilization was quite nugatory. Dualists would at once condemn it; because they would justly answer that inoculating the matter of soft chancres had no effect on the disease diffused through the whole organism; and that, even where the operators succeeded, by dint of irritation, in inoculating the matter of hard chancres, the results were simply the phenomena of the soft sore. But even unicists might say that a patient suffered from generalized syphilis by his own peculiar receptiveness; and how could those who practise syphilization hope to act upon this peculiarity by inoculating a number of chancres? Unicists knew, in spite of their belief in one virus, how difficult it was to inoculate a hard chancre upon a syphilitic patient; therefore, seeing the case with which soft sores could be multiplied, they must admit the inability of the latter to act upon the disease. When they saw the secondary eruptions fading during the successive inoculations they could not help recollecting that such eruptions might also fade without any treatment whatever, as shown by the non-mercurialists. Therapeutically, the patients were therefore no gainers, and were tortured to no purpose. In a moral point of view, the speaker contended that the practice was highly improper. It was not fair, he considered, to tattoo patients in this manner, and mark them for life; it was not right to introduce a morbid poison a thousandfold into human organisms. The practice might even have a demoralizing effect, especially upon the girls operated on. Mr. de Meric concluded by declaring immunity a myth; by adducing statistics (taken from Dr. Boeck's own works) damaging to the cause of syphilization; and by hoping that the Professor would some day frankly own his error.

Professor Boeck said—As medical men, and studying the natural sciences in general, we must observe Nature, and from these observations draw our conclusions. Whether the results be or be not agreeable to us is a secondary question: it must be truth in the first place, and truth only. So also with our observations on syphilization. Here we have a series of phenomena which are quite new. The first thing we observe is that, if we continue our inoculations with the syphilitic virus, the organism gradually becomes insusceptible to this virus. This is an important fact, with which I have been extremely struck, and which showed me that I had before me a thing which ought to be studied. At the same time, when we have obtained this immunity, we have also a healthy individual before us. This fact cannot be denied; we see it every day, and it must strike every scientific physician in the highest degree. But this immunity does not exist, says Mr. de Méric. This objection has been made before. Thirteen years' experience, however, has shown me that I in every case attain this immunity. Another question is, how long will this immunity last? It is true that after a shorter or a longer time we obtain a pustule. This pustule, however, is ordinarily small, and the sore also. And if, again, we inoculate from this pustule, then we shall have only a very short series of inoculations. I will explain, however, in another manner the state which is obtained by continued inoculations. The organism, with regard to the syphilitic virus, never comes back to the same state in which it was before syphilization. I presume it is a well-known fact that it is not seldom the case that, a week after the first vaccination, by the second vaccination we obtain another little pustule, and that most of the individuals, after a number of years, are no more insusceptible. Therefore I can, as to vaccination, also ask the question, where is the immunity? With regard to children born by syphilized women, the same result takes place as after the mercurial treatment—that is, when the woman has been syphilitic, the first child, according to the rule, is syphilitic; when the man has been syphilitic, as a rule, the children are healthy. Mr. de

Méric gives statistics for the different methods of treatment from my published works. We have more recent data from Dr. Bidenkap's memoirs. But I take the numbers as they are given by Mr. de Méric. In my opinion it matters little whether the treatment requires some days more or less; it also matters little whether a new rash appears. It is of more consequence when the relapse is connected with loss of the nose, as we have seen in the patient this evening presented before the Society. The principal thing to ascertain, however, is that the interior organs are not affected—the nervous system, the liver, the kidneys. The study of these internal syphilitic diseases is yet in its infancy; but in several hospitals in London I have seen such diseases, which have been shown to me as of syphilitic origin. This evening the different kinds of chancre have been spoken of. My experiments in the treatment by syphilization have made me a unicist. It would be out of place to discuss this point now. I shall only make one observation, which, I think, is convincing. My colleague, Dr. Bidenkap, has every day during a fortnight inoculated from an indurated chancre the man himself on both his sides, but without effect. Subsequently he irritated the chancre with savin powder, and then, when the matter had become purulent, he had a positive result by the inoculation, papules having been developed at the sites of the former inoculations. These papules were covered with crusts, and were of the same appearance as those which occur on healthy persons after inoculation from secondary symptoms. (These inoculations, as you know, have principally been made in Germany; I have never practised them.) As to the question, how does syphilization act? I answer I do not know; but if you will have my theory I will give it. The syphilitic disease tends to go through a certain course, and does so very often when we let it alone, without any medicine. But often Nature cannot help herself in these chronic diseases, as we have many relapses. Mercury will arrest in a short time the development of the disease on the skin and on the mucous membranes. But is this desirable? I believe not. When the disease cannot go through its own natural course, the interior organs are very easily affected. By syphilization I help Nature. Now, we come to another point—the immorality of the treatment. Here I stop; I have no answer, because I cannot understand the meaning of it. I cannot conceive how it can be immoral to apply on the skin a matter which already flows in every drop of blood. Mr. de Méric has shown that I have changed my opinion with regard to the nature of the radesyge. This is true. I hope Mr. de Méric will follow my example, and when he is convinced that syphilization is not immoral he will avow it frankly.

Mr. J. Lane, in reply, said he thought the discussion which had taken place could not fail to be satisfactory to Prof. Boeck. The opponents of the practice of syphilization had been represented by Mr. de Méric, who was as well able as any one in that room to do justice to any case which he took up. The result must be considered favourable to syphilization, if no more solid arguments could be brought against it than those which they had heard from Mr. de Méric. Its true value, however, could only be settled by time and by experience; and till the proper time arrived he wished himself to preserve a strict neutrality in the matter. Mr. de Méric had been disappointed that the officers of the Lock Hospital had not brought forward something more tangible; but would he not have had much more occasion to find fault with them if they had, with the imperfect data they at present possessed, come down with hastily-formed conclusions, which must have been practically valueless on one side or the other? It had been urged, among other objections to inoculation, that we do not know how it acts, or what remotely injurious influences may arise from it. The objection might be urged with equal force against almost every remedy in common use. Do we know how quinine acts? And might we not equally refrain from experimenting with every new remedy, for fear it might have some remote and mysterious influence on the system? Mr. de Méric had commiserated the patients subjected to syphilization. He (Mr. Lane) could only say that none of them had been so treated without their own deliberate consent after the matter had been fully explained to them. None of them had wished to have the treatment discontinued. In several it had been undertaken by their own express wish. The treatment, in fact, was not nearly so severe as might be supposed. They had also been told that syphilization was immoral. It would have been more to the point if they had been told how, or why, or wherefore it was immoral; for without further enlightenment, he, for one, was altogether unable to conceive how morality could have anything to do with it one way or the other. It was an *ad captandum* argument which, he thought, would hardly have been employed if more weighty ones could have been found. The question which these experiments had been undertaken to decide was, whether syphilization could do what it professed. If it could, he believed it would confer a great benefit upon the community. It might be that it would not entirely prevent relapses—that they would still occur in a certain proportion of cases; but the *quality* as well as the *quantity* of the relapses must be taken into consideration. After syphilization the relapses, it was said, are so trifling in degree as to be of no importance, while they must all know from sad experience what they sometimes come to after the ordinary methods of treatment.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, DEC. 5, 1865.

Dr. PEACOCK. President.

Dr. Ramskill showed

A HEART WITH RUPTURE OF THE LEFT VENTRICLE,

from a lady of mature years, occurring soon after taking food, the heart being in a state of fatty degeneration. The coronary arteries were not diseased, nor were the valves. The rupture of the heart was preceded by pain, referred to the epigastrium, in the morning of the day on which she died. After the access of this pain she had dressed herself and taken food. Her death took place in the evening.

Mr. Callender exhibited the parts removed at an

EXCISION OF THE KNEE,

in a child seven years of age. There had been partial dislocation of the knee. The femur was so soft that it was broken at the operation by the assistant in flexing the knee. This caused more shortening after recovery than would otherwise have taken place.

Mr Callender also showed a specimen of recent Fracture of the Carpal End of the Radius, with Fracture of the Styloid Process of the Ulna and Fracture of the Scaphoid Bone.

The President introduced a specimen of

DISSECTING ANEURISM OF THE AORTA.

The first symptoms occurred a week before death. There was great ecchymosis of blood in the posterior mediastinum, considerably compressing the lung, but not bursting into the pleura. The coats of the carotid artery were separated from each other, and there was another opening near the root of the left subclavian artery. This was the only case on record where the rupture extended into the mediastinum, instead of into the pleura or pericardium as usual.

Accident to Dr. Allshorn, Edinburgh.—On Thursday evening last a serious collision took place at the St. Margaret Station of the North British Railway, by which several passengers were dangerously hurt, including Dr. Allshorn of Princes-street, who was injured about the head, and is still in a precarious condition from the accident.

REVIEWS.

MANUAL OF MATERIA MEDICA AND THERAPEUTICS: being an Abridgment of the late Dr. Pereira's Elements of Materia Medica arranged in conformity with the British Pharmacopœia, and adapted to the use of Medical Practitioners, Chemists and Druggists, Medical and Pharmaceutical Students, &c. By FREDERICK JOHN FARRE, M D.Cantab., F.L.S., &c., assisted by ROBERT BENTLEY, M.R.C.S., F.L.S., &c., and by ROBERT WARINGTON, F.R.S., F.C.S., &c. London: Longman, Green, and Co. 1865. Pp. 614.

ALTHOUGH since the publication of the British Pharmacopœia many excellent works have been published on the Materia Medica and Therapeutics, yet by none has the present volume been surpassed. Albeit the "Encyclopædia of Materia Medica" by the late Dr. Periera, is quite unique, yet, as Dr. Farre in his preface very properly states,

"Its copiousness, however, had become embarrassing, not indeed to those who desired to study the subject in the comprehensive spirit of the author, but to the majority of medical practitioners, pharmaceutical chemists, and medical and pharmaceutical students, who, having only a limited portion of time at their disposal, were obliged to be content with such an amount of information as they could reasonably hope to acquire, and such as might assist them in their daily occupations. Bearing this in mind I have reduced the large work to about one-third of its size, without, I trust, diminishing—may I venture to hope with some increase of—its general utility."

And further on he states:—

"Although my chief object has been to prepare a smaller work by excluding the least important parts of the 'Elements,' much new matter has at the same time been introduced into the abridgment in order that it may represent more correctly the present state of our knowledge."

No doubt the "Encyclopædia of Materia Medica and Therapeutics" will remain a lasting monument of the author's great assiduity and profound talent. Yet the names of the present Editor and his Assistants would form a sufficient guarantee for this Abridgment being carried out according to the design of the original author; but in fact the work itself is its own best expositor—indeed, we have seldom read a volume written in a more accurate and concise style than the one now before us. A brief digest of its contents and a few examples taken from each department of the book will better enable our readers to judge of its worth than any lengthened commentary on our part.

Prefatory to the general plan of the work which is very simple, the Editor gives two very important tables; the first one showing the differences in the nomenclature of the British and of the London, Edinburgh, and Dublin Pharmacopœias; the second, on the weights and measures of the British Pharmacopœia.

The Editor has arranged the materia medica according to the late Dr. Pereira's work in two groups, the Inorganic and Organic, and his two classifications of medicines are founded, one on the chemical classification of the inorganic bodies, and the other on the botanical and zoological classifications of the plants and animals which yield the organic bodies. His second mode of classification is founded on their physiological effects. The Inorganic group is subdivided according to the chemical relation of its members; the Organic according to their external, or, as they are usually called, natural history characters.

The products of Fermentation, and these of Destructive Distillation form, each, a separate chapter, and another is devoted to those portions of the Animal Kingdom which contribute to our remedial agents, and near the end of the volume is one on the Physiological Classification of Medicines, which is succeeded by a Posological Table and a copious Index.

We subjoin at random an article from each of the two groups which will serve to illustrate the style of the work. From the Inorganic Kingdom

BISMUTH (Appendix A.)

Bi=210

Natural History.—Bismuth occurs only in the mineral kingdom. It is found in Cornwall, Saxony, Bohemia, the United States, and other localities. It is met with in the metallic state nearly pure (*native bismuth*), and in combination with sulphur and with oxygen.

Preparation.—It is chiefly obtained from native bismuth by melting the metal out of its matrix.

Properties.—It is a reddish-white metal, without taste or smell, composed of brilliant broad plates, and readily crystallisable in cubes or regular octahedrons. The sp. gr. of purified bismuth is, according to Karsten, 9·65 It is moderately hard, brittle, pulverisable, fusible at 476° F. When strongly heated in the air, it takes fire, and burns with a faint blue flame, emitting a yellow smoke (BiO_3). In close vessels it may be volatilised. Copper may be detected in bismuth by precipitating the nitric solution with ammonia; the supernatant liquor is blue if copper be present.

Bismuthum Album.

White Bismuth.

Synonyms.—Bismuthi Nitras, *Lond.*; Bismuthi Subnitras, *Dub.*

BiO_3NO_5=288.

Preparation.—Take of bismuth, in coarse powder, two ounces; nitric acid, two fluid ounces and a half; distilled water, one gallon. Dilute the nitric acid with three ounces of the water, and add the bismuth in successive portions. When effervescence has ceased, apply for ten minutes a heat approaching that of ebullition, and decant the solution from any particles of metal which may remain undissolved. Evaporate the solution till it is reduced to two fluid ounces, and pour it into half a gallon of the water. When the precipitate which forms has subsided, decant the supernatant liquid, and agitate the sediment with the remainder of the water, After two hours, again decant, and, having placed the product on a filter, dry it at a temperature of 212°.

In the first part of this process we obtain a ternitrate of bismuth by the reaction of bismuth on nitric acid. One equivalent of binoxide of nitrogen is evolved, and an equivalent of ternitrate of bismuth formed. $Bi+4\ O_5=BiO_3$, $3NO_5+NO_2$. Water decomposes the ternitrate of bismuth, and causes the precipitation of white bismuth (also called nitrate, subnitrate, or trisnitrate), leaving a supernitrate in solution, $4(BiO_3 3NO_5)+HO=3(BiO_3.NO_5,HO)+BiO_3 9NO_5$.

Officinal Characters.—A heavy white powder in minute crystalline scales, blackened by sulphuretted hydrogen (BiS_3), insoluble in water, but forming with nitric acid a solution which poured into water gives a white crystalline precipitate, and with sulphuric acid diluted with an equal bulk of water a solution which is blackened (rendered olive brown) by sulphate of iron (showing the presence of nitric acid).

Composition.—White bismuth, prepared as above, has the following composition:—

Eq.		Eq. Wt.	Per Cent.
1	Teroxide of Bismuth	234	81·25
1	Nitric Acid	54	18·75
	White Bismuth	288	100 00

Tests.—Dissolves in nitric acid without effervescence. The solution gives no precipitate with dilute sulphuric acid (showing freedom from carbonates, as carbonates of lead and lime).

Physiological Effects.—In *small doses* it acts locally as an astringent, diminishing secretion. On account of the frequent relief given by it in painful affections of the stomach, it is supposed to act on the nerves of this viscus as a sedative. It has also been denominated tonic and antispasmodic. Vogt says, that when used as a cosmetic, it has produced a spasmodic trembling of the face, ending in paralysis. *Large medicinal doses* disorder the digestive organs, occasioning pain, vomiting, purging, &c.; and sometimes affecting the nervous system, and producing giddiness, insensibility, with cramps of the extremities. On the other hand, M. Monneret states, after several years' trial of this medicine, that it may be given in much larger doses than are usually administered, and that it is then of the greatest value in gastro-intestinal affections, especially those attended with fluxes.

Therapeutics.—It has been principally employed in those chronic affections of the stomach which are unaccompanied by any organic disease, but which apparently depend on some disordered condition of the nerves of this viscus; and hence the efficacy of the remedy is referred to its supposed action on these parts. It has been particularly used and recommended to relieve gastrodynia and cramp of the stomach, to allay sickness and vomiting, and as a remedy for pyrosis or waterbrash. In the latter disease I give it in the form of a powder, in doses of 20 grains thrice daily, in conjunction with hydrocyanic acid mixture, and the patient rarely fails to obtain marked benefit from its use. It is also used in ulcer of the stomach. Dr Theophilus Thompson recommends it in doses of five grains, combined with gum arabic and magnesia, in the diarrhœa accompanying phthisis; and he thinks that, both in efficacy and safety, it surpasses our most approved remedies for that complaint. I have used it, with advantage, in the form of ointment, applied to the septum nasi, in ulceration of this part, and as a local remedy in chronic skin diseases.

Administration.—The usual dose of this remedy is from five to twenty grains. I seldom commence with less than twenty grains, and have repeatedly exhibited thirty grains without the least inconvenience. It may be administered in the form of powder, lozenge, or pill. The *ointment* which I have above referred to was composed of sixty grains of white bismuth, and half an ounce of spermaceti ointment.

Trochisci Bismuthi, *Bismuth Lozenges.*—Take of white bismuth, fourteen hundred and forty grains; carbonate of magnesia, four ounces; precipitated carbonate of lime, six ounces; refined sugar, thirty ounces; gum arabic, in powder, one ounce; distilled water, six fluid ounces; oil of cinnamon, half a fluid drachm. Add the dry ingredients to the water; mix thoroughly, and boil till the mixture is reduced to a proper consistence. Then remove it from the fire, add the oil of cinnamon, and again mix thoroughly. Divide the mass into 720 square lozenges, and dry these in a hot-air chamber with a moderate heat.

Each lozenge contains two grains of white bismuth.

Respecting the one from the Organic Kingdom, we merely give the mode of arrangement, as to give it *in extenso* would occupy too much space; but our readers will judge from the various heads under which the details are arranged how accurate and painstaking has been the labours of the Editor and his Assistants. We select the article on—

"*Opium.*—The inspissated juice of the papaver somniferum, the opium poppy (which had been previously described), obtained by incision from the unripe capsules grown in Asia Minor.

"1st. Extraction and collection.

"2nd. Officinal characters.

"3rd. Description and varieties, each variety being fully described.

"4th. Test of various descriptions.

"5th. Composition, giving the various constituents of opium—viz., morphia, codeia, meconic acid, &c. &c. &c., with a description and test of each.

"6. Impurities and adulterations.

"7. Physiological effects, giving in detail its various effects and large and small doses on the different organs, on the cerebro-spinal system, on the digestive, the vascular, respiratory, urinary, sexual and cutaneous systems, also its topical effects.

"8. Post-mortem appearances.

"9. Modus operandi.

"10. Therapeutics, in fevers, in inflammatory diseases, diseases of the brain and spinal cord, diseases of the chest, in maladies of the digestive organs, of the urino-genital apparatus, as an anodyne, in hæmorrhages, in mortification, in venereal diseases, in ulcers and granulating wounds, in poisoning by belladonna or stramonium, its external application.

"Administration, antidotes, pharmaceutic uses, officinal preparations, with a table showing the strength of each preparation of opium."

From these examples and our general remarks, our readers will perceive that the Editor and his Assistants have no anxiety to feel as regards the performance of their task, and that they have effected a great condensation of the original work without any deterioration of its value, and at the same time have kept pace with the present progress of this department of science. The book being printed in double columns, there is consequently no loss of space.

THE HALF-YEARLY ABSTRACT OF THE MEDICAL SCIENCES: being an Analytical and Critical Digest of the principal British and Continental Medical Works published in the preceding six months. Vol. XLII. July—December, 1865. London: Churchill & Sons.

This Abstract is, as usual, a faithful retrospect of the progress of Medicine, Surgery and Midwifery, during the last six months, and the materials are derived from all available sources, British and Foreign. The last part of the volume consists of Reviews and Bibliographical notices, in which most of the published works are papers which have lately emanated from the medical press are briefly introduced, and their principal topics described.

WHO WINS? Being the Autobiography of Samuel Basil Carlingford, M.D. Second Edition. pp. 332. London: Simpkin & Co.

Under the guise of a work of fiction, this book is an essay in favour of the trash which goes under the name of Homœopathy. Although professing to be written by a medical man, there is abundant internal evidence that such is not the case, and that it is rather the production of some weak-minded *dilletante* writer, whose imagination overpowers his reason. There is, indeed, some reason to believe that it is written by some half-educated lady, so absurd is the process of reasoning adopted, and so ridiculous are the mistakes made in scientific matters. The form of a novel, in which nearly everything is of course fictitious is perhaps an appropriate vehicle for the enunciation of the shadowy absurdities of the globulistic school.

Election of Examiner at the Royal College of Surgeons in Ireland.—At the meeting of the College on Thursday last, Dr. John Barker was elected Examiner in the room of the late Dr. Jerome Morgan.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 17, 1866.

THE COLLEGE OF SURGEONS OF ENGLAND.

The College of Surgeons of England would present to any intelligent and scientific foreigner many materials for varied contemplation in the anomalies of our British institutions. The stranger would behold, not without just admiration, the magnificent fabric which rises before his eyes as he reaches Lincoln's-inn Fields, and his wonder would be still further augmented as he wends his way through the extensive and most valuable Museum of Comparative Anatomy and Pathology, which is stored in room after room in that widely renowned collection; and, if he ascends into the Library, he would find an assortment of medical and scientific books perhaps unrivalled in the world.

Although any praise bestowed on such priceless treasures on our part may probably be deemed superfluous, we cannot help remarking that the Library and the Museum of the English College of Surgeons do honour to the British nation, and more especially the Museum, which, originating in the private collection of John Hunter, has gradually swelled into colossal proportions, and now presents an epitome of organic Nature, such as has never been before exhibited to the admiration of mankind. We write with a full knowledge of the existence of a Gallery of Comparative Anatomy in the Garden of Plants near Paris, filled with the treasures deposited there by Cuvier and his illustrious disciples, and some thirty or forty years ago a comparison of the two collections would have been unfavourable to the English College; but now times are altered, the French gallery has fallen into partial neglect, while, on the other hand, its English rival has been expanding itself into larger and larger dimensions, and its value has increased in a more than corresponding degree. Under the enlightened superintendence of Professor Owen and his successor, the lamented Professor Quekett, the materials have been arranged in the most masterly manner, and copious catalogues have been supplied for the explanation of all the specimens exhibited; and the present curator, Mr. Flower, with a zeal and an intelligence in no way inferior to those of his predecessors, is still carrying on the Herculean but delightful labour of adding fresh specimens to this great Mausoleum of Nature, and rendering its details available for the inspection of the scientific visitor and further enlightenment of the student.

But, returning to the foreigner, whom we have supposed as inquiring into the whole history and constitution of the English College of Surgeons, we should find his admiration of the building, the Museum, and the Library, mingled with wonder at the sources from which the expenses are defrayed. We ourselves recollect the surprise and almost incredulity with which a distinguished northern Professor received our own information while walking through the College galleries, that all the funds, or nearly all, were supplied by the fees of candidates for surgical diplomas. He observed that such national institutions, as museums and libraries, were supported, in Continental countries, by the liberality of the Government, and he probably thought, though he did not say it, that the application of fees derived from diplomas to such a purpose, however honourable it might seem to all parties concerned, was a system very liable to abuse.

Now, it is true that the exclusive superintendence and support of public galleries and museums by the Government of a country is in itself likely to lead to results unfavourable to science, and to blunt the edge of individual exertion; but, on the other hand, the maintenance of such institutions by the fees obtained from candidates for Professional Degrees or Diplomas is a still greater abuse. We desire it to be distinctly understood that we make no charge of corruption against any of the authorities of the London College of Surgeons, but we maintain that in the general policy pursued by the Council, and in the system adopted in the examinations, one of the principal objects always held in view is the aggrandisement of the College funds. For this reason the College has, for a very long period, kept down its standard of qualification to the lowest possible level, in order to invite candidates within its portals; for this reason it has created a class of Fellows, from some of whom a scientific test, but from most of whom a money-test only, has been demanded; for this reason a perfectly unnecessary and separate diploma has been created in midwifery, with which the College has no concern except as a subject included in the examination for the membership; for this reason the College has devised a separate and, we believe, mischievous diploma in Dental Surgery. None of the false steps to which we have just alluded would have been taken, we verily believe, if the College could have acted with independence. It is true it has been shamed into some improvements in the mode of examination, and compelled to adopt others by the stringency of the laws of the country, and whether, from this reason or from other causes, it is an undoubted fact that the College expenses now exceed the receipts by a very considerable sum, and the results must be, either that the efficiency of the Museum or the Library will suffer in consequence, or that the standard of examination will be openly or surreptitiously lowered, or some new diploma must be devised for the purpose of raising additional funds.

If we are not misinformed, there is even now some proposition before the Council to lower the qualification for the Fellows by examination, the object, no doubt, being to attract a larger number of this class; but whether this be so or not it is certain that the present vicious system of maintaining a magnificent institution

out of students' fees ought not to be continued. The examiners, in fixing their standards of qualification and in the actual decision upon the merits of candidates, ought to have no other aim or object in view than to secure an efficient class of practitioners for the public; and we again assert that no body of examiners, however personally honourable, can possibly act in this independent manner when they know that not merely their own salaries, but the maintenance of the institution to which they belong, are dependent upon the issue.

It is well known that the College of Surgeons has received from the Government, from time to time, considerable pecuniary assistance, and we most earnestly hope that this liberality will be further extended. Such aid would do honour alike to the nation and to the College, and it would relieve the latter from the necessity of bartering its diplomas for money, and enable it to act with the dignified independence and impartiality which ought to be assumed by one of the most important of our medical Corporations.

THE ERUPTION OF CATTLE PLAGUE.

At the last meeting of the Pathological Society a very interesting discussion took place in reference to the connexion of the cattle plague and small-pox. It was started by Dr. Quain, who introduced to the society a gentleman who had inoculated himself with the morbid secretions of a beast which had died of the rinderpest. It presented all the characters of cow-pox, and has been seen by Mr. Ceely and others. Dr. Quain drew attention to the features of the analogy of rinderpest and small-pox, in details which accorded with the statements made by Dr. Murchison in the *Lancet* of December 31st, commenting especially, however, upon the fact that the eruption in rinderpest had been overlooked and often unrecognised till the skin reached and was removed from the tan-pit, when the spotting of the hide became visible. Dr. Sanderson took exception to the characters of the eruption as diagnostic of small-pox; indeed he expressed himself strongly to the effect that it was never, as affirmed, vesicular; he thought that it consisted simply of detachment of the epithelium and softening of the structures beneath, this condition of things being also observed in the mucous surfaces, especially about the mouth and lips. The papillæ of the cheek being devoid of epithelium, flat greyish patches or papillæ forming over the surface. Professor Gamgee agreed with Dr. Sanderson, that in his experience the eruption could not be regarded as that of small-pox; he had seen depressed papillæ, which even became confluent, but they were analogous to the changes produced in the whole tract of the intestinal canal, which were constant, whilst these of the surface varied much. He agreed in the main with Dr. Sanderson, in the detachment and shedding of the epithelium at the earliest stages. In addition he called special attention to the implication of the little glands of the mucous membrane, whose cells were rapidly thrown off, reproduced, and retained, choking up the follicles The eruption in the skin partook of the same character and was not vesicular. He cautioned observers against any hasty conclusions in reference to the latter, for many cases of severe eruption of an ecthymatous nature were on record produced by the contact of irritating animal secretions. As it was mentioned at one part of the discussion that the character of the skin of the ox might account for modifications in the aspect of small-pox eruption, Dr. Sanderson observed that the plate which he handed round from Professor Simmond's work, showed clearly that in the sheep the eruption of small-pox is distinctly vesicular. Dr. Murchison admitted that there was a want of distinctness about the characters of the eruption, but observed further that modifications often resulted in man and animals in regard to the eruption of small-pox as witnessed in India, the small pox poison produced in children sometimes variola and sometimes cow-pox. He did not defend the identity of rinderpest and small-pox upon the ground of similarity in the appearances of the eruption, but the symptoms and aspect of the disease in its general details, and the post-mortem appearances were particularly similar; it was rare to get a post-mortem of small-pox now, but from special inquiry and observation on this point he had been struck with the remarkable identity of the lesions in the two cases. Experiments had already been commenced to test the truth of the supposition, and a few weeks would probably decide the matter one way or the other. Now this discussion is a very important one, indeed we conceive up to the present time no objection has been taken to the close relationship which exists between the general aspect and features, such as premonition, incubation, contagiousness, symptoms, &c. of the two diseases. The difficulty and objection to the reception of the doctrine of identity are found in the eruption itself. What are the probabilities of the case? The French have carried on some very remarkable experiments on this point, which would lead us to suppose that there are many degrees of expression of variola, especially in reference to the aspect of the eruption, and it will be remembered that a discussion took place not long since at the French Academy on this point. Variola, and cow-pox, and vaccinia are now generally admitted to be related. MM. Bouley, Depaul, Mathieu, and Dr. Auzias Turenne, and others, have shown that one variety of grease in the horse, is capable of giving rise to cow-pox in the cow; that a vaccine pustule can be produced by inoculation with matter taken from a vesicle of what has been called apthous stomatitis in a horse, and Dr. Tilbury Fox, in the *British Medical Journal*, 1864, has given us an account of an epidemic of contagious impetigo he witnessed, apparently a modified form of vaccinal or variolous disease, and which assumes a decided importance at the present time, inasmuch as the diagnostic characters between it and the contagious furuncaloid referred to by Mr. Gamgee were given. In India peculiar modified results also are observed; cases of bastard vaccinia too are not uncommon. As we have seen a good many of these different instances of eruption, we may be allowed to say that we think there is sufficient character to warrant us in diagnosing at once between the ecthymatous batch produced by the contact of irritant secretions, and it is the peculiar tendency to early umbilication in all cases of a varioloid nature, due to the peculiarity of the contents of the vesicle. There is clearly then a wide range in the appearances of the variolous eruption, and it is quite consonant, we think, with clinical and experimental observation, that the characters of the eruption of cattle may, upon further inquiry, turn out to be those of a modified form of variola. We wish to see the matter placed on a fair footing, to encourage investigators to undertake cheerfully the hard task before them,

and to deter those who are pledged as it were to contrary opinions, from using unfairly the influence of accepted theories. It remains then, first of all, by experiment to show that animals inoculated with cow-pox or vaccine matter, are proof against the poison of small-pox, that the inoculation of subjects by matter taken from man, affected from the cow suffering from rinderpest, produces the same disease, and that the modified aspect of the eruption in rinderpest has analogies elsewhere.

[FROM OUR OWN CORRESPONDENT.]

London, January 13th, 1866.

THE news of another baronetcy having been conferred on a member of our profession has been received with as much satisfaction in this metropolis as in Edinburgh, where Sir James Y. Simpson first made, and has since so honourably maintained, his position as one of the most distinguished physicians of the day. All your London medical contemporaries are loud in their praises of the last-made Baronet, who receives the distinction as a recognition from her Majesty of the Professor's "many services to the science of medicine, especially in the discovery and the application of chloroform, by which pain in surgical operations has been alleviated and human life, in consequence, rendered more secure against disease." It is stated that a baronetcy has never before been conferred on any member of the profession practising in Scotland.

The British Medical Journal probably exhibits the least satisfaction of any of your contemporaries at the elevation of Sir James, and draws comparisons, which, as Mrs. Malaprops observes, are particularly odorous on the present occasion. The editor does not appear to know what has taken place in the medical world, or he would not have expressed such innocent child-like wonder at the honour not having been conferred on that Nestor of British Surgery, as *The Times* designates William Lawrence, and that other great man, James Syme. It is stated that the former gentleman has refused the honour, and that nothing but a peerage will now satisfy the latter. The doctor admits his ignorance as to who the advisers of the Crown are in matters of this kind, and expresses a hope that it will come to their knowledge that the profession does not consider its claims fully satisfied by the present distribution of honourable distinctions. Now, I thought it was very well known through whom these recommendations were made, and if I am not very much mistaken, I think the *British Medical*, in common with *all* the Medical Journals, has expressed intense satisfaction at the admirable ment always displayed by Sir James Clark in the selection of these recipients of his sovereign's favour.

Our Medical Societies set an example which might be followed with advantage elsewhere; here are congregated all the most distinguished men of the day to countenance and support all those who bring their papers for discussion, utterly regardless of the weather and all those social pleasures so prevalent at this time of the year. Let any country surgeon desirous of seeing at once all the great "pills" of the day, he has only to repair to the Royal Medical and Chirurgical Pathological and London Medical Societies, and his wish will be gratified. On Monday night Dr. Litbury Fox will read a paper at the London Medical Society on leprosy, with notes taken during his recent travels in the east. At the Harveian Society Dr. Drysdall will read a paper on the medical aspects of prostitution.

Our Examining Boards are also busy. At the College of Surgeons 65 gentlemen are now going through their Primary or Anatomical and Physiological Examination, and on Saturday next will commence their Pass or Surgical and Pathological Examination for diploma of membership. At the College of Physicians the examinations will commence on the 6th proximo, extending to the 13th, for the second part. At the Apothecaries' Hall examinations will also be held on the 26th and 27th inst.

I see that Sir William Fergusson's baronetcy is at last published in the *London Gazette* of Friday; long may he live to enjoy the honour and add lustre to the Council of the Royal College of Surgeons.

The Medical Directories of the United Kingdom has made its appearance, and I am sorry to say anything in disparagement of this useful publication, but the complaints made last year are again repeated, at the bad taste, to use the mildest term, of the editors in exposing to the general public the names of *unregistered* but legally qualified practitioners. This is done by prefixing a (‡) to distinguish those who had not so registered under the Medical Act. Let us fancy a cantankerous, ill-conditioned fellow anxious to shirk the payment of his doctor's bill; he turns to the Directory and finds, let us say, for example, Dr. Haughton, of Trinity College, Dublin, A.R.S. (perhaps this gentleman is not in practice, but his name, with the dagger affixed, is the first which catches my eye). "Oh," says the ungrateful patient, "I won't pay, because he is not registered." It is true the ceremony of registration can be soon accomplished, and the cross-grained varlet defeated, but look at the trouble and inconvenience given to those stilettoed practitioners by this most objectionable and unwarranted exposure. Another complaint is the assumption of titles by certain individuals having no claim whatever to them, and who are thus allowed to parade them before the public. Others appear as authors on taking popular subjects. I have a bad case now before me, where a man became, "in the year of grace" celebrated by the Horton and Meredith affair, a "M.R.V.S." This worthy has made a return, repeated year after year, of being the author of a work, "On the non restraint system in the Cure and Treatment of those Mentally afflicted, and as being surgeon to an institution which never existed except in the fertile imaginations of this ingenious individual. There are too many of this sort of men in our profession, of whom Miss Edwards says, in her recent novel of "Half a Million of Money," belong to that class whom Nature seems to have run up by contract, whose understanding the very smallest weight of knowledge would have at any moment broken down, while his little ornaments of manner were all in the flimsiest modern taste, who played croquet well and billiards badly, and was saturated through with smoke like a finnan haddock. There is an old saying and a very true one, that "the writer of an anonymous letter is a knave, and he who believes it a fool." Regardless of this proverb, I will send a few illustrations of the correctness of my statesments to the publishers of the Directory, and if they will not take me for the former I certainly will not accuse them of the latter.

On the night of the 4th inst. Dr. F. Tietjen, first assistant of the Berlin Observatory, discovered a new planet of very pale colour, belonging to the well-known group between Mars and Jupiter.

HOSPITALS AND THEIR CONSTRUCTION.

An able article in the "British and Foreign Medico-Chirurgical Review" attributes the increase of and more extended usefulness of Hospitals to the spread of Christianity, inculcating as it does that desire for doing good to our kind, which constitutes the chief feature of the Hospital system. In the earlier ages of Christianity the religious element had much more to do with Hospitals than has been the case at least in Protestant countries in later times. Now, however, various denominations have shown a tendency again to carry out a system of nursing according to religious sects. It is not, however, the subject of the original foundation and character of Hospitals that most concerns our profession, but the rendering these institutions as perfectly adapted to the ends required. In these matters it must be generally admitted that Hospitals have not, either in their construction or management, kept pace with advancing civilization. Their primary end and aim, as the writer observes, that of curing their patients as speedily and completely as possible, has not been kept prominently enough in view. Efforts have been expended rather in favour of multiplying patients within their wards, than in making Hospitals instruments of treatment; facility of access has been more studied than facilities of cure; and the administration of medicines and brilliant or ingenious operations have received much more attention than the provision of good nursing, of pure air, and free ventilation. Unlike the Æsculapian temples of ancient Greece and Rome, and the earliest Christian Hospitals, our predecessors have studied convenience of locality more than in all cases salubrity of site. Now, however, attention is again being paid to locality more than has been of late in many instances the case. At the recent discussions of the Surgical Society of Paris many speakers agreed that the larger general hospitals should be placed in the country and only the small infirmaries for urgent cases and accidents and for clinical instruction be constructed in towns. M. Leon le Fort and M. Larrey advocated the adoption of this system which was, understood to have been accepted as the opinion of the society generally.

Miss Nightingale, Sir Ranald Martin (the writer of articles on Hospitals in the *Builder*), and Pozzi, all advocate a like principle. The latter author, indeed, viewed the Hospital as injurious to the inhabitants of towns when placed in their midst. Opposed to the views of the French school of the present day, and to those of the authorities in England, whom we have quoted above, are the opinions of Messrs. Bristowe and Holmes, who held the inquiry for the Privy Council, published in 1864. The reviewer in the journal under our consideration observes:—"Having now before us the principal reasons urged *pro.* and *con.* for the erection of hospitals in the country, a few words by way of comment may be here introduced. If it be allowed that 'Subsidiary Hospitals' in the country are desirable, the whole question becomes one of the proportionate development those institutions should assume relative to the town establishments. In other words, it becomes a question of selection of cases admitting removal, of the relative number of such cases, and of the available means of transit. Dr. Bristowe and Mr. Holmes would, for their part, in the case of London, to which their opinions refer, retain the present large Hospitals and erect auxiliary institutions in the country, whilst the members of the Surgical Society of Paris, Sir Ranald Martin and others, on the contrary, would adopt rural sites for the principal Hospitals, and construct smaller buildings as supplementary to them within the town precincts for casual and severe cases of disease and for clinical instruction. By the one scheme Town Hospitals would constitute the principal places of treatment; by the other, the Country Hospitals. The admission by the Commission that improvement in the present system of Town Hospitals is needed, renders useless any lengthened argument on the point.

The mortality of three great French Hospitals, Val-de-Grace, Gros Caillou, and Vincennes, shows in military cases—and as such in uniform kinds of cases—the advantage of a rural site over a town one, as well as in the benefit derivable from hygienic improvements, &c.

The writer in the "British and Foreign," after a careful review of the whole question, concludes that the open country offers the best site for a sick hospital.

Husson, Uytterhoeven, and Miss Nightingale, have shown how much neglected this most important consideration has been in past times, not only on the Continent, but also in Britain. Miss Nightingale advocates the pavillion system of architecture, pointing out that other arrangements—such as that of the Hospital surrounding a quadrangular court—"stagnate the air even before it reaches the wards," &c. The air outside the hospitals cannot be maintained in a state sufficiently pure to be used for internal ventilation unless there be entire freedom of movement. Anything which interferes with this is injurious. The new Herbert Hospital, near Woolwich, the new Leeds Hospital, the Bucks and North Staffordshire, and other County Infirmaries, as well as the new St. Thomas's Hospital, London, have all adopted the pavillion system. In Dublin, the Cork-street Fever Hospital new building is an example of this style, the advantages of which we may shortly state are—thorough ventilation by opposite windows, complete exposure of every part of the building to the influence of light and sun, and this, with a sufficient area around, free from other buildings, so as to insure a space of at least twice their own height; if there be more than one pavillion confers an immense benefit on the patients. We have seen additions made to hospitals, originally constructed on this plan, which quite interfere with the original design of the building. St. John's Hospital, Brussels, constructed on the pavilion system, has the injurious addition of corridor communication on the ground and first floor, which, as Uytter-

HOEVEN states, is so built against the pavilions as to form a sort of "common conduit, where the vitiated air from the several wards may intermingle and suffer detention in its passage externally."

The Lariboisière Hospital has not met the approval of the Paris faculty, as, though intended to have been on the pavilion system, its several sections have been placed too close to one another, and in this way the free exposure to sun and air has been interfered with. On the other hand, the Vincennes Military and the Malta New Hospital are examples of well-constructed pavilion Hospitals, and have the approval of the Paris physicians.

Our space only permits us to say that we must agree with the review in the "British and Foreign Quarterly," which regards the result of the inquiry into the very important Hospital question held by Messrs. BRISTOWE and HOLMES, as unsatisfactory, inasmuch as they have not once and for all expressed a decided opinion as to the best model on which to construct an hospital, but have allowed matters of expediency as to expense, *status quo*, *&c.*, to weigh as more important in their eyes than the answer to the question, which mode of construction is the best? For our part, we have no hesitation in commending the pavilion as the most desirable system on which to construct an Hospital; and we speak after observation, and after having duly considered the practical working of this and several other modes of Hospital construction. In conclusion, we think it but right to state that the pavilion system is not new in Dublin, as it is seen in the Cork-street Fever Hospital, in the House of Industry, now the North Dublin Union Hospital, &c.

MEDICAL EDUCATION IN THE ENGLISH UNIVERSITIES.

DR. HUMPHRY, in a letter to the *Lancet*, says that the question of University extension, which has been so largely discussed with regard to candidates for Holy orders, is worthy of consideration with regard to the influence it might be expected to have upon Medical students, especially as degrees in medicine are being more and more sought, and the aspirants are eager to obtain the degrees of the old Universities, which, for various reasons, have ever been in the highest degree esteemed. Having carefully considered the various proposals which are being canvassed, he proceeds to say that he does not anticipate much from them, for the following reasons:—

1st. The Universities and the several Colleges (more particularly Cambridge) are freely open to all students of all classes, and provided the student can afford the time and expense, any one can enter. Then, having passed the examinations, he may proceed to the degrees. He considers that the disadvantages of being a member of a College during residence in Cambridge are greatly outweighed by the social and other advantages of such membership. The expenses of the student at the University are little, if at all, greater than those of the medical student in London. He believes that the expenditure in Cambridge and London are about alike (£120 a year). Some University men have ample means, and are lavish in their expenditure; some who have not the same means are induced by the example of others to exceed the proper limits. These are usually regarded as the types of University students, being the two classes most known and written about. But the greater number are economical, and pass through their University career at a moderate cost. After all, the real source of expense and the real obstacle to the extension of University education must still remain, since it is essential to the advantages of a University education—namely, the additional time required.

A "University Education" means, for one thing, an "extended education," and the parent who makes up his mind to the cost incurred in giving his son this extended education will like to combine with it the advantages of the University course; those attached to his being a member of a College as well as others. Finally, if a parent wishes his son to receive the benefit of a University education he may calculate on having to maintain him as a student for about two years longer than he otherwise would. The cost of that need not exceed £120 a-year, and perhaps the extra expense incurred by a University education may be calculated at £400. This, of course, does not take into account the numerous Scholarships, varying from £40 to £80 a-year, which are bestowed on those who are most proficient in their school work, or who have acquired a certain knowledge of Natural Science. Nor does it take into account the Fellowships which are given to those who highly distinguish themselves at the close of their University career. Whether the investment will prove a good one must depend upon the extent to which the student avails himself of the opportunities offered.

A NEW CLOSE STOOL.

SANITARY science, a most necessary and admirable thing in itself, is the fashionable foible of the day, and the manner in which some otherwise estimable men carry it out, is a striking exemplification of the statement, "that a little knowledge is a dangerous thing." In a letter from India, we read lately:—"I had a terrible job in my jail hospital, when I took charge—men overcrowded, and dying of typhoid—the floor saturated with urine, and worse. I have now, however, got cleanliness and a better hospital, and am reducing the numbers in the jail, and I trust, at least, to be better than the first six months of the year, in which about 150 out of 1,000 died—70 in one month; yet, strange to say, little was done to check the grand evil—the excessive mortality being attributed to a jheel, or *swamp, twenty miles off!* by the surgeon then in attendance, who has the reputation of being a very clever fellow, certainly not undeservedly." And just the other day we heard that an epidemic of typhoid in an open, well-aired village, not twenty miles from Edinburgh, was attributed to what, think you? *To the want of drains!* Shades of Murchison and William Budd, are your labours in the cause of science and humanity so little known within twenty miles of your *alma mater?* The smell around the houses was stated to be

something horrible; and no wonder, for heaps of pigs and human ordure are accumulated at the back of these houses, and mingled with these heaps are the stools of the typhoid patients, *not disinfected*. No wonder the disease spreads, ay, and will spread. It is not drains, but common sense that is wanting there, and a few handfuls of chloride of lime and a scavenger, are all that are wanted to keep this village free of such fever, both now and for ever. Moreover, we know well that drains, and water-closets, are only too frequently sources of danger and death in the houses of the rich even, and still more in the houses of the poor; and that, where it can be carried out, there is no plan at all comparable in safety and economy with removing the excreta *en masse* from the neighbourhood of the dwelling, to apply them to the soil of which they are the natural food, and which they enable, in its turn, to bring forth those various products, which are the food of man and animals. Besides, the actual danger involved in the ordinary mode of getting rid of these excreta, particularly in towns, it is attended with a wasteful extravagance, the character of which may be judged from the following quotation from a paper upon "The employment of water in the removal of excreta from dwelling-houses," recently read by Mr. Alexander Ramsay, the manager of the Edinburgh Water Company, before the Royal Scottish Society of Arts:—

"In the report by a committee of the House of Commons on the Sewage of the Metropolis, in Appendix No 14, there are a series of tables by J. L. W. Thudicum, M.D., in one one of which (No. 16) he states the value of the excreta of the population of London to be £1,165,495 per annum. Of course, this is on the assumption that the whole were collected, which, in any case, is impossible. It may be taken, however, as a foundation for a calculation in the case of Edinburgh and Leith. Taking the population of London at 3,000.000, and roughly estimating Edinburgh and Leith at 200,000, being one to fifteen of London, the value of the excreta, estimated at the same rate as in London, will amount to £77,699 per annum. I do not for a moment imagine that it would be possible, under any law that could be devised for the collection of this wasted matter, to realise so large a sum. I am clear, however, that if the use of water closets were abolished, and some such arrangement as that I have suggested substituted for it, a clear income of not less than £25.000, but probably upwards of £30,000 per annum might be derived from it. This, however, represents only a portion of the loss by the present system. A sum of £10.000 a year as the cost of making and maintaining house and other drains may be safely added, bringing up the annual loss to from £35,000 to £40 000 a year. To this large sum there yet falls to be added the water so uselessly wasted At this moment the consumption of water per day is somewhat upwards of what would furnish thirty gallons per head to a population of 200,000 persons. If water-closets were discontinued, and supposing that only fifteen gallons per head per day of water were set free and applied to the purposes of trade and manufacture, the income which might be derived by its sale, might probably bring up the sum lost by the present system to something between £40,000 and £50,000 a year, and all this without taking any account of the increased quantity of food which would be derived from the application of that excreta to the soil."

To remedy this waste, and to obviate these dangers, Mr. Ramsay recommends the introduction of a new form of close-stool, which he thus introduced to the notice of the Society:

"If it were not from the fear of startling the Society, I would go so far as to say that water-closets are at this moment productive of far more evil than good. Passing over other evils connected with them to which I have already adverted. I contend that the act of raising the handle of a water-closet unavoidably introduces into the house a quantity of foul-air from the soil-pipes or drain, greater or smaller in quantity, and more or less noxious in its effects, according to the size and condition of the soil-pipes, drain and apparatus with which the water-closet is connected. You will please to observe that, while this is a great and unquestionable evil, it is an evil superadded to the merely ordinary and proper purposes of a water-closet, and inseparable from it. From this evil, at least, the model before you is free. To give it a distinctive name, I will call it a Chamber-closet. The closet consists of two vessels, the upper one of which is covered by a valve, intended to be constantly closed, except when the closet is in use. This vessel is a sort of representative of the basin of a water-closet. Its lower end is also closed by a valve, which, when withdrawn, frees itself from, and deposits the soil in the vessel under it. When that vessel is full, it is detached by moving it a couple of inches round, so as to undo the bayonet screw, by which it is coupled to the lower part of the basin. When the full vessel is to be removed, it is covered with a lid which is secured in its place by the bayonet screw. An empty vessel is then put in, and so on continuously. On the shoulder of these vessels there is a small tube terminating in a coupling screw, for the purpose of attaching a pipe to carry the gases generated in the vessel into the open air. I should add that the valves are nearly air-tight, and may be made entirely so, and are opened and closed only when the closet is being used. The basin may be rinsed with water when it is thought necessary; but my view is, that as far as possible, the contents of the lower vessel should not be subject to dilution. The vessel itself being externally clean, its removal may be effected with less offence to sight or smell than is occasioned by the carrying of a house-maid's pail from one apartment to another."

We commend this chamber-closet to the attention of our friends, both in town and country, assured that the time is fast approaching when the absurdity of spending enormous sums in carrying into the sea what ought to be a source of wealth to the community, will be regarded as one of the most extraordinary fallacies of the nineteenth century, apart altogether from the danger inseparable from the system, and from the pollution of the rivers, which is its necessary consequence, unless we restrict large towns entirely to the seaboard of a country, which is an impossibility.

In the conversation which followed the reading of this paper, all the speakers spoke favourably of this plan, and one of them,

"Mr. John Reid, C.E., approved of Mr. Ramsay's plan, and said that he had been in the Netherlands for upwards of two years, where matters were managed on a plan similar to that proposed. Every night carts, or rather close vessels mounted on wheels, passed through the streets, received the excreta, and thence carted the substance direct to the fields. The population of the country probably was the most dense in Europe, and with naturally a poor soil—chiefly sand—yet there was scarcely a yard of land but what was luxuriant with vegetation, and this was, he thought, due to the care which the municipal authorities took for the conservation of the excreta of the different towns."

The Chinese are also well known to make large use of the fertilizing properties of human ordure. We should like to know what is their moedof collecting dnadistributing it. For we may rest assured th at the deficiency of manure resulting from the ravages of rinderpest, as well as the too long delayed legislation on the pollution of rivers, will make this one of the most important sanitary questions of the commencing quinquennium.

MEDICAL ANNOTATIONS.

THE PATHOLOGY OF THE CATTLE PLAGUE.

Dr. Murchison has lately expressed an opinion that the cattle plague resembles small-pox in many of its characters, and he supports this view with great ingenuity and learning. He admits, however, that great differences appear to exist between the disease known as human small-pox and the epidemic of the cattle; but still he conceives that the two diseases are essentially the same, the character of the eruption being modified by the nature of the skin of the animal. But the pathological nature of the affection

is comparatively unimportant in a practical point of view, if any preventive measure could be devised to protect the beasts from the epidemic, and Dr. Murchison goes so far as to assert that vaccination of the cattle does really offer this protection. If such should turn out to be the case we need not point out the immense value of such a suggestion as that made by Dr. Murchison, and we only hope that his statements will be verified by experience. In the meantime, we understand that vaccination of cattle is being performed throughout England and Wales, and we shall therefore be able to judge of the success of the measure at no distant period.

"DR." HUNTER AND THE *Pall-Mall Gazette*.

The action brought by "Dr." Hunter against the *Pall-Mall Gazette* for an alleged libel will, we believe, be tried in the present term, and the case has already been the subject of an application to the judges sitting *in banco*, "Dr." Hunter calling upon the defendants to furnish particulars of their plea of justification which they have placed upon the record. The application, however, was unsuccessful, the Chief Justice remarking that the plea of justification did not require any particulars to be set forth before the trial. The arguments were necessarily technical, but still the Lord Chief Justice (Cockburn) gave a pretty strong intimation that Hunter had laid himself open to criticism on the part of the press. It is a somewhat curious fact that Mr. Hume Williams, who appeared as counsel on behalf of Hunter, is on the staff of the *Lancet*, and is generally supposed to be the legal adviser to that journal.

THE QUEKETT CLUB.

We noticed in a number of a previous date, the establishment of a Microscopical Society under the title of "The Quekett Microscopical Club," started by Mr. W. GIBSON with a view to giving microscopists ampler opportunities of advancing in their pursuit than they already possessed. Since our notice, the Quekett Club has created a sensation in the scientific world. In its establishment we see an example of what well directed energy will do, even in the hands of an as yet unknown amateur. The committee have shown a delicate appreciation of the labours of Professor Quekett, in the selection of the title, and we trust this infant Society may be a long standing memorial to his memory. Every meeting brings large additions to its roll of members; surely the best guarantee of its usefulness. At the last ordinary meeting held at their commodious rooms, 32, Sackville Street, Piccadilly, P. LE NEVE FOSTER, Esq., one of the Vice-Presidents, in the chair, a paper was read on the determination of vegetable fibres (used in the manufactures) by the aid of the microscope. This is a most important subject, and if the Quekett Club succeed in working it out, and giving us the distinctive microscopical features possessed by certain fibres, they will not only have given the microscopist a fresh subject to work, but have rendered the public a benefit; for when the manufacturer knows there are means whereby his frauds can be detected, he will be less likely to substitute a poor substance for the genuine article. A committee has been appointed from amongst the members to report upon the subject, we hope to give the result of their investigation in those pages, and shall anxiously await it. Mr. BECK has read several papers on "Insect Anatomy," illustrating the lecture by some beautiful diagrams. He advocated the study of the various parts of insect structure as the appeared on the insect itself, and not to so great an extent when having gone through various processes of pickling the object appeared as a mutilated image of its former self, often hardly recognisable. This Mr. BECK most clearly exemplified by first showing the spiracle of a common house fly as it appeared while a permanent object, and then the same object *in situ*. For beauty the former was not to be compared to the latter, but laying aside the appearance of the object as a pretty piece of mechanism, a most important part had been destroyed in the preparation of the insect, many of the fine hairs which keep the dust from the spiracle, being absent, so that very little idea could be obtained of the manner of its working. Members of the Quekett Club most assuredly ought not to lack material for their studies as each meeting gives them occupation for the ensuing month and sends them away with a fresh impetus for their fasinating pursuit; the younger members most likely with the intention of still further elucidating the subject they heard discussed; a purpose soon perhaps to be cast to the ground with the first failure, and requiring another meeting to have set up again and strenghtned.

POOR-LAW INTELLIGENCE.

PAYMENT OF MEDICAL OFFICERS FROM THE CONSOLIDATED FUND.

DEPUTATION TO THE CHIEF SECRETARY.

On the 9th inst. a numerous and most influential deputation from the various Poor Law Unions throughout the country waited upon the Right Hon. Chichester Fortescue, Chief Secretary for Ireland, at the Chief Secretary's office, Dublin Castle, for the purpose of urging upon the Government the claims of the payers of poor's rate to have half the salaries of the Medical Officers, and the whole of the educational expenses of the Poor Law Unions of Ireland defrayed out of the Consolidated Fund.

The following gentlemen composed the deputation:—Sir Robert Gore Booth, Bart., M.P.; Colonel Taylor, M.P.; Sir Robert Shaw, Bart.; Sir James Stronge, Bart., M.P.; Sir M. Crofton, Hon. Robert Handcock, Colonel Knox Gore, Captain King. E. Wingfield Verner, Esq., M.P.; Hans H. Woods, Esq., D.L.; Jonathan Pim, Esq., M.P.; Colonel Cooper, M.P.; Dr. Purdon, N. P. Leader, Esq., M.P.; Edward Sanderson, Esq., M.P.; Captain Lindsay, D L.; Charles Cobb, Esq., D.L.; George Skipton, Esq., D.L.; J. T. Reilly, Esq., D.L., J.P.; Richard Kavanagh, Esq., D.L.; H. J. MacFarlane, Esq., J.P.; John Byrne, Esq., J P.; John E. Vernon, Esq., J.P.; J. P. Kennedy, Esq., J.P.; George Austin, Esq., J.P. William James Armstrong, Esq., J.P.; Richard J. Smith, Esq., J.P.; James Roe, Esq.; John Finlay, Esq.; J. B Burne, Esq.; A. Ormsby, Esq.; Richard Challoner, Esq; Captain O'Callaghan, William Archdall, Esq.; Dr. Taylor, — L'Estrange, Esq.; Alderman Bonsall, J. L. Christie, Esq.; William Kemmis, Esq.; Captain Patterson, William Pidgeon, Esq.; O. J. Carahor, Esq.; and George Hepburn, Esq.

Colonel TAYLOR introduced the deputation.

Mr. BYRNE said that the deputation waited upon the Chief Secretary in consequence of a resolution passed at a meeting of the Balrothery Union on the 23rd of August last.

It is divided into two parts, one claiming half of the salaries of the medical officers, and the other the whole of the educational expenses connected with Poor-law unions in Ireland. The proceedings which led to the introduction of the Medical Charities Act in 1852, I need hardly go back upon. At the same time, in 1852, when it did

come into operation, this country had scarcely emerged from the awful crisis which it had passed through. The extent of the relief which that Act of Parliament has given to the country has materially benefited it, but it has done so at a very large and increasing expense upon the Poor-law establishment of Ireland. That expense has been growing from 1854, when it was £89,707, to last year, when it was £114,935, each succeeding year producing an increase in the taxation. In fact, at present, sir, the cost of the medical charities in Ireland is about one-sixth of the whole cost under the Poor-law Relief Act (hear, hear).

This Act also has been introduced since the Poor-law, as one of seven Acts of Parliament which have been passed in reference to this country, and the chargeability of the whole of which has been attached to the Poor-law system. Those Acts of Parliament are—The Nuisances' Removal Act, the Diseases Prevention Act, the Medical Charities Act, the Emigration Expenses of the Poor Act, the Registration of Births, Deaths, and Marriages Act, the Expenses for the Burial of the Poor Act, the Parliamentary Franchise Act, and the Vaccination Act. This deputation grounds its coming here to-day principally on the report of the committee of the House of Commons, which was appointed last year, on the subject of taxation, and which report states this important fact, that from the year 1851 to 1861 the taxation of England necessarily increased 20 per cent., whilst that of Ireland was increased 53 per cent.; and as gentlemen who represent the various unions in Ireland, and I may say the most important interests in Ireland, we feel that the time has arrived when some of those extraneous branches ought to be lopped off that serious chargeability of this country and that we should narrow its limits as much as possible to the relief which was originally intended to be given (hear, hear). The recommendation of the committee of the House of Commons last year was that the half of the salaries of the medical officers, and the whole of the educational expenses, should be borne by the Consolidated Fund, as was the case in England. But that committee went a little further, and said—"It is evident that if the Poor-law of 1846 was what the Poor Law of 1864 is, the Government would not have hesitated in making the grants simultaneously." This question was introduced into Parliament by the hon. member for Meath, and was defeated by a very small majority. I do not intimate this with a view to the suggestion of any independent action outside the Government; and, if you, sir, go before Parliament with the full confidence that you have, as, indeed, you have, the unanimous expression of opinion in Ireland upon this important question, and that you have the reasoning of the English members to support you, I have no doubt, sir, that in the next session of Parliament this measure of justice to this country will be obtained (hear, hear).

Colonel Knox Gore then addressed the Chief Secretary.

Sir James Strong, M.P., also spoke in support of the object of the deputation.

Mr. H. J. MacFarlane also spoke in behalf of the objects of the deputation. He wished to state while the total Poor law expenditure of 1863 was about £605,000, the medical charities were £109,000, or rather more than one-sixth.

Mr. Leader also contended that it was a great hardship to have this tax levied. There was another serious tax, namely, that for lunatic asylums, which in his own county amounted to one-tenth of the grand jury cess, paid by the working farmers, and not by the proprietary.

Mr. Skipton, who stated that he represented Londonderry Union, stated that in that place the medical charities expenses amounted to a very large percentage of the poor-rates.

Mr. Fortescue—Gentlemen, I am sure you will not think that I wish any disrespect to this very important and influential deputation, if what I say is short, and if it is not very positive or definite. Under the circumstances, you will not be surprised that that is the case. It is quite plain that the real ground upon which these changes are urged—and this ground does strike the mind of everybody who has looked at the matter—is a very simple one: that those local charges are borne by the Treasury in England, and not borne by the Treasury in Ireland. Of course, it would require a good deal to upset that very simple ground, upon which this application to the Government and Parliament is, and has long been supported. At the same time, I must candidly say that the matter is not so simple a one as it appears at first sight to be, as is very well known to anybody who has really examined the whole subject, because, of course, these two particular items cannot be taken alone, but a balance is to be struck between the circumstances of the two countries in respect to local taxation in all its branches, and the real assistance which that local taxation receives from Imperial funds; and if the whole case be viewed in that way, I must say that it is not so simple a one as many gentlemen are apt to suppose, and that those who have hitherto, on the part of the Government and the Treasury, declined to comply with this request, are by no means so destitute of argument in the matter as is sometimes imagined to be the case. But, for myself, I will not carry official reserve so far as to say that I have changed my mind since I myself voted in favour of a recommendation of this particular change in the committee of which I was a member in 1858. It so happened that that committee, as is well known to most of the gentlemen present, considered this whole subject, and made several recommendations, some of which, and very important ones, relating to criminal prosecutions and the expenses of Crown prisoners in county gaols, have been carried into effect. With respect to these recommendations the committee were unanimous. With respect to those two which form the subject of this deputation—namely, the charge for the half-cost of medical officers and the charge for workhouse schoolmasters, the committee were not unanimous, indeed, but it so happened that the view I took at the time led me to vote in favour of that resolution (hear, hear), and my name appears in the Blue-book as so voting. Well, I think it would be absurd for me personally to carry official reserve and pedantry so far as to say that I am not still personally of the same mind; but of course it becomes a question for the Irish Government whether they will be prepared to urge this change upon the Treasury. It is really a Treasury matter. *It lies in the last resort entirely with the Treasury, and the only part that the Irish Government could take in it would be by way of advice and recommendation. I cannot, therefore, say more than this, that my noble friend the Lord Lieutenant and myself are prepared to consider whether it may not be our duty to give that advice and to make that recommendation* (hear, hear). *I will not say less than that, but I cannot say more than that;* and, if you will allow me, I must ask your leave to leave the matter at present in that state, at the same time assuring you that I will take good care that the Cabinet and the Chancellor of the Exchequer shall thoroughly understand the nature of the remarkable deputation that I have received to-day, and how I believe that they are thoroughly representative of the feelings of Ireland and of the wishes of every poor-law union in the country. I shall only be fulfilling my duty in doing that, and I shall take care that that shall be effectually done. The deputation will not understand me to commit the Irish Government, and still less, of course, the Cabinet and the Treasury; but I am authorized, after consultation with my noble friend the Lord Lieutenant, to say as much as I have said.

The deputation then withdrew.

Health of Glasgow.—At a meeting of the Sanitary Committee held last week, Dr. M'Gill reported that during the last fortnight 228 cases of typhus fever had been reported, being the same as the number reported for the previous fortnight, and six cases of small-pox, against five during the previous two weeks.

RETROSPECT OF THE JOURNALS.

The *Lancet*, *Medical Times and Gazette*, and the *British Medical Journal*, are full of the rinderpest and its scientific bearings. Notwithstanding that the plague has been some months among us, yet the disease in England is on the increase. In Holland, also, from whence a large quantity of the meat used in Britain is imported, it is not showing any sign of abatement; but in Belgium and France, where energetic measures were used at the outbreak of the pestilence, it has been got completely in hand. There is no ruler so good as an absolute monarch, provided he be a man of common sense, and in this respect the Emperor Napoleon on questions of a sanitary nature, such as the plague, deserves to be imitated by European potentates. He is equal to the position, and by his prompt and energetic action benefits his subjects generally before a committee or royal commission has agreed to hold its first meeting or appoint a secretary. A new view has been advanced with regard to the nature of the disease by Dr. Fenwick, who asserts from the experience of several post-mortem examinations that the disease is entozoic. He has found several patches resembling the so-called "measles" in pigs. Dr. Cobbold, in several letters to the daily journals, controverts the assertion that they are of an animal nature.

From the *Association Journal* we learn that M. Bouilly has been giving an account of the outbreak of rinderpest in the Jardin d'Acclimatisation before the French Academy. It broke out in two gazelles, which were purchased in England, and contracted the disease in a cattle-truck on the railway between London and Newhaven. M. B. does not seem to have observed all the symptoms; at all events, he calls the disease typhus, and does not allude to the eruption.

In the *Lancet*, Dr. Murchison has a very able article on the identity of rinderpest and small-pox. "There is nothing new under the sun," and it now turns out that this question engaged the attention of our ancestors three centuries ago, and at present is the view taken of a similar disease in Bengal. Dr. M.'s ideas appear to be borne out by some letters which are published from farms in different parts of England, whereas a letter from Dr. Fairmann, detailing a case of rinderpest which proved fatal to a cow "only recently recovered" from cow-pock, goes to prove the contrary; at any rate, the demand for vaccine lymph within the last ten days has been enormous; any of our readers of a sporting tendency will recollect the time it was the custom to vaccinate well-bred puppies to guard against the distemper.

In the *Lancet*, Dr. West gives the particulars of two cases of diphtheria, in which, during convalescence, paralysis of the muscles of deglutition occurred; in one case the patient was choked. the other died of inanition.

We are glad to see that amputation at the knee-joint is coming into vogue; at St. George's, Messrs. Pollock and Holmes, and at Guy's, Mr. Forster, have been operating in this way.

At the meeting of the Medical Society on December 18th, Mr. Lane detailed some cases at the Lock Hospital which were treated on Prof. Boeck's plan. Although he does not decidedly give in his adherence to the doctrine of syphilization, yet his success appears to be complete. The discussion on the subject was interesting. Our experience is not sufficient to warrant us in agreeing with the upholders of the doctrine, yet we must admit that Professor Boeck is a most accomplished scientific gentleman. He has been everywhere received almost with enthusiasm; he has upheld his views in moderate language, and never has lost his temper, showing that he acts not from mere personal motives, but from a love of investigating truth.

At the Pathological Society, Mr. Ernest Hart exhibited a case of cancer of the dura mater extending to the orbit. Mr. Ogle showed a brain from an insane patient studded with masses of calcareous deposits. In their annual report the Society deprecates the multitude of specimens for exhibition.

In referring to a recent complaint of neglect on the part of some of the officials at the London Hospital, reported in the *Times*, the *Lancet* has the following, which comes home to all of us —

"But the whole circumstance will serve usefully to remind those young men who act as dressers and house-surgeons in our hospitals during brief periods of office of the serious responsibility which devolves upon them in performing their duties. As a whole, the work is done with an earnestness and humanity which have ennobled our professional character. The work carried on in our public hospitals by the voluntary services of our medical officers and their unpaid assistants is one of the greatest and mos practical labours of mercy to which in this age we can point. Individual instances of fault arising from want of thought will sometimes occur; they are greatly to be deplored, and do a vast amount of mischief. We earnestly commend to the serious consideration of these young men the injurious effect upon the reputation of all the officers of metropolitan hospitals which a single instance of such carelessness as that described may produce."

Dr. Cameron's able letter on the treatment of abscess in the acute hepatitis of hot climates by early incision, is in answer to Professor McClean, and a continuation of a former communication.

In the *British Medical* we have an excellent account of a case of recurrent miliary fever after scarlatina. The remarks on it and the disease in general is a masterly compilation of nearly all that is known on the subject.

Mr. Adams' paper, read before the South-Eastern Branch of the Medical Association, on the new methods of dealing with cataract, is a valuable addition to ophthalmic surgery. He has enjoyed unusual success in the Kent County Ophthalmic Hospital, where 116 cases were operated on in nine months. In 28 the needle operation for solution was employed, supplemented by the use of the suction curette. In 25 the linear extraction method was adopted with but two failures; there were 6 cases of iridectomy extraction, and 28 cases of flap extraction, with but one failure.

Dr. Thomas of Melbourne, describes three cases of long standing dislocation of the hip which were reduced; one of these was by Mr. Reid's manipulation method; in another case the patient was kept under chloroform for seven hours, when the reduction was effected.

The Venereal Commission, probably owing to the difficulty attending the process, it is believed will not recommend the periodical inspection of soldiers.

At the Manchester Medical Society, Dr. Samuelson detailed a case in which mercury was discharged by the skin in a metallic state.

In the *Medical Times and Gazette* there is an instructive case of injury of the head, followed by convulsions and paralysis, which did not come on for some time, and then quite suddenly. There is also a case of suspected poison-

ing by chloroform in a medical gentleman, who is supposed to have taken it in mistake for chloric ether.

At Guy's, Dr. Pavey has had a case of ulcer of the stomach opening the splenic artery and terminating fatally.

At St George's, Dr. Ogle has been treating chorea with Calabar bean, apparently with some success. It was given in half drachm-doses of the tincture prepared by the addition of a drachm of the bean to an ounce of spirit.

On the subject of chlorodyne the *Medical Times and Gazette* comes out in a leader; talking of its use among the ladies—

"For our own parts, we think a 'bumper of Burgundy' more honest, more pleasant, and quite as cheap in the long run as chlorodyne. We can't think a woman virtuous or delicate merely because she will not, in public, drink or eat enough to compensate for her fatigue or exhaustion of mind or body. If she shirks a glass of wine at dinner, and takes a dose of chlorodyne at night, we are inclined to think her a hypocrite."

All the journals notice the baronetcy lately conferred on Prof. Simpson; there does not seem to be a second opinion on the subject, but that he has well earned his distinction. In that the honour has come unsolicited and after a considerable lapse time, during which chloroform has stood the test of age and fashion, it is more acceptable than a distinction hastily granted for services which may be soon forgotten, or the value of which may be negatived by experience

EDINBURGH ROYAL INFIRMARY.

On Tuesday, 2nd January, the annual general meeting of the subscribers to the Royal Infirmary was held in the Council Chambers.

The Lord Provost, after explaining the object of the meeting, called on the secretary to read the annual report.

Mr Bell (the secretary) submitted the following report:—

The following is an abstract of the daily register of patients admitted during the year, from 1st October 1864 to 1st October 1865, showing the result of the cases:—Patients remaining in the hospital at 1st October 1864, 309; patients admitted from 1st October 1864 to 1st October 1865, 4590—total, 4899. Of these there were dismissed—Cured, 2781; relieved 817; with advice, or at their own desire 94; irregular or improper, 128; incapable of further benefit, 221; died in the hospital, 492—making a total of 4533. The number of patients remaining in the hospital at 1st October 1865 was 366. Of the cases treated to a termination during the year, 44 were cases of small-pox, 594 cases of fever, 2052 ordinary medical cases, and 1843 surgical cases. The average number of patients in the house during the year, according to the returns of the weekly census, was 393; the greatest number at any one time, 459; the lowest, 315; and the average time each patient remained under treatment was thirty days. In the year immediately preceding, the total number of patients under treatment was 4594; the average daily number, 386; the greatest number at any one time, 438; the lowest, 306; and the average time during which each patient remained under treatment was 31·5 days.

Of the cases treated to a termination during the past year, there were:—From Edinburgh, 2696; from Leith and Newhaven, 276; from the country and other places, 1561.

The managers report with satisfaction a further decrease in the average period of residence, and they acknowledge with gratitude, as they have done on former occasions, the usefulness of the Convalescent Houses in relieving the Infirmary of patients the medical officers might have difficulty in discharging were they to return at once to their own homes, often at a very considerable distance. The contributors may remember that the managers mentioned in their report of last year, that a gentleman who proposes to raise a memorial to deceased relatives, had offered to do so in the form of a Convalescent House, to be in connexion with the Royal Infirmary, and that they had with much pleasure accepted of his generous offer. They have now the pleasure of informing the contributors that, the plans having been prepared and approved of, the building has been already commenced, and that on a scale and at a cost considerably greater than were contemplated when the offer was originally made.

The managers report with much satisfaction, that notwithstanding the large number of patients received during the past year, and the high prices paid for certain articles of maintenance, the expenditure has exceeded the ordinary revenue by only £14 2s. 6½d. It gives them much pleasure to report an increase of ordinary revenue of £863 8s. 9½d. over that of the year immediately preceding; and that pleasure is enhanced by their being able at the same time to report a decrease in the expenditure of £308 7s. 10d. While the subscriptions from Edinburgh are slowly but steadily increasing, those from country parishes have increased during the last few years in a most gratifying manner.

The expenditure of the Infirmary having, in recent years, exceeded the ordinary income to the extent of £1000 and upwards, the attention of the managers during the past year has been carefully directed to the object, and they are happy to be able to report that they have succeeded to some extent in raising the revenue on the one hand, and in lessening the expenditure on the other. As regards income, the contributors to the institution will observe that it has been increased from £13,190 2s. 7d. in 1864, to £14,054 11s. 4½d. in 1865, showing a net increase of £863 6s. 9d½. This augmentation has been reached as the result, partly at least, of special appeals made by the managers during the year, not only to the community generally, but also to the operative classes, who so largely partake of the benefits of the Institution. The increase from this latter source amounts to £234 8s. above the sum contributed during the previous year,; and from the measures which have been adopted to enlist the sympathies of the operatives, the managers entertain the hope of realising a still larger augmentation during the current year. From personal subscriptions in town and country, there has been an increase of £465 3s. 8½d.; and it is gratifying to note, more especially as regular yearly contributions may be expected from the same quarter in future, that this amount includes £73 7s. 6d. remitted from the most northern counties of Scotland—namely, Caithness, and Orkney, and Shetland. In relation to expenditure, it will be observed by a reference to the report, that the amount of disbursements during last year was £14,067 11s. 10½d., while, in the previous year, it was £14,376 1s. 8½d., showing a difference in favour of the former of £308 7s. 10d. It is proper to add that the surplus would have been much greater had there not been a considerable amount of extra expenditure throughout the year, arising from—first, additional patients, numbering 248; and, secondly, the greatly increased price of butcher's meat, and leaving out of view items of less amount, from charges for cleaning and painting to an extent very much above the average of former years. These three items combined have added to the expenditure during the past year more than a thousand pounds.

The managers derive encouragement from what has been already done to lessen the expenditure, to continue their exertions in the same direction during the current year, and are not without hope of effecting further reductions. At the present time they are making careful inquiry into the whole items of expenditure, having had very extensive returns laid before them by Mr. Russell, one of their number, enabling them to compare it with that of many other hospitals in various parts of the kingdom. From these it appeared that though the expenditure of the Edinburgh Royal Infirmary was much below that of the chief hospitals in London, in proportion to the number of patients treated, it was yet considerably higher than that of Glasgow. The managers, therefore, desiring more full information, appointed a deputation of their number to visit the Glasgow Infirmary.

SIR JAMES Y. SIMPSON, BART.

The bestowal of an honour by the Crown seldom calls forth such universal and most hearty congratulation as has been manifested throughout the kingdom when it became known that Dr. Simpson had been created a baronet. To himself it must be a cause of just pride; that the Queen has deemed his exertions to advance the progress of medical science in the departments of physic midwifery, and operative surgery, worthy of some recognition from the Crown, and to the whole profession throughout the world, but especially to the medical practitioners of Scotland, it must be gratifying to feel that in thus honouring one of their most illustrious members, Her Majesty has also paid a handsome compliment to them.

The cheers and congratulations which have greeted Dr. Simpson's appearance during the last week in his class at the University, and in the numerous learned societies, of which he is a member, show that the universal feeling is that the honour is well deserved. That he may be spared long to wear his honours, and advance the science of medicine is the hearty wish of the whole country.

Dr Carpenter presents his compliments to the Editor of the Medical Press and Circular, and is desired by the Senate to request the insertion of the accompanying Letter, which has been transmitted to the several Medical Schools in connexion with the University.

University of London, Burlington House, W. Dec. 25, 1865.

Sir,—The Senate of the University of London having had their attention drawn to the large number of failures which have annually taken place among the candidates presenting themselves at the Preliminary Scientific M.B. Examination, and especially to the results of the Examination in July last (when 43 out of 75 candidates were rejected), have thought it expedient to place before you the following statement of their purpose in instituting this Examination, and of the mode in which they desire that this purpose should be carried out.

It is the opinion of the Senate that no system of medical education can be regarded as sound and complete, which does not ensure, on the part of the student who is entering upon a course of professional study, such an aptitude of

mind as shall enable him fully to profit by it, as well as the possession of such an amount of general knowledge as shall supply a basis for his future acquirements. With this view they have from the first insisted upon the Matriculation Examination as the fundamental condition of medical graduation in this University. And it has been more fully to secure the same object, that they instituted five years ago the Preliminary Scientific Examination,—detaching from the First M.B. Examination the subjects of inorganic chemistry and botany which were previously included in it, and combining with these the additional subjects of mechanical and natural philosophy, and zoology.

A knowledge of the general doctrines and leading facts of physics and chemistry, and of the principal types of organization presented by the animal and vegetable kingdoms, is regarded by the Senate as essential to any one who would prosecute the study of the human organism in health and disease, and of the influence of external agencies upon it, in an enlarged philosophical spirit.

But they attach no less importance to the mental discipline by which the mind of the student is prepared, through that training in habits of correct observation and precise reasoning which the careful study of the physical and natural sciences involves, for dealing with the complex problems presented to him in the study and practice of medicine. And with these views they have so framed the scheme of examinations, that it shall embrace in each of the subjects those *details* which are most important to the student of medicine, whilst it shall test the mastery of *general principles* which the candidate has acquired, and his power of applying them.

Whilst limiting, by the detailed programmes contained in the regulations, the range of examination in each subject, the Senate feel it right to expect that the candidates knowledge within that range should be full and precise; since either deficiency or inaccuracy, presenting itself to any considerable degree, shows that the objects with which this test is imposed have not been fulfilled. And the Senate attach special importance to the *practical* parts of this examination, as affording the most satisfactory evidence how far the candidate has really profitted by the course of study he has gone through.

The results of the last Preliminary Scientific Examination show that it is in the subjects of *botany* and *zoology* that the candidates have shown the least proficiency; for when out of the 43 candidates who failed, 16 were rejected in chemistry, 8 in mechanical philosophy, and 16 in natural philosophy, no fewer than 39 were rejected in botany, and 32 in zoology—4 of these rejections being in botany, and 3 in zoology alone.

The candidates who were rejected in botany, whilst showing an insufficient knowledge of vegetable physiology, especially failed in their descriptions of the plants placed before them. This exercise is regarded by the Examiners in botany as the best evidence of the candidate's knowledge of the fundamental facts of vegetable organization: whilst it is looked upon by the Senate as one which can only be effectually prepared for by the acquirement of those habits of correct and discriminating observation, of systematic arrangement and accurate record of the facts observed, which they regard as constituting a most valuable preparation for his whole subsequent career as a student and practitioner of medicine.

I am directed, therefore, to express the hope that candidates who may hereafter present themselves from your school may show themselves thoroughly trained in this elementary part of the subject; on which the Senate deem it right to insist far more than they do on a knowledge of the distinguishing characters of the natural orders—which will only be required where these orders represent great fundamental types of organization.

The case is different, however, with regard to the animal kingdom; since the knowledge on which the Senate feel it requisite to insist, is that of the "distinctive characters and chief peculiarities" of each of the great groups under which the members of that kingdom are now classified. It will scarcely be disputed that the student who has mastered these will enter upon the study of human anatomy and physiology at a great advantage, as regards both the value of the knowledge he has attained, and that of the mental training he has gone through in its acquirement. The Senate do not consider that this knowledge can be *real*, unless the candidate has gained it from *specimens* at least as much from *books*: and with this view they regard it as essential that it should be tested by a practical examination. The experience of this examination has shown so lamentable a deficiency of such knowledge on the part of a large proportion of candidates, that I am directed respectfully to urge it upon you as essential to the success of candidates at this examination, that they should have access to a museum containing *typical specimens* of the several groups enumerated in the regulations, and of the principal subdivisions of these; and that they should so thoroughly familiarise themselves with them, as to be able to correctly refer any similar specimens to their proper places in the zoological series.

It is with great satisfaction that the Senate have observed, in the results of the recent second M.B. Examinations, the efficacy of the new regulations which the introduced five years ago, in raising the standard of professional acquirement on the part of the candidates who have been trained under them. At the second M.B. Examination of November 1864, 27 candidates presented themselves, of whom only 1 failed and 20 passed in the first division. And at the second M.B. Examination which has recently taken place, 24 candidates presented themselves, of whom 1 withdrew and 19 passed in the first division—the Examiners expressing themselves strongly as to the high standard of merit which was shown by the majority of these. No fewer than 15 subsequently presented themselves at the examination for honours in medicine, and 14 were placed in the first class, 6 of these being reported by the Examiners as having shown a degree of proficiency which rendered them deserving of the scholarship.

It thus appears not only that the candidates who are deficient either in natural aptitude or in steady application are eliminated by the Preliminary Scientific and first M.B Examinations; but that those who have succeeded in passing these examinations have received a culture and undergone a discipline of the greatest advantage to them in the prosecution of those purely practical studies which occupy the latter portion of the University curriculum.—I have the honour to be, Sir, your most obedient, servant,

W. B. Carpenter., Registrar.

To the Secretary of the Medical School of——

NOTICES TO CORRESPONDENTS.

"A Naval Surgeon," Dublin.—Is thanked for his kindness; he will find the other subjects to which he alludes, mentioned in the letter of our London correspondent.

"G. P. R., M.D.," London.—We do not decide bets in this journal, but for the honour of our country we claim Mr. Francis Kiernan, the late Vice President of the London College of Surgeons, as an Irishman. Mr. Quain, his colleague, also belongs to this country.

"A Traveller."—Consult Dr. Madden's Travels in Turkey.

"H. S., King's College."—Dr. H. R. Reynolds, who attended George III during his afflicting and protracted malady, was one of the last of the school. He wore a well-powdered wig and a silk coat, and was an excellent specimen of the well-dressed and well-bred gentleman. The following lines are by Wadd, of facetious memory:—

"Here well-dressed Reynolds lies,
As great a beau as ever!
We may, perhaps, see one as wise,
But sure, a smarter, never."

"A Student, Middlesex Hospital."—Plunket's Caustic was discovered and used most extensively, and it is said successfully, in certain cases of cancer, by a poor man of the above name, in the county of Wicklow. Sir Charles Bloke used it extensively.

"A Fellow."—The earliest work published on the plan of the "Medical Directory" appeared in 1779, and ceased to exist in 1781. It was called "The Medical Register."

"A Student," Cork.—The preliminary examination of the Apothecaries Hall, Dublin, now exempts you from that ordeal at the London College.

"Dr. M. Liverpool."—We thank you for your good opinion, which we hope we shall continue to deserve.

"X. Y. Z."—Comparisons are odious, and we do not intend to make any. We think both the gentlemen in question are well entitled to the honour. "Et vitula tu dignus et hic."

"A Provincial Student."—The operating day at King's College is Saturday, and that at St. Bartholomew's is the same. Mr. Lawrence has retired from the Surgency of the latter Hospital, but he retains his seat at the Council Board and at the Examining table of the College of of Surgeons.

"M. B. Cantab."—The degree of M.D. at the University of London can be obtained only by examination.

"The Obstetrical Society of London."—The Report has been received.

"Mr. Griffin."—The letter has been received.

"Mr. Neil McGreevy."—The letter has been received.

"Dr. H."—We think that the charge was quite moderate under the circumstances mentioned.

"Mr. A. H."—We do not advise you to bring an action without fully weighing all the probable consequences.

"Dr. J. Milson, Castleton."—Dr. Taylor's Principles and Practice of Medical Jurisprudence, price 28s., or the Manual of Medical Jurisprudence, by the same author, price 12s. 6d.

REPRINTS OF CONTRIBUTIONS.

Contributors to "The Medical Press and Circular" are informed that their communications can be reprinted in book form at a very moderate cost immediately after they have appeared in the Journal. It being assumed that the contributions have been properly corrected and revised before publication in the Journal, and great delay and no little expense having been incurred in consequence of alterations made subsequently to publication, it is notified no proofs can in future be sent out, or alterations made in the matter, before reprinting. The rates of charges for reprinting will be forwarded on application at the office.

Mr. Langley's and Harris's advertisements did not reach us sufficiently early to be attended to this week.

THE GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following subscription has been further received on behalf of the above fund:—

Dr. Hutchinson (Bishop of Auckland . .	£0	10	0
Amount previously announced . . .	132	4	3
Received at "Lancet" office	9	9	0

—Yours obediently,
ROBERT FOWLER,
145, Bishopsgate-st., Out, Jan. 10, 1866. Treasurer and Hon. Sec.

HARVEIAN SOCIETY OF LONDON.

W. Tyler Smith, M.D., President.

The following arrangements have been made for the second half of the Session:—

January 18th.—Dr. Drysdale, "On the Medical Aspects of Prostitution."
February 1st.—Mr. Victor de Meric, "On Syphilization."
February 15th.—Dr. Camps, "On Railway and other Accidents attended with Violence: their Effects on the Nervous System."
March 1st.—Dr. Broadbent, "On Prognosis in Heart Disease."
March 15th.—Dr. Meredith, "On the Duality of Vencreal Ulcers."
April 5th.—Debate, "On Rheumatism and Gout."
April 19th.—Dr. H. C. Stewart, "Some further Remarks on Embolism of the Great Vessels of the Heart."
May 3rd.—Mr. Berkeley Hill,
May 17th.—Debate, "On Infanticide in its Medical and Social Bearings."

The Chair will be taken each Evening at Eight o'clock precisely.

J. Brendon Curgenven,
Chas. R. Drysdale, M.D.,

MEDICAL DIARY OF THE WEEK.

Wednesday, Jan. 17.

Middlesex Hospital.—Operations, 1 p.m.
St. Mary's Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
St. Thomas's Hospital.—Operations, 1½ p.m.
Great Northern Hospital.—Operations, 2 p.m.
University College Hospital.—Operations, 2 p.m.
London Hospital.—Operations, 2 p.m.

Thursday, Jan. 18.

Central London Ophthalmic Hospital.—Operations, 1 p.m.
St. George's Hospital.—Operations, 1 p.m.
London Surgical Home.—Operations, 2 p.m.
West London Hospital.—Operations, 2 p.m.
Royal Orthopædic Hospital.—Operations, 2 p.m.
Harveian Society of London.—8 p.m. Dr. Drysdale, "On the Medical Aspects of Prostitution."

Friday, Jan. 19.

Westminster Ophthalmic Hospital.—Operations, 1½ p.m.
Royal Institution.—8 p.m. Prof. Tyndall, "On Radiation and Absorption."

Saturday, Jan. 20.

St. Thomas's Hospital.—Operations, 1½ p.m.
St. Bartholomew's Hospital.—Operations, 1½ p.m.
King's College Hospital.—Operations, 1½ p.m.
Royal Free Hospital.—Operations, 1½ p.m.
Charing-cross Hospital.—Operations, 2 p.m.
Royal Institution.—3 p.m. Prof. Westmacott, "On the Way to Observe in Fine Arts."
Metropolitan Association of Medical Officers of Health.—7½ p.m

MEDICAL APPOINTMENTT.

N. Avent, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for No. 2 or Walham-green District of the Fulham Union, vice C. M. Meller, M.D., resigned on account of ill-health.

J. Barker, M.D., has been elected a Member of the Court of Examiners of the Royal College of Surgeons in Ireland, vice J. Morgan, F.R.C.S.I., deceased.

J. J. Barrett, M.D., has bas been elected District Surgeon to visit Outpatients to the Royal South London Dispensary, St. George's-cross, Lambeth, vice J. Tanner, M.D., resigned.

J. W. Barrett, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the 1st North-Western District of the Freebridge Lynn Union, Norfolk, vice W. S. Black, M.R.C.S.E., resigned.

J. B. Bramwell, M.D., has been appointed to the Commission of the Peace for the Borough of Tynemouth.

E. Chaffers, M.R.C.S.E., has been appointed Assistant-Surgeon to the North Riding Lunatic Asylum, Clifton, York, vice J. T. Hingston, M.R.C.S.E., elected House-Surgeon to the Northampton General Lunatic Asylum.

M. Charteris, M.D., has been elected Assistant Medical officer to the Parishes of St. Giles and St. George, Bloomsbury, vice Wm. Cribb, M.R.C.S.E., resigned.

T. Clark, M.D., formerly Professor of Chemistry in Marischal College, University of Aberdeen, has been appointed by John Stuart Mill, Esq., M.P., Rector of the University of St. Andrew, to be his Assessor in the University Court.

W. T. Crawford, M D., has been appointed Medical Officer for District No. 2 of the Great Ouseburn Union, Yorkshire, vice H. Langdale, L.S.A.L., resigned.

B. G. Genham, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Ederney Dispensary District of the Irvinestone Union, County Fermanagh, vice W. Johnson, M.R.C.S.E., resigned.

W. Highmore, M.D., has been appointed one of the Medical Officers to the Yeatman Hospital, Sherborne, Dorsetshire.

W. T. Hudson, M.R.C.S.E., has been appointed Medical Officer for the Southern District of the Parish of St. James, Clerkenwell, vice J. Bryant,, M.R.C.S.E., resigned.

E. Jones, M.D., of Mount Craig Ross, has been qualified as one of her Majesty's Justices of the Peace for the County of Hereford.

J. G. Mackinlay, L.R.C.P L., M.R.C.S., has been appointed Resident Medical Officer to the Charing-cross Hospital, vice Wm. Travers, L.R.C.P.L., F.R.C.S., resigned.

S. E. Proctor, L.R.C.P.Ed., has been elected Medical Officer for Districts Nos. 7 and 8 of the Tonbridge Union, vice A. Monckton, M.R.C.S.E., deceased.

J. L. Propert, M.R.C.S.E., has been appointed by the Metropolitan Board of Works Surgeon to the A Division of the Metropolitan Fire Brigade.

R. Ransom, M.D., has been appointed Medical Officer to the Union Workhouse, Cambridge, vice J. T. Beck, M.R.C.S.E., resigned.

W. S. Saunders, M.D., has been appointed Surgeon to the B Division of the Metropolitan Fire Brigade.

J. Tatham, M.D., has been elected one of the Honorary Medical Officers of the Royal Pimlico Dispensary, Upper Belgrave-place, vice J. Frodsham, M.D., resigned.

W. H. Williams, M.D., has been appointed one of the Medical Officers to the Yeatman Hospital, Sherborne, Dorsetshire.

W. T. G. Woodforde, M.D., has been appointed Surgeon to the C. Division of the Metropolitan Fire Brigade.

MEDICAL VACANCIES.

Belfast General Hospital—House-Surgeon and Superintendent.
Bridgwater Union (Chilton Polden District)—Medical Officer.
City of London Lunatic Asylum—Assistant Medical Officer.
Criminal Lunatic Asylum, Broadmoor—Assistant Medical Officer.
Liverpool Northern Hospital—House-Surgeon.
Radcliffe Infirmary—Physician.
St. Pancras Workhouse—Resident Assistant-Surgeon.
Wilton Union (Bishopstone District)—Medical Officer.

BIRTHS.

On the 21st ult., the wife of S. Plumbe, M.D., of Maidenhead of a daughter.

On the 29th ult., at Hanover-square, Dartmouth, the wife of Dr. A. Newman, Mayor of Dartmouth, of a daughter.

On the 30th ult., at Harley-street, Cavendish-square, the wife of Dr. Hyde, Salter M.D., of a son.

On the 31st ult., at Rochester, the wife of Dr. Frederick James Brown, of a daughter.

On the 1st inst., at Stainton Lodge, Blackheath, the wife of Dr. R. Finch, M.D., of a son.

On the 6th inst., at Royal-terrace, Weymouth, the wife of James Lithgow, M.D., of a daughter.

On the 7th inst., at Finsbury-place, the wife of Dr. Palfrey, of a daughter.

On the 10th inst., at Risca, Monmouthshire, the wife of Richard Istance, M.R.C.S.E., of a daughter.

On the 10th inst., at Botley, Southampton, the wife of J. C. Harris, M.R.C.S.E., of a daughter.

MARRIAGES.

On the 4th inst., at Georgeville, Irvine, Robert Dunlop, M.D., to Mary daughter of Capt. James Brown.

On the 8th inst., at Windmill-hill House, Dalziel, Lanarkshire, William Whamond, M.D., of Janow, Durham, to Mary Ann, eldest daughter of Mr. Thomas King.

DEATHS.

On the 30th ult., W. R. Hatrick, M.D., of Glasgow.

On the 1st inst., Andrew Sisson, M.R.C.S.E., of Reigate, Surrey, aged 56.

On the 4th inst., E. Guest, F.R.C.S.E., of Halsey-street, Chelsea, aged 49.

On the 4th inst., at Buckingham-square, Govan, Mr. J. S. Mair, Medical Student, aged 20.

On the 5th inst., at Brynfedwan, Trcherbert, William Edward, son of Dr. Wm. Evans, aged 19 months.

On the 7th inst., Henry Payne, M.D., of Nottingham, aged 80.

QUARTERLY NAVAL OBITUARY.

B. Bynoe, F.R.C.S.E.; Surgeon (retired list) 1836.
H. Gamble, M.D.; Surgeon (retired list) 1809.
S. Irvine, M.D.; Deputy Inspector-Gen. of Hospitals and Fleets, 1857.
T. Johnson, M.D.; Surgeon (retired list) 1829.
T. J. Layton, M.D.; Surgeon (retired list) 1850.
A. M'Clure, L.R.C.S.Ed.; Surgeon 1858.
C. Roberts, M.D.; Surgeon (retired list) 1855.
J. Scott, L.F.P. & S. Glas.; Acting Assistant-Surgeon 1864.
Alex. Telfer, Surgeon (retired list) 1807.
C. G. Wolfenden, M.R.C.S.E.; Surgeon (retired list) 1861.
J. Wyse, Assistant-Surgeon 1856.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

ORIGINAL COMMUNICATIONS.

LECTURES
ON THE
NATURE, CAUSES, AND TREATMENT OF DYSPEPSIA.

Delivered at the
QUEEN'S HOSPITAL, BIRMINGHAM.

By BALTHAZAR W. FOSTER, M.D., F.L.S.,
MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE QUEEN'S HOSPITAL AND PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, AND OF THERAPEUTICS AND MATERIA MEDICA IN SYDENHAM COLLEGE, BIRMINGHAM.

LECTURE II.

GENTLEMEN,—In considering the pathology of dyspepsia, we shall attach much importance to that portion of the subject which relates to the causation of the disease under our notice. Etiology forms a very necessary and important part of general pathology, but it is only in relation to special diseases that it has been carefully investigated, and the study has produced much that can aid us, not only in diagnosis, but in treatment. The disorders of digestion afford a good example of the benefit of this kind of inquiry, and on the soundness and completeness of our knowledge of their causes will depend in a great measure our skill in recognizing and our success in treating them. For depending, as these disorders mostly do, upon no marked or permanent lesion of structure, and being happily nearly always susceptible of cure, the recognition and removal of the causes generally goes far towards effecting the restoration of health. The complex character of the digestive act, the intimate connexion and sympathy of the stomach, through its nerves, with other parts of the system, and the great variety of irritants to which it is ordinarily exposed, render the study of the causes of dyspepsia, however, no easy task.

In similar inquiries into the causation of disease it has been found most convenient to arrange all causes under two heads in accordance with their more remote or more immediate connexion with the production of the malady. We shall, therefore, first consider the remote or predisposing causes, and under this head it will be well for us to dwell briefly upon the influence exercised by *age*, *sex*, *constitution*, *social condition*, and *climate*.

Age.—The first meal that enters the stomach may be a source of difficult digestion, so in early life we find gastric disorder no infrequent malady. It is, however, in children artificially fed that we see indigestion most frequently, although children fortunate in the enjoyment of their natural food are not always free from it. This is not surprising when we consider the delicacy of the organ involved, and the great and almost constant tax made upon its powers to supply materials for the growth of the rapidly changing tissues. The troubles of teething also act as predisposing causes. The dyspepsias of infants are, however, usually slight, and may be referred for the most part to the class of accidental dyspepsias.

In youth, especially in the strumous and ill-fed inhabitants of towns, the liability to digestive derangement is marked. At this period, from a want of due attention to diet (for at no time of life are more indigestible and hurtful substances devoured), and in some cases, from the original weakness of the assimilative organs, indigestion is no uncommon complaint, and if not checked, too often initiates changes which lay the foundation of future tuberculosis. The middle period of life is open to all forms of difficult digestion, and we find that at this period (from 21 to 50) the malady most frequent—a fact which is to be explained by the greater exposure to the exciting causes at this time.

In the old the troubles of the digestive organs are not, as might be expected, more frequent than in middle life; on the contrary, especially in the upper classes, they are less numerous. This no doubt is due to the fact that the approach of old age has brought with it a cessation from the more absorbing and active duties of life, and has thus given to each one a greater amount of leisure for self-study. This self-study, rendered more acute by the stimulus of the universal desire to prolong existence, leads each one to exercise an amount of abstinence and regularity with regard to diet that diminishes much the occurrence of dyspepsia, and has made proverbial the almost medical care with which old persons regulate their food.

Sex.—Man, by reason of his habits and his occupations, would at first sight seem to be more predisposed to gastric difficulty than woman, but the highly nervous temperament and the peculiar functions of the female sex counterbalance this apparently greater predisposition in the male. Menstruation, lactation, and child-bearing, render woman obnoxious to many forms of dyspepsia, but chiefly to the more transitory varieties, while her moderation in the pleasures of the table and her comparative freedom from many of the vices of the other sex, enable her to escape the more serious and intractable forms of the disease which we find mostly in man. One habit, and that happily one likely soon to disappear from among the women of our own country—I allude to tight-lacing—is still found occasionally to be active as a predisposing cause of difficult digestion.

Constitution.—Weakness of constitution, especially when connected with the nervous temperament, strongly predisposes to dyspepsia, as is illustrated by the frequency of such disorder in the female sex, in whom this combination of temperament and habit is most commonly observed.

Hereditary predisposition is asserted by many to exist, but from the common occurrence of the affection and the variety of causes to which it may be referred, it is unnecessary to add this one to the many causes of dyspepsia. In the inheritance of a peculiar diathesis, such as the rheumatic, exist, in our opinion, the explanation of such cases as have been termed hereditary dyspepsia. In the out-patient room we have constantly seen together the special forms of gastric disorder associated with certain diatheses, so that with many of our patients, from our knowledge of the constitutional tendency, we gain much useful information in the treatment of the malady. I need scarcely add that we constantly see these peculiarities of habit of the parent appearing in the child.

The introduction also of certain poisons (of lead, mercury, syphilis, &c.) into the system give rise to difficulties of digestion, not only by means of the cachexia they induce, but in some cases by their special effects upon the assimilative organs.

In females the chloro-anæmic state, associated as it is with so great disorder of the mucous membranes, has connected with it very often a serious form of indigestion that often remains long after the original disease has yielded to treatment.

Debilitating influences (to which I can only allude) connected with the generative system, especially in young persons about the age of puberty, favour in a marked degree the production of a painful form of gastric neurosis.

The opposite condition of plethora, occurring more especially in the middle-aged, is by no means void of influence in the production of stomach disorders.

Social Condition.—In speaking of the social causes of dyspepsia, I include not only those which are connected with our present state of civilization, but also those which depend upon professional or business avocations. The history of each civilization that has preceded our own contains abundant proof that the vices and habits hitherto ever attendant on advanced social condition, have conduced strongly to the development of all kinds of disordered function in man. In the present day, among some we find that the long-continued labour necessitated by the struggle for existence in others, the absorbing character of their pursuits, and in a third class the thoroughly artificial conditions of life, all producing one effect—a great tendency to neuroses. It is well known that at periods of great public excitement diseases of the class to which dyspepsia belongs are very much more frequent, and the conditions of life in all our large towns are certainly great promoters of these diseases in the present day. In spite of the greater moderation in the pleasures of the table which prevails now, when compared with former periods, one must admit that our habits in many respects are more unphysiological than those of our forefathers.

Some occupations predispose to digestive difficulties by acting through the general system, producing a cachexia, as, for example, the trades which necessitate working with lead, mercury, or arsenic. Others, without being directly injurious, may be opposed to the laws of health. Thus I may enumerate all trades which expose their followers to an elevated temperature, as furnace-keepers, glass-blowers, and bakers. Those who in plying their business are constrained to occupy one position for several hours at a time are very prone to dyspeptic derangements, and those who, in addition, during their work are subjected to any pressure over the stomach capable of interfering with its necessary movements, are most frequently attacked. Clerks, tailors, shoemakers, and engravers, &c. &c., on this account afford us many examples of dyspepsia. In the pursuits dignified by the title of professions we cannot select one more calculated to bring about disordered digestion than that of the over-worked member of our own class. In his case want of proper repose, irregularity of meals, exercise soon after eating, prolonged fasting, no ordinary amount of care and anxiety, added to a large share of intellectual activity, form an assemblage of conditions which, were they not neutralized by a great knowledge of disease, would, by frequently invoking grave gastric troubles, materially shorten the already limited lifetime of the follower of our art. In many other professions (*e.g.* letters) we find conditions eminently favourable to the production of these maladies, but in none so many as our own.

Climate.—Warm climates exercise considerable influence over the digestive organs. The warmth of our summer produces a certain effect upon us, and we find that any excess is at this season more surely followed by indigestion than in the colder months. Our countrymen when in warmer climates soon experience loss of appetite and weakness of digestion, symptoms which, if the desire for food be stimulated by condiments, as is too often done, soon passes into serious dyspepsia. The diminished activity of the respiratory process and the increased activity of the skin and liver, produced by an elevated temperature, indicate to some degree the mode in which the digestive organs are affected. Even in the natives of hot countries we find a predominance of the nervous and bilious temperament; the production of indigestion among workmen exposed to great heat, to which we have already alluded, is interesting in connexion with this question. The opposite condition of cold and damp has also an ill-understood, but nevertheless material, influence on the production of the diseases under notice. We know that in cold and moist climates a depressed condition of the vital powers prevails, and with it a loss of functional energy, to which we may attribute fairly the prevalence of dyspepsia. The use of alcohol is general in cold and damp countries, and is indicated in moderation as a means of meeting the functional atony, common under these climatic conditions.

It will be our duty to pass on now to the consideration of the circumstances which are more closely related to the production of stomachal disorders, and which we may speak of as the *exciting* or *determining* causes. The study of this part of the etiology of our subject will naturally prove more interesting, because our knowledge of these conditions is more exact. The best method we can follow in the investigation of these causes will be to consider—1, individual conditions; 2, diet; 3, the digestive process. In carrying out this plan it will be necessary to speak under the first head of habits and idiosyncrasies; then to discuss the question of diet, and to point out how dietetic errors become causes of disordered action; and ordly, to review the digestive act, and to see how abnormality in any of its various stages may determine the production of dyspepsia. The consideration of individual conditions will lead us to dwell briefly upon *habits* and *idiosyncrasies*, and also to refer to what may be spoken of as the *moral causes* of indigestion. The use of ardent spirits in excess may be mentioned first of all as the most pernicious habit which produces these maladies.

It would be out of place here to enter upon the vexed question of the action of alcohol on the economy at large, we shall, therefore, only refer to its use as a cause of difficult digestion. When taken in large quantities by a person unaccustomed to it, it produces an attack of accidental dyspepsia, and when it is habitually taken in excess it gives rise to a well-marked form of chronic dyspepsia. Among certain classes of our population the custom of taking frequently small quantities of alcohol on an empty stomach, is lamentably common and productive of the most serious effects. The use of alcoholic fluids at meals is less injurious, for then its chief action is to delay, and in many cases to prevent, the digestion of the food; but on an empty stomach it acts as a stimulant to the lining membrane of the organ, producing, when taken in a small quantity, an increased secretion of gastric juice, but when frequently repeated in larger doses it becomes an irritant of the most hurtful kind. Of the various forms of ardent spirits rum may be considered the least hurtful, gin and brandy the most so. The injurious effect of wine is mainly in proportion to the amount of the contained alcohol; the same may be said of the various forms of beer and porter; but we must remember that these contain many principles by which they may claim the title of foods. Cider is less nutritious than beer, and often contains more alcohol, and its abuse we consider generally more hurtful. The habits of smoking and snuff-taking we may enumerate as often productive of digestive difficulty. Tobacco smoking is injurious only when indulged in to excess; to most individuals its moderate use is a harmless luxury. Its abuse is injurious by the exaggerated flow of saliva which it causes, as well as by the absorption of a greater or less quantity of the active principle of the tobacco. This principle is not only directly hurtful to the mucous membranes but also prejudicial by its indirect action through the nervous system. Snuff-taking, as a habit, has all the evil effects of smoking, and in addition to the modes in which the latter produces its deleterious action the contact of the snuff with the mucous membrane interferes greatly with healthy secretion. Habits which interfere with that mental and bodily repose after meals, so necessary to happy digestion, are especially injurious, and in many cases you will find a dyspepsia of long standing may be removed by attention to this point. Bathing either in hot or cold water I may also mention as being contraindicated after the ingestion of food. The ignorance or neglect of this often produces attacks of indigestion of the gravest form.

In speaking of idiosyncrasies I might detain you long, for the subject is full of curious interest, but it will suffice to devote a few remarks only to the consideration of these individual peculiarities. I must premise, however, that we believe less in these antipathies to certain forms of

food than formerly, and that they should only be admitted in any case after the most searching examination, for oftentimes they are due to functional disorder. The advance of chemistry and physiology we may expect will enable us to further limit these eccentricities of the digestive organs. Sometimes it is any kind of fish that thus disagrees is quickly rejected from the stomach. In some cases it is a particular kind, such as lobsters, oysters, or salmon that causes the digestive difficulty. Many fruits thus affect some persons, as, for example, peaches, oranges, and even a single strawberry has been known to produce considerable gastric derangement. Eggs, mutton, hare, and many other articles of food might be mentioned which are almost poisonous to some persons, and a peculiarity often to be remarked is that these noxious substances are often expelled *alone*, either by vomiting or by defecation, the stomach in such cases, as Chomel has observed, being endowed almost with an "elective action" by which it separates these materials from the remainder of the alimentary mass. Temporary idiosyncrasies are often met in female patients during the period of gestation, and at this time you will find all peculiarities of the kind under notice most marked. In speaking of the moral causes of dyspepsia I need not detain you long. We all know the intimate connexion that exists between mental action and digestive work, and the frequent occurrence of indigestion from great emotion will often present itself to you in practice. As contentment and joy are conditions favourable to digestion, so sorrow and fear, and like emotions, greatly interfere with, nay, in some instances, actually stop the digestive act.

TEMPERATURE OF THE BODY IN FEVER.

No. I.

By THOMAS WRIGLEY GRIMSHAW, A.B., M.B.Dub.,
PHYSICIAN TO CORK-STREET FEVER HOSPITAL, LECTURER ON MATERIA MEDICA IN DR. STEEVENS' HOSPITAL.

THE following report of the results of observations on temperature in cases admitted into Cork-street Hospital, may not be without interest at the present time, when the temperature of the body in disease is attracting so much attention. In most of the following cases the temperature and pulse have alone been noted, but in all cases at present under observation the rate of respiration is also being recorded, so that in future when I may have the honour of continuing these reports in THE PRESS, I shall have more complete records to lay before your readers. The observations in these cases have been registered but once a day in each case, my reason for not having taken them oftener being, that I do not consider it of much practical importance, for in using the thermometer as a constant means of assisting our diagnosis, it would generally be impracticable to examine our patient's temperature more than once daily, just as we usually employ our stethoscope but once in twenty-four hours on each case. The fact is, it is only when a case *has* become serious that we give it two or more visits a day. The object of making these observations, upon which I am now reporting is to test the value of the thermometer as a practical help to the formation of our diagnosis, and not merely as a means of scientific inquiry. I am afraid the value of the thermometer as a means of diagnosis, has (at least in a fever cases) been much overrated, but I shall refrain from drawing conclusions, until I have finished my report of the observations which I am at present conducting.

The cases upon which these observations have been made have been all under the care of Dr. Henry Kennedy, many of them during the whole period of their treatment.

Case 1.—Elizabeth C., admitted December 21st, 1865, age 22. Ill eight days before admission; brown tongue and all the symptoms of typhus, but no eruption.

	Pulse.	Temperature Fahr.
December 21	120	103·75
„ 22	116	103·75
„ 23	116	103·50
„ 24	120	102·50
„ 25	120	103·50
„ 26	112	103·00
„ 27	108	101·50
„ 28	108	102·50
„ 29	84	101·5
„ 30	84	98 25
„ 31	96	103·00
1866—January 1	84	99·00
„ 2	84	98·00
„ 3	84	97·50
„ 4	130	not taken.
„ 5	84	98·25
„ 6	60	98 50
„ 7	80	97·75
„ 8	80	98·50
„ 9	72	98 00
„ 10	84	102·00
„ 11	70	98·00
		Convalescent.

The points to be remarked in this case are, it was apparently a pure typhus case *without* spots. On January 4th, the patient got up, contrary to orders, the pulse rising to 130, but the temperature was not tested; on January 10th, the temperature rose to 102°, although for some days it had been normal. On this day the patient complained of pain in the abdomen and confined bowels, which were relieved by a dose of purgative medicine, the rise in temperature not being accompanied with equivalent rise in pulse, nor sufficient decrease to account for the great increase of heat.

Case 2.—Teresa S., admitted December 21st, 1865, age 26; six days ill before admission; complains chiefly of weakness. There appeared to be a slight mottling of the skin, of which, however, there was no trace the following morning.

	Pulse.	Temperature.
Decemher 21		
„ 22	112	102·00
„ 23	120	101·50
„ 24	108	102·00
„ 25	112	101·75
„ 26	108	101·25
„ 27	88	102·00
„ 28	84	101·00
„ 29	84	101·75
„ 30	100	100·00
„ 31	120	99 00
1866—January 1	88	100 00
„ 2	84	99 00
„ 3	84	97·50
„ 4	108	99·00
„ 5	84	98·00
„ 6	80	98·00
		Convalescent.

The range of temperature in this case is remarkable, as the patient exhibited no other symptom of departure from health. The thermometer alone would have caused an erroneous prognosis.

Case 3.—Martha S., admitted December 23rd, age 60. Ill eight days before admission. Large dark maculæ very numerous; tongue dark-brown and very dry.

	Pulse.	Temperature.
December 23	132	103·00
„ 24	104	102·00
„ 25	132	102·50
„ 26	124	101·50
„ 27	132	100 50
„ 28	Imperceptible	95·00

Died at twelve noon on December 28th.

In this case the sudden and extended fall in temperature on the day of death is remarkable.

Case 4.—Thomas H., admitted December 23rd, 1865. Ill three (?) days before admission; densely maculated.

	Pulse.	Temperature.
December 23	104	100·50
„ 24	112	101 00
„ 25	120	102 50
„ 26	116	104·00
„ 27	110	101·00
„ 28	110	102·50
„ 29	120	100·50
„ 30	108	102·50
„ 31	96	100·50
1866—January 1	100	99 50
„ 2	88	99 50
„ 3	90	100·00
„ 4	76	98·59
„ 5	70	99 00
„ 6	84	98 00
„ 7	84	98·00
„ 8	84	98·00
		Convalescent.

In this case the rise in temperature on December 25th and 26th is to be remarked. On the latter day pneumonia of the base of the right lung was discovered, to which the rise in temperature may be fairly ascribed.

Case 5.—Amelia G., admitted December 28th, age 57. Ill eleven days before admission.

	Pulse.	Temperature.	
December 28	144	103 00	
„ 29	132	101·00	
„ 30	120 (?)	102·25	
„ 31	140 (?)	99·00	
1866—January 1	Imperceptible	99·00	
„ 2	„	99 50	Died.

It is to be remarked in this case, as in Case 3, that there was a sudden and extended fall of temperature immediately before death. The temperature of the skin in this case although high did not give such a sensation to the touch, therefore the thermometer was of great value in ascertaining the real condition of the patient.

Case 6.—John L., admitted December 27th, age 18. Ill five days before admission; has many symptoms of commencing fever.

	Pulse.	Temperature.
December 28	84	99·00
„ 29	84	Not taken. Patient up.
„ 30	68	98·00
„ 31	64	99·00
1866—January 1	84	98·00
„ 2	76	98·00

This patient left the hospital against the advice of Dr. Kennedy, under whose care he was, still retaining many of the symptoms of approaching fever, but has not since returned.

Case 7.—Christopher McM., admitted December 29th, age 16 years. Ill eight days before admission.

	Pulse.	Temperature.
December 29	108	103·00
„ 30	100	102·50
„ 31	100	102·50
1866—January 1	112	101·50
„ 2	104	104·00
„ 3	100	103·00
„ 4	104	100·50
„ 5	84	99·50
„ 6	82	98·50
„ 7	84	98·50
„ 8	60	98·25
„ 9	60	98·00
„ 10	72	98·00
		Convalescent.

This case at first gave symptoms of being a case of typhus, but turned out to be one of febrile catarrh accompanied with parotid inflammation. The great rise in temperature on January 2nd, was immediately followed by the parotid inflammation.

Case 8.—Elizabeth S., admitted December 29th, 1865, age 15. Ill nine days before admission.

	Pulse.	Temperature.
December 29	120	101 50
„ 30	104	102·25
„ 31	100	102·00
1866—January 1	102	99·50
„ 2	90	99·00
„ 3	76	98 50
„ 4	84	99·00
„ 5	96	98·00
„ 6	72	98·00
		Convalescent.

This was a case of febricula, with some pleurodynia.

Case 9.—Teresa W., admitted January 3rd, 1866, age 16. Ill twelve days before admission; densely maculated.

	Pulse.	Respiration.	Temperature
January 3	140	32	103·25
„ 4	132	36	105 00
„ 5	144	36	103·50
„ 6	112	40	102 00
„ 7	126	32	101·80
„ 8	96	32	99·00
„ 9	112	28	98 00
„ 10	96	21	98 00
„ 11	108	21	98·00
„ 12	96	20	98·00
„ 13	120	20	98·00
			Convalescent.

This, so far as it goes, may be considered as a typical case of typhus. There was no complication.

Case 10.—Thomas C., admitted January 4th, 1866, age 50. Ill five days before admission.

	Pulse.	Respiration.	Temperature.
January 4	72	22	98·00
„ 5	72	24	98·00
„ 6	72	20	97 50
„ 7	72	20	98 00
„ 8	74	20	99·25
„ 9	72	24	98 50
			Convalescent.

It was at first thought that this would prove a fever case, the state of the tongue and the patient's own account favouring this opinion. The thermometer in this case appears to have indicated that the case would not prove febrile.

Case 11.—Thomas S., admitted January 11th, 1866, age 30. Ill eight days before admission; densely maculated.

	Pulse.	Respiration.	Temperature.
January 11	144	24	104·00
„ 12	Imperceptible	30	101·50

The great fall of temperature before death may again be remarked in this case, although not so marked as in Cases 3 and 5.

The thermometers used for taking these observations are made after the directions of Dr. Atkin, and were obtained from Messrs. Yeates and Son of Grafton-street.

(To be continued.)

A curious discovery has just been made at Ferté Bernard, in France. While digging in the Place de la Croix-Buisée, in front of the Church of Cherré, the workmen came upon a number of skeletons buried only a few inches beneath the surface; one of these had a large iron ring passed between the bones of the leg, and which, consequently, must have been riveted on through the flesh, unless, indeed, it was passed there after death, which is scarcely conceivable. Attached to this ring were several links of a heavy chain. Near the spot were the skeletons were found, stood, previous to the year 1200, a gate of the old wall which divided the town of Ferté from the Commune of Cherré. The Place de la Croix-Buisée was outside the wall, and is supposed to have been the place for the execution of criminals. The relics have been sent to the Museum of Mans.

Vaccine Lymph.—There is at present a great demand for matter, and a liberal price is offered for tubes. Practitioners should neglect no opportunity of laying up a store, as there may be a scarcity by-and-bye.

CLINICAL RECORDS ILLUSTRATIVE OF THE DISEASES OF CHILDREN.

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II.

HYPERTROPHY OF THE LIVER AND JAUNDICE.

ENLARGEMENT of the liver is exceedingly common in children, and may exist for long without giving rise to any serious inconvenience. It most frequently occurs in children of a syphilitic or strumous taint, and according to the experience of Dr. Budd, it is often associated with scrofulous disease of the bones. The manner in which the hypertrophy usually takes place is by the deposit of an albuminoid or fatty matter in the substance of the organ, and a similar deposit is sometimes found in the kidneys and spleen. Unfortunately, medicine can do very little for this affection in the way of cure, and the treatment, which in the majority of cases is merely palliative, must be mainly directed towards improving the constitutional state. Cod-liver oil, the iodide of potassium, the mineral acids, iron, and a judicious diet, are the agents which will be found most serviceable in combating the vitiated state of the system and restraining the morbid exudation from the vessels.

The following case is typical of that form of chronic hypertrophy met with in strumous constitutions, and shows how much the liver may be increased in size, without causing any great disturbance in the circulation or much discomfort to the patient. The boy who was the subject of this disease, was under my constant observation for a period of six months, and it was only for about four weeks before his death that he had any severe suffering. During that time the abdomen was greatly distended, partly with fluid and partly with gas, which in conjunction with some œdema of the lungs, was the cause of a good deal of dyspnœa. He also complained of pain over the right lobe of the liver when pressure was made, or when his position in bed was changed. It is of interest to mention that in this case there was some evidence of a diseased condition of the pelvic bones, a complication which Dr. Budd, in his "Treatise on Diseases of the Liver," mentions as being not uncommon, but which Dr. West has not observed in the cases of which he has preserved a record.

J. R., æt. 4, was admitted to the Children's Hospital on the 13th of March, 1865. He was a pale, emaciated, unhealthy-looking boy, and bore marks of scrofulous disease on the right side of the neck. It was stated that about eighteen months previously an abscess formed in the right lumbar region, and was opened; since which a constant stream of pus has drained away. Ever since that time he had fallen off in health, and for about five months previous to admission his belly had been getting gradually larger. On examining the patient, the skin was found hot, and the pulse was small and rapid; the cervical glands were indurated and slightly enlarged; the muscles of the right leg were firmly contracted, and the limb was drawn up, and anchylosed at the hip joint. Over the ileum, on the same side, there was a sinuous opening, which discharged thick, light yellow pus. A probe passed into it revealed extensive undermining of the skin, but no bone was felt; attempts to move the hip-joint were attended with much pain. The belly was greatly enlarged, and as no satisfactory examination of it could be made, owing to firm spasmodic contraction of the abdominal muscles, whenever the hand was applied, chloroform was administered, and then an enormously enlarged liver was easily diagnosed. The right lobe filled the whole of the right side of the abdominal cavity, its lower margin reaching as low down as the groin; the left lobe extended into the left hypochondriac region, and its lower border could be felt three inches below the ribs; the surface of the organ felt quite smooth and the position of the transverse fissure could be readily made out with the fingers; there was no tenderness on pressure. The presence of a small quantity of fluid could be detected in the cavity of the peritoneum; with the exception of a few bronchial râles, the chest was healthy; the urine was passed in considerable quantity, and was free from albumen. The iodide of potassium with taraxacum was prescribed, and patient was to have a nutritious diet. On the 17th of March albumen was detected in the urine, and some sanguineo-purulent matter was passed from the bowels. Owing to a continuance of slight bleeding with every stool, and as no piles or other disease of the rectum could be made out, he was put upon small doses of the tinct. of the mur. of iron, which had a beneficial effect. Throughout the months of April, May and June, patient enjoyed very good health, and complained of no pain; his appetite was good, the bowels acted regularly, and the stools were natural. There was no jaundice. In the end of June measles unfortunately broke out in the general wards of the hospital, and patient had a pretty smart attack of them, which pulled him down considerably; he made a good recovery, however, and beyond a slight loss of flesh, the illness had not seriously impaired his health. On the 26th of June a soft swelling was felt over the left lumbar region, and it was tender to the touch; the belly, too, was very much swollen, and numerous blue congested veins were seen meandering on the surface. The increased size of the abdomen was due not to any increase in the size of the liver, for it remained of much the same bulk as when patient was admitted, but to the presence in the cavity of a larger quantity of fluid. He complained of pain if pressure was made over the right lobe of the liver, and murmured if the position of the body was changed; the urine was albuminous, but not diminished in quantity, and of sp. gr. 1015. Fomentations were applied to the belly, and a mixture, containing the ammoniated citrate of iron and the acetate of potash, was prescribed. Patient remained in this condition till the end of August, and on the 30th of that month the report in the case book was as follows:—Patient is much worse, and is getting weaker; the belly is enormously distended, partly from air and partly from fluid; the penis and scrotum, as well as the feet, are very œdematous; the urine is still albuminous, diminished in quantity, and of sp gr. 1013. Under the microscope numerous epithetial scales are visible. Wine and gin toddy to be given. On September 12th there was increased anasarca of the lower limbs and of the penis and scrotum, and there was great difficulty in breathing; pulse was rapid and very feeble. He lingered till the 13th, and died quietly at two a.m. In my absence from the hospital, an examination of the body was made, thirty-six hours after death, by my friend Dr. Moffat, whose report is as follows:—Body greatly emaciated; abdomen, lower extremities, penis and scrotum, very œdematous; no œdema of upper extremities or face. On opening the chest, about two ounces of clear fluid was found in the pleural cavity; the lungs were both congested and slightly œdematous, but otherwise healthy; the bronchial glands were indurated, but not much enlarged. On opening the abdomen, about a pint and a-half of straw-coloured fluid escaped; the intestines were greatly distended with gas; the liver was of a dirty yellowish colour, the lower margin of the right lobe reaching downwards as far as an inch below the superior spine of the ileum, while the left lobe extended across to the left hypochondrium; the weight of the organ was three pounds one drachm. The spleen was also enlarged and very friable; its weight was four ounces one and a-half drachms. The kidneys were large and pale.

It is of interest to observe in connexion with this case, that there never was any jaundice—a fact which is explained by the nature of the deposit poured out into the interstices of the liver, which being of a soft consistence, and having no tendency to contract, does not much impede the circulation or the flow of bile through the ducts.

From the scantiness of the urine towards the close of the disease, the albuminuria, the anasarca, and the pallor and enlargement of the kidneys, it is clear that in this case a similar infiltration had taken place into the structure of these organs.

JAUNDICE.

We have already remarked that in that kind of hepatic enlargement which has just been described, the occurrence of jaundice is rare. Icterus neonatorum is, however, a very common affection of early life, but as a rule it is happily not very serious in its nature, and is now generally believed to be unconnected with any primary disease of the liver. Cases of jaundice, nevertheless, do occur in children in connexion with serious hepatic disease, or congenital absence of the hepatic or cystic biliary ducts. The following case, which unhappily proved fatal, was evidently attended with a congested state of the liver, but as no post-mortem examination was allowed, the exact condition of the organ could not be ascertained. The intensity of the jaundice was very unusual, and altogether the case is of much interest:—

J. G., æt. 2, was admitted to the Children's Hospital on the 26th of August, 1865; his mother stated that he had never had any of the diseases of childhood, and was in perfect health till within the past four weeks, when he was seized with vomiting, which lasted four days; then his eyes and skin began to get yellow, and the vomiting ceased; he was sleepy and listless, and asked often to be put to bed; he had pain in his belly; was burning hot at night, and was restless and often started through his sleep; he had great thirst, and had frequent calls to pass water, which was very dark in colour. The bowels have been regular, but the stools were noticed to be very white. On admission the colour of the patient's skin was very remarkable; it was of a vivid deep olive green hue, and had a shining appearance; the conjunctivæ were tinged yellowish green; the pulse was quick, skin dry and hot; tongue foul; the liver was felt to be increased in size, and its lower border reached to about an inch above the umbilicus; he did not complain much when pressure was made over it. Fomentations were applied to the liver, and small doses of calomel, to be followed by saline laxatives, were prescribed; the bowels were frequently and freely moved, but the stools were very pale-coloured. On August 28th the child had not improved; the brilliant olive tint of the skin remained, and the urine passed was as dark as coffee, and scanty; it stained linen greenish yellow, and on the addition of nitric acid exhibited that beautiful play of colours from green to red, which is characteristic of the presence of the colouring matter of the bile. The sp. gr. was 1012, and there was no albumen present. On being allowed to stand at rest for a short time, a deposit is thrown down of a yellowish-brown colour; under the microscope numerous rounded and spiculated crystals of the urate of ammonia are seen, along with some epithelial scales, stained yellow; a few crystals of the phosphate of lime were also present. Warm poultices of linseed meal to be applied to the region of the liver, and the fourth of a grain of pulv. podoph. in combination with a few drops of tinct. hyos., was to be given every four hours. August 29th: Patient has rested pretty well during the night, but occasionally cried out as if in pain. The podophyllum has acted on the bowels, and the stools are now tinged with bile; the urine is still of a dark green colour, and has a very strong odour. To have a hot-air bath; the bath did not cause much perspiration, and towards evening patient vomited everything he swallowed; a few drops of solution of the muriate of morphia with sulphuric ether were administered, and had the effect of quieting the stomach; the citrate of potash was ordered as a drink, and enemata were likewise given. The child then began to sink very rapidly, and notwithstanding the administration of stimulants, he died at one p.m. of the 30th. The parents positively refused any examination of the body.

The sudden occurrence of the jaundice in this child, who had been previously quite healthy, along with the pain in the hepatic region and the vomiting, would lead us to infer that the cause of the disease in this case was some impediment to the flow of bile into the duodenum. But what the nature of the impediment was it is not possible to say with any certainty, seeing that no opportunity was afforded for an examination of the body; and it is much to be regretted that the real nature of the enlargement of the liver diagnosed during life, could not be ascertained.

ON

AMPUTATION BELOW THE KNEE, AT THE PLACE OF ELECTION.

By GLASCOTT R. SYMES, L.R.C.S., L.K.Q.C.P.,
ONE OF THE SURGEONS OF STEEVENS' HOSPITAL, DUBLIN.

Of capital amputations of the lower limb this is by far the most frequent. It is had recourse to in disease and injury of the foot or leg, where if in the upper extremity efforts would be made to spare every inch; thus it is practised for cases which would probably be suited for amputation at the ankle-joint, and for causes affecting the limb at any point up to the situation of our incisions. Except by a few it is regarded in a poor person as preferable to amputation through the middle or lower thirds, although there is no doubt but that the latter is well adapted for a person of easy circumstances, who can afford to go to the expense of a well-made artificial limb, and who can spare the stump as occasion may require.

The point to which I wish to draw particular attention is the method of the operation, whether by flaps or by circular incision. I admit that there is now a growing tendency to the contrary, but still there is a hankering after the old operation, and many will be found who insist that the leg should be removed at the seat of election, where feasible, by flap amputation. Without taking into consideration the reasons against such a mode of procedure, I have myself frequently, following the example of others, amputated in this way, where, if I had taken the trouble of casting the subject over in my mind, I would have acted very differently, and have been saved much annoyance.

The first question that presents itself in an inquiry of this nature is, What do we gain by a flap amputation? The object aimed at, as far as I can see, is twofold—rapidity of execution and superiority of the resultant stump.

There is a certain amount of *éclat* attending a flap amputation, which is not consequent on the performance of the circular. A dashing surgeon can show off before a class of students in such a case; he has all the soft parts divided in almost as few seconds by two clean cuts of his catlin, whereas in the circular method several incisions and some dissection would be required; but here there is no rapidity of execution necessary; and since the introduction of anæsthetics, in the absence of sensibility, it is not called for particularly, except through fear of hæmorrhage. Although this latter is a subject for consideration in amputations high up in the thigh, yet below the knee it is reduced to a minimum. When flap operations came into favour first they were thought to be peculiarly adapted to the upper part of the limb, for this very reason; but now so much has the fashion changed, and so little do they fear hæmorrhage, that the majority of surgeons adopt Mr. Teale's admirable operation by rectangular flaps, which is notoriously tedious compared with the old circular; but then it has points to recommend it in that situation which do not come under consideration at the "place of election."

Now, as regards the second object aimed at—superiority of the stump—that form of stump is the best which will bear pressure. Liston taught that muscular flaps made the best stump, then came a reaction in favour of skin flaps. Mr. Teale's success proves that though the muscle covering the end of a bone is absorbed, yet it leaves a tissue which is the best calculated to serve the purpose,

but there is no need here to enter the lists in a discussion on this point. When the intention is to use the stump as usual in the kneeling posture on an artificial limb there is not the necessity for the bones to be so well covered with a pad, as there will be no pressure exerted in this direction. the whole weight falling on the tuberosity of the tibia and front of the knee-joint. It is true, indeed, that orthopraxists now manufacture artificial limbs which retain the movements of the knee, for the use of persons whose legs have been amputated close to the joint, but these are expensive, not within the reach of the majority, and we find that most prefer the old-fashioned splint leg. In cases which are afterwards intended for using such limbs we generally find that we can leave a longer stump, and that we are not bound to operate at the seat of "election."

Having now disposed of the arguments which are in favour of amputation by flaps in this situation, let us consider the positive objections to it, and these we will find to be grave. It is an axiom in surgery which requires no proof, and which is sufficiently evident to the common sense of anyone, that the smaller an exposed raw surface is the better, the less time will it take to heal, the less will be the danger, and the less will be the discharge from it. Now the surface exposed by a circular is far less than that exposed by a flap amputation; the former is, therefore, to be preferred. Those cases in which union by the first intention is *said* to follow a flap, and indeed also a circular operation, are so few as to be almost mythical.

No matter how gradually the posterior flap may be sloped off, we always find that there is a redundancy of muscle, the skin retracting more, and when we proceed to dress the stump and approximatethe flaps, we often experience a difficulty in stowing away the muscle, owing to the comparative shortness of the skin, and frequently in a muscular subject we are obliged to cut a portion away. This not only is objectionable for its tediousness, but the tension which the skin is called on to sustain is highly injurious, giving rise to constitutional and local irritation.

In my mind the most objectionable point of the whole operation is the "slicing" of the vessels which takes place in a flap amputation. Anyone who is familiar with the anatomy of this region will recollect the large vessels which are found in such numbers entering the head of the gastrocnemius muscle. These are cut obliquely across, and it is very difficult to apply a ligature properly; in addition to this it is often not easy to find them, as vessels of this size are not inclined to spout unless cut transversely. Before now I have seen the knife meet the artery a second time, so that a piece was actually cut out and the bleeding came from both portions. Besides these arteries, the upper part of the calf is very vascular in the adult labouring man; and when the limb has been removed in this situation for an accident, the posterior flap is very prone to "ooze" for some time after. In my own practice I have lost a case, as detailed below, in which I think the fatal result was to be attributed to this cause. It is pretty well established now that puerperal fever and surgical fever are the same, arising from the same causes and influenced by the same circumstances. It is an acknowledged fact that those cases are more prone to puerperal fever, and bear it worse, in which hæmorrhage has followed parturition, so in the same way operation cases, which are followed by hæmorrhage, are more likely to be attacked with surgical fever than others where the vessels can be seen for the purpose of being properly secured; besides, as the bleeding here frequently comes from the capillaries, the surgeon is obliged to open up the stump it may be the next day, and often has to apply stypties to the raw surface, a remedy of all others to be avoided. This is obviated by the circular amputation, or at least the chance of capillary hæmorrhage is reduced to a minimum.

Under any circumstances it is very difficult to apply a ligature on the posterior tibial artery in this situation. It will be remembered that the peroneal, anterior and posterior tibial, may all be found just at their commencement. The vessel appears to be more firm and resisting here than lower down, so much so that while tying the second knot the first may slip. If this occur where the artery is cut transversely, how much more likely is it to occur where the vessel is cut in a slanting direction, as it is in very many cases? it even frequently is pierced by the knife. Hæmorrhage in a case of this nature may occur to an alarming extent. Mr. Skey's method of taking the posterior flap from only a portion of the calf and dividing the rest transversely, as in a circular amputation, is to be commended as far as the condition of the main artery is concerned, but otherwise it is open to all the objections which I have been endeavouring to lay down.

On the whole, I am obliged to confess that the flap amputation at the "place of election" is a bad operation and it is to be observed that almost all hospital surgeons who have had experience abuse it; yet many persons will be found, urged as it were by a strange infatuation, to perform an operation which is not called for, and which is open to so many and serious objections.

The circular method, on the contrary, fulfils all our requirements, and reduces to the minimum the chances against and dangers of a capital operation.

Mr. Syme's method, too, is to be commended; he makes skin flaps and divides the muscles as in a circular amputation.

The following are a few cases to illustrate the foregoing remarks; if I had kept notes of all I should have been able to have furnished more:—

Case 1.—W., æt. 13, admitted to Steevens' Hospital or disease of the ankle-joint, highly strumous. After some weeks the leg was removed by posterior flap at the place of election. Thirty-six hours afterwards I was called on to arrest arterial hæmorrhage, which had occurred suddenly, and to an alarming extent; this was accomplished by means of the pressure of a tourniquet; the case ultimately did well.

Case 2.—L., aged about 26, had his foot injured at Inchicore; the limb was removed in Steevens' Hospital by flap amputation below the knee; hæmorrhage occurred forty-eight hours after, the flap was opened down, some ligatures removed and new ones applied; flap was readjusted, hæmorrhage came on again, the flap had to be opened again and left so to heal and contract by granulations; the case ultimately did well. Although the wound cicatized completely a piece of lint, which had been used as a pledget on a vessel, was enclosed in the stump, and was not discharged for near four months after.

Case 3.—T. F., aged 8, had both legs fractured by machinery; one was so bad as to require removal in Steevens' Hospital. I amputated at the seat of election with posterior flap. On the second day I was obliged to open up the stump, as owing to the inflammation that followed from the contusion of the muscles at the time of the accident the parts were in a state of great tension. I need not say that the wound took a longer time to contract than if the circular amputation had been performed.

Case 4.—A man, aged 27, had his leg removed at the knee-joint for disease in Steevens' Hospital. A large flap from the upper part of the calf was made use of to cover the stump; hæmorrhage came on shortly after the operation and continued for two days; the stump was opened up more than once; the case, however, ultimately did well.

Case 5.—A man, aged 25, had his foot injured by machinery. I amputated his leg below the knee by flap operation in Steevens' Hospital; he was a very powerful muscular fellow; the wound commenced to "ooze" very shortly after; although it was opened and stypties applied, the hæmorrhage continued; finally it was left open and the oozing still continued; he died of surgical fever on the eighth day.

Case 6.—A surgeon of my acquaintance also operated this way lately on a man, hæmorrhage set in six hours after, the wound was kept open and stypties applied, but the patient died of surgical fever.

HOSPITAL REPORTS.

LONDON SURGICAL HOME.

OVARIOTOMY has now become generally recognised as a justifiable operation. It has been performed in nearly all the Metropolitan London Hospitals, in many English provincial, in Scotland, and lately, with success, by Mr. Butcher, in Ireland. Germany and Belgium have long recognised this operation as one imperatively called for in certain cases, and have contributed their share to the statistics of success. France, also, led by M Nélaton, who did not consider himself too old to learn at a time when most men would retire, and who came to England expressly to gain personal knowledge of the operation and after-treatment from a London surgeon, has worked at the subject, and if the surgeons of that country have not succeeded so well as others, it has not been through want of operative skill on their part, but rather to radical defects in the sanitary arrangements of their hospitals, and more especially to a different method of after-treatment. Quite lately we have seen a careful translation into Italian of Mr. Baker Brown's work on "Ovarian Dropsy" by Dr. Peruzzi of Seriegaglia, who, when in England, was a constant student of Mr. Brown's practice, and has, in his own country, performed this operation on two occasions, the details of which he gives in an appendix to his translation.

There is no doubt that ovariotomy is *the* operation of the day. Every surgeon who gets a successful case publishes it, often with a detail of minutiæ amusing to those who have seen scores of such cases. The slightest variation in the treatment of the pedicle, or the least modification in the after-treatment, is said to be *the* cause of success, and there is reason to fear that this over-confidence in matters of but slight importance will carry men away from the grand question which alone ensures a fair chance of success. Although we ourselves believe that Mr. Baker Brown's method of treating the pedicle by division with the actual cautery is the best, we willingly acknowledge the great success of Mr. Spencer Wells, who uses the clamp, and simply compresses the pedicle, afterwards allowing it to return; or again, Dr. Tyler Smith's plan of tying the pedicle with twine, cutting the ends off short, and returning the whole at once into the abdominal cavity. These matters are, after all, questions for each surgeon to decide for himself. The real point is, can he distinguish when ovariotomy is called for; whether, indeed, he has an ovarian cyst to treat, or some other tumour of the omentum, uterus, or pelvis?

It is not too much to say that no surgeon can always diagnose what is the tumour which he has to deal with. The faithful records of all our ovariotomists but too truly confirm us in our statement, and we believe that we shall best serve the cause of ovariotomy by relating a few such cases lately under the care of Mr. Baker Brown, who has now worked more than thirty years at ovarian disease. Increased experience has taught this gentleman to say that he cannot in many instances tell what is the nature of the disease until he has made an exploratory incision, and to those assembled around him on operation day at the London Surgical Home, his preliminary observation is always to that effect. If this is the case with one of the oldest ovariotomists, it behoves those who publish one or two successful cases with a great flourish of trumpets rather to be humble, lest, with all the success which their new knife, trocar, needle, or clamp has given them, they some day cut into an abdomen for an "ovarian tumour" to find a fœtus or some other complication which they have not anticipated.

COLLOID TUMOUR OF OVARIES, UTERUS, AND RECTUM, WITH ASCITES: ATTEMPTED EXTIRPATION: DEATH ON THE EIGHTH DAY.

(From notes by Dr. BOTTLE, late House-Surgeon.)

Case 1.—Elizabeth S., æt. 28 years, admitted September 29, 1865.

History.—Married ten years, has never been pregnant. She enjoyed very good health up to five years ago, when she began to feel generally out of sorts; but it was not for a year after this that she noticed any swelling of the abdomen. Three years and a half ago she was tapped, and since then the operation has been repeated twenty-three times; on the last occasion forty-nine pints of fluid were evacuated. The catamenia, which suddenly ceased three years ago, had up to that time been quite regular.

On examination, the abdomen is large, tense, and globular; the parietes very thin. Percussion note is resonant in the flanks and dull in the umbilical region. Fluctuation is very distinct in every direction.

Operation, October 5th.—It having been agreed on consultation that an incision was the only way of clearing up the difficulties of diagnosis, Mr. Brown operated. On exposing and puncturing the peritoneum, a large quantity of ascitic fluid escaped. The incision being enlarged, a large cauliflower growth was exposed, and found to be attached to the right ovary and uterus, with extensive ramifications inseparably adherent to the pelvic fascia. A broad band of adhesion to the omentum was divided by the actual cautery, and a few loose small cysts removed by the same means. As it was impossible to remove the mass, the wound was closed up in the usual way by silver sutures. She rallied badly, and peritonitis soon supervened. On the 10th the sutures burst open at the lower end of the wound, a large quantity of fluid gushed out, and immediately the patient seemed to revive. This was a change, however, only of short duration. She gradually sank, and, October 12, died at twenty minutes past twelve a.m.

Sectio-cadaveris sixteen hours after death.—About two or three pints of yellowish brown puriform fluid in the cavity of the peritoneum; the intestines firmly matted together with recent lymph. The mass was attempted to be removed from the cavity with the pelvic organs, but it was extremely friable, breaking on the slightest touch, and intimately adherent to the fasciæ. Uterus, ovaries, and rectum were also found incorporated with the tumour. The tumour consisted of small lobulated viliform masses, the pedicle of each lobe consisting of a large vein.

ALMOST SOLID TUMOUR, IMPLICATING UTERUS AND RIGHT OVARY, AND FILLING UP THE CAVITY OF THE PELVIS: PARTIAL EXTIRPATION: DEATH.

(From notes by Dr. BOTTLE, late House-Surgeon)

Case 2.—Mary C. M., æt. 13 years, admitted October 5, 1865.

History.—Has never menstruated; has noticed her abdomen to be enlarged for the last two years, but considered herself pretty well until a month ago, when she began to suffer much from pain in the back with a "throbbing in the belly." The tumour has increased very rapidly lately, the proportion being an inch increase in circumference every week. The tumour presses on the bowel and causes great difficulty in defecation.

On examination, the abdomen is large and tense, measures thirty-six inches and a half at the umbilicus. Stretching across the umbilical region is a hard subcutaneous mass, over which the parietes are freely movable; another smaller but similar mass can be detected in the right iliac fossa; there is superficial fluctuation as of ascitic fluid. The child has a hectic appearance, rapid sharp pulse, hot skin, and flushed face. The vulva is very œdematous, and evidence of general anasarca. Relief is imperatively called for.

Operation, October 19, 1865.—Mr. Brown having made an incision seven or eight inches in length, evacuated a considerable quantity of ascitic fluid. A large and very solid tumour attached to the left ovary was then exposed and removed without much difficulty, there being only a few easily broken-down adhesions.

The pedicle, broad and thick, having been divided by the actual cautery, the wound was closed, and the patient

removed to bed. The patient recovered well from the chloroform; but on endeavouring to feed her by enemata, it was found that nothing was retained in the rectum. Simple laxative enemata were also returned. She was continually vomiting; the abdomen became painful and very tympanitic, especially at epigastrium, and she gradually succumbed, and died rather suddenly on the 22nd at fifteen minutes past six p.m.

Sectio-cadaveris fifteen hours after death.—Body much emaciated; rigor mortis very freely developed; some slight attempt at union in the wound; both large and small intestines distended with flatus.

About the region of the pedicle there has been a little lymph thrown out, but none around the intestines, which are not even injected. There is about half a pint of darkish-brown fluid in the peritoneal cavity.

The mesenteric and lumbar glands are very much enlarged, and when cut across have a white cheesy aspect, and exude a milky fluid.

Kidneys large, capsules readily separate; no distinct margin between the cortical and medullary portion; substance very rough.

Filling each half of the true pelvis is a firm white tumour adherent to the pelvic fascia all around, and also to the rectum.

This mass was removed with difficulty, when it was found to have so compressed the rectum as to entirely occlude its cavity. This accounted for the rectal symptoms before death. The tumours varied in consistence in different parts, being generally fibroid in feel and appearance. At other parts they resembled the glands as just described. It was found also that this was only part of the removed stem, as the fundus uteri had been removed with the pedicle; the os and cervix uteri were healthy.

Remarks.—Mr. Brown, when operating, remarked that this was the youngest patient on whom he had yet attempted extirpation of an ovarian tumour. The operation was performed, as the child was evidently dying from the pressure of the tumour, and as removal was the only means which offered a chance of recovery.

DROPSY OF AN OVULE ESCAPED INTO THE PERITONEAL CAVITY EXTENSIVELY ATTACHED TO THE OMENTUM: EXTIRPATION: RECOVERY.

(From notes by Dr. OCTAVIUS GROSVENOR, House-Surgeon.)

Case 3.—Mary C., æt. 48 years, admitted December 19, 1865, was sent to Mr. Brown by Dr. Joseph Bullar of Southampton.

History.—Has had eleven children, the youngest of whom is five years of age. All her labours have been good, with the exception of the ninth, when she was in labour for a week, when she was delivered by forceps under chloroform. Three years ago she first complained of pain in the right side, which recurred in increased severity at intervals of six months. Six months since, after severe pain, she first noticed her abdomen has rapidly increased in size until now, and is so inconveniently large that she seeks relief. When she first felt the pain three years ago, she was irregular in her menstruation, being sometimes three or four months between each interval.

On examination, the abdomen is large and spherical, measuring on a line with the umbilicus forty-seven inches in circumference. There is a tumour very movable, and which can be readily "tossed" about. There is also evidently considerable ascites.

Operation, December 28th.—Mr. Brown (having conferred with his colleagues) made the usual incision, and having released a large quantity of ascitic fluid (over four quarts), exposed a tumour of an irregular oval form, having all the appearance of an ovarian tumour which had been inflamed on its surface. On being tapped, twelve pints of dark, muddy, and mucilaginous fluid were withdrawn. The tumour was attached to the omentum by three separate broad adhesions (principally on the right side), which were divided by the actual cautery and clamp. One large bloodvessel of the omentum, which which bled freely, was tied.

Both ovaries and uterus were healthy, and quite free from any adhesion to the tumour.

January 15th: Up to this date the patient is perfectly well, and has recovered without a bad symptom since the operation.

Remarks.—Dr. Barratt, Physician to the Home, carefully examined this tumour, and gives the following opinion:—

"The mass consists of five hundred chief cysts, holding (with one exception, where the contents are more solid) five or six ounces of ropy mucus and soft puriform fluid, really albuminous, with fatty matter breaking down and softening.

"The cyst wall presents all varieties of epithelial cells, the flattened pavement, like the spheroidal and the columnar covering large villous growths, well shown by Dr. Fox in Medico-Chirurgical Transactions, vol. xlvii., plate 9, figure 16.

"That it has an ovular origin and has become sessile, *licked* up (*sic*) by omentum and then developed, is my present conviction."

(This tumour was exhibited at the Pathological Society on January 16th.)

PROCEEDINGS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, DEC. 5, 1865.

Dr. PEACOCK, President.

THE PRESIDENT showed, in conjunction with Dr. HICKS, a specimen of

ULCER OF THE ŒSOPHAGUS

from a person of intemperate habits, who had long complained of difficulty of swallowing, referred to the lower part of the neck. On post-mortem examination, the calibre of the œsophagus was found much narrowed by the cicatrization of a small ulcer, which was nearly healed. There was no enlargement of the glands in the neighbourhood. The origin of the disease was connected with a violent fit of coughing, in which he was said to have brought up some blood.

Mr. CANTON showed a specimen in which there was a Clubbed state of the Fingers of the Right Hand only, with disease (subclavian aneurism) of the right side; the arteries on the other side being healthy. The artery in this case was tied on the distal side; but the disease progressed, and the patient died in a fortnight of pleuro-pneumonia. The clubbed fingers appeared thickened, but with no adventitious deposit, and no enlargement of the phalanges, as has been thought to be the case. Another view of the pathology of this disease refers it to obstruction in the capillary circulation, and consequent enlargement of the veins. This was not verified in this case, in consequence of the part not having been injected.

Dr. DICKINSON showed three cases of

DISEASED CORONARY ARTERIES,

in which the patients had died of angina pectoris. One patient was a middle-aged man, a patient of Dr. Dudfield. All the other organs were natural. The aortic valves were very slightly diseased. The heart was enlarged. The root of the aorta was atheromatous, and the atheroma had encroached on the origins of the coronary arteries, so that one was quite impervious; otherwise the coronary arteries were tolerably healthy. The other cases were extremely similar to the above. In one of the latter, the patient was out walking at the time of death. In all these cases, one of the coronary arteries was obliterated at its origin, the other nearly impervious. In all of them also, the muscular substance was hypertrophied, but with very slight fatty degeneration. Dr. Dickinson called attention to the close relation of the coronary arteries with the nervous

tissues of the heart, and to the occurrence in all these cases of cardiac neuralgic symptoms, while the nutrition of the heart was unimpaired. Hence he inferred that the muscular tissue must be nourished from some other source.

Mr. Ernest Hart exhibited a specimen of

CANCER SPRINGING FROM THE DURA MATER AND PROJECTING INTO THE ORBIT.

The patient was a child. The eyeball was protruding, but the sight was perfect. There was a smaller projection on the temple. After death, extensive disease and thickening of the dura mater were found, with spots of cancer strewn about on the membrane, and thickening of the periosteum of the bones of the orbit. A point of interest in this case which he saw in consultation with Mr. J. B. Walker of Bayswater, was the perfect vision coincident with great lengthening of the optic nerve. Mr. Hart mentioned another case in which the eyeball was affected with cancer, and where the power of sight was immediately lost. In this case, which he saw in consultation with Mr. Fyfe of Brompton, the cancer had originated in the optic nerve, and there was a great predominance of large ganglionic cells. In the case where sight was long preserved, the cancer had originated in a fibrous membrane; the dura mater and much fibrous tissue were found in it, with small nuclei.

Dr. Cayley showed a specimen of Arrested Development in the Upper Extremity.

Dr. Cayley also brought forward a case of Abscess of the Cerebellum, with Caries of the Temporal Bone. The man died at the age of forty, having had disease of the bones of the ear from the age of five years.

Mr. T. Smith showed a Foot in which four Cuneiform Bones were found, the internal cuneiform bone being divided into two; the scaphoid having four articular surfaces, and the great toe two. Mr. Smith had found several feet in which the separation of the internal cuneiform bone was not complete, but was well-marked.

Mr. Smith also showed a large Congenital Fatty Tumour, removed from a young female child, situated in the buttock, and lapping round the femur, presenting on both sides of the adductor magnus. It was firmly connected to the pelvis. The tumour was successfully removed.

Dr. Gibb exhibited a

FIBRINOUS CAST OF THE TRACHEA AND BRONCHI

of a child five years old, admitted into Westminster Hospital, who had had croup for three days previous, and upon whom tracheotomy was performed the night of admission. The child went on well up to the third day, when the tube of the canula became blocked up by portions of loose fibrin, which nearly suffocated him. Mr. Hawker, the house-physician, however, removed the canula, and extracted a complete fibrinous cast of the trachea and larger bronchial tubes. The child at once rallied, but unfortunately died from pneumonia on the ninth day after the operation.

Dr. Gibb also showed a

TAPEWORM EXPELLED WITH ITS HEAD,

from an hospital patient treated with the oil of male fern. The practice Dr. Gibb is in the habit of pursuing with general success is to administer a dose of castor-oil at night, followed by the fern oil at seven o'clock the next morning, and another dose of castor-oil three or four hours afterwards, the patient meanwhile fasting. The passage of the head of the worm is, of course, the great thing desired in the treatment, when the cure is considered complete.

Mr. Curling exhibited a specimen of

COLLOID CANCER OF THE LOWER PART OF THE COLON,

in which colotomy had been performed for the relief of symptoms of obstruction of the intestine, with temporary success. The patient was a lady of advanced age, who had suffered from a tumour in the pelvis unconnected with the uterus. She had had great pain in the part, followed by total obstruction. The patient survived the operation for eleven days. There had been no bloody or mucous discharge. The gut was diseased for about three inches, and there was colloid cancer of one ovary, but not pressing on the gut. Mr. Curling dwelt on the relief of pain which followed the operation, and the slight prolongation of life which followed it.

Mr. Solly thought that there was too great fear of opening the colon in such cases as this—an operation which he believed to be urgently called for.

Mr. Curling also showed a drawing from a child one month old, in whom the testicle was found in the perineum at the time of birth; the scrotum being developed, but empty. He likewise produced, by way of contrast, a photograph from an adult patient, in whom the testicle was in the perineum, but the scrotum on that side was quite empty. Mr. Curling had performed an operation for the replacement of the testicle in its proper place. He succeeded in removing it from the perineum, but could only succeed in transferring it to the neighbourhood of the ring. He referred the difficulty in this case to the action of the cremaster not being balanced by the gubernaculum, as is usually the case.

Mr. Gascoyen showed a Fatty Tumour of large size, weighing 5 lbs. 6 oz., removed by Mr. Lane from the scrotum of a patient 52 years of age. The tumour seemed to be connected with the cord, which itself was healthy. (This tumour was referred to Dr. Hicks and Mr. Barwell for a report.)

Dr. Ogle showed a Tumour of a Cancerous Nature from the Mesenteric Gland in an adult. There had been no vomiting or other symptom. Many cysts had been found in the tumour.

Dr. Ogle also showed a False Membrane lining the Arachnoid Cavity in a patient suffering from dementia, and several masses of calcareous matter found in the brain, and apparently the result of the degeneration of tubercle.

Dr Fagge exhibited a specimen of Fibro-cystic Tumour of the Uterus, which had existed for at least twenty years before the death of the patient. There had been no uterine symptoms known. The patient had had one miscarriage, but no children. There was a slight suspicion of extra-uterine pregnancy, but the idea of ovarian tumour was negatived. The cavity of the uterus was dilated, and contained a small polypus. The right ovary was not found. The tumour was surrounded on all sides by the fibres of the uterus, and a good deal of calcareous matter was present in the tissue of the tumour.

Mr. Leggatt showed a case of Dissecting Aneurism of the Aorta with rupture into the pericardium, situated about half an inch above the valves. There was some loss of power, but no complete paralysis.

Dr. Broadbent showed a specimen of Aneurism of the Middle Cerebral Artery which had burst into the brain.

Mr. Gay introduced to the Society a living specimen of Glandular Disease, forming a large collar round the neck and a large mass in the axilla on both sides. The disease had begun about a year ago with enlargement, followed by inflammation and subsequent ulceration of the affected gland. The disease spreads rather externally than internally, like cancer; but it does not possess the microscopic elements of cancer or of tubercle. The general health is good and the secretions are healthy.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, January 3, 1866.

Dr. BARNES, President.

The following gentlemen were elected fellows:—Messrs. R. J. Cave, Birmingham; John Deans, Cranbrook; F. H. Gervis, Adelaide-road; W. K. Giddings, Calverley, Yorkshire; T. Langston, Broadway, Westminster; W. T. Molloy, Balmoral, Victoria; Jabez Thomas, Swansea; Drs. W. C. Lucey, Bermondsey; J. E. Neild, Melbourne,

Victoria; Mark Tanner, St. George's-square, Pimlico; H. J. Yeld, Sunderland,

Dr. SWAYNE, of Clifton, read a case of Double Monstrosity.

Mr. W. OWEN read a case of Mechanical Obstruction to the Growth of a Fœtus.

Dr. CORY exhibited an Ovum Forceps.

Dr. MURRAY showed two large Kidneys, weighing seven ounces four drachms, and six ounces three drachms and a-half, which had been removed from a still-born fœtus, otherwise normally made.

Dr. EASTLAKE read

BRIEF NOTES ON SOME UTERINE THERAPEUTICS.

The author first drew attention to the action of the resin of podophyllum on the uterus. He found an emmenagogue effect produced in several cases where it had been prescribed for constipation. He referred secondly to the beneficial use of the spiritus pyroxylicus rectificatus in cases of obstinate vomiting; and lastly spoke of "iodoform" as a sedative in cases of cancer especially attacking the uterus. The drug was discovered by Scrullus in 1824, and is produced by the action of iodine and alkalies or alkaline carbonates on wood spirit, alcohol, or ether. Dr. Eastlake has used it with much success locally, by means of medicated pessaries, the effect produced being a marked diminution of pain and discomfort.

Dr. GREENHALGH stated that eighteen months ago Dr. Eastlake called his attention to iodoform, suggesting its use as an anæsthetic and alterative, especially in cases of cancer He (Dr. Greenhalgh) first gave it in quarter-grain doses, but soon found that it might be administered in pills of three to five grains thrice daily. He had prescribed the drug in carcinoma, epithelioma of the uterus, rheumatic gout, neuralgia, and other painful diseases, in most of which it had been followed by good results. In some cases, but slight effects appeared to result from its use, whereas, in a limited number, when given at once in full doses, sickness was occasioned. He considered it had the advantage of never producing that malaise so frequently attendant upon the use of opium, and regarded the drug as a valuable addition to our present stock of medicaments.

Mr. GASKOIN remarked that for many years he had been aware of the employment of iodoform as a disinfectant in many parts of the Continent; but that he had been unsuccessful in obtaining much information concerning it. The objection to its general use was its expense as compared with other disinfectants.

Dr. WOODMAN said that a small quantity of iodoform is produced when the compound tincture of iodine is prescribed with liquor potassæ—a favourite combination with many country practitioners, and considered by many to be more efficacious in the treatment of bronchocles than iodine alone.

Dr. HALL DAVIS communicated the report of a case of

FIBROID TUMOUR OF THE UTERUS WITH EARLY PREGNANCY.

At first there had been retroversion of the womb and retention of urine. The latter was relieved by the catheter, the patient being placed in the kneeling posture; the former by the caoutchouc ball air-pessary. Nine days later (Sept. 29th) the patient came into hospital, presenting a considerable-sized solid enlargement of the abdomen, extending as high as the last rib. She was feverish, reduced in flesh, frequently vomiting; subsequently dysuria and renal pain appeared; later scanty urine and drowsiness, and also sloughing of the cornea, &c. She died on the 18th of October, after on the day previous discharging a putrid fœtus of about four months' growth. The morbid specimen, which was exhibited to the Society, showed a large fibroid tumour, of kidney shape, attached to the fundus of the uterus; also others much smaller growing from the cervix, in the substance, others bulging on the surface of the body of the uterus. The kidneys contained purulent deposits; the ureters were dilated. Dr. Davis concluded that this patient died from pyæmia, and that had an early discharge of the decomposed fœtus been brought about, the patient's life might have been saved. It first became apparent at the autopsy that the largest fibroid might have been easily removed; others, however, would have remained for subsequent development had the patient survived extirpation of the tumour.

Dr. ROUTH said the case was important, viewed in the aspect of what should be done in such cases—*i. e.*, when we had abdominal tumours and pregnancy coexistent. The post-mortem examination revealed a large fibroid extra-uterine with small pedicle; precisely the case most favourable for gastrotomy. Should this patient have been operated upon before labour had taken place, or should labour have been prematurely induced first? He thought the latter: First, because it commonly happened that when abdominal tumours, whether ovarian, but especially if fibroid, were operated upon before labour, a miscarriage or premature delivery occurred; occasionally death. Secondly, if premature labour was induced, then not only was diagnosis made more easy as to the exact nature and bearings of such a tumour, but the impetus given to its rapid growth by pregnancy was removed.

ANNUAL MEETING.

The report of the auditors of the accounts of the treasurer for the year ending Dec. 31st, 1865, was read, from which it appeared that the balance in the hands of the treasurer is £234 18s. 8d., and the amount invested in Consols is £881 10s., representing in Three per Cent. Annuities £955 15s. 1d.

Dr. TYLER SMITH moved the adoption of the report, and warmly congratulated the Society on its present very flourishing condition.

Mr. MITCHELL seconded the resolution, which was carried unanimously.

The report of the hon. librarian (Dr. Meadows) was then read. After detailing the general condition of the library, the report recommended that attempts should be made to establish in connexion with the library a museum of pathological anatomy, by preserving such specimens as, having been exhibited to the Society, were afterwards presented for that purpose. The entire cost of the library for the year was £61 3s. 5d. The number of works presented was upwards of sixty, making a total of nearly 900 volumes, a classified catalogue of which is about to be published in the forthcoming volume of "Transactions."

Dr. GREENHALGH moved that the report should be received and adopted. He warmly commended the suggestion of the establishment of a museum, and offered a donation of five guineas towards a separate Museum Fund, and a similar sum towards a Library Fund.

Dr. WYNN WILLIAMS seconded the resolution, which was unanimously carried.

Dr. MARTYN proposed, and Dr. CORY seconded, "That the best thanks of the Society be and are hereby given to the president and officers of the Society for their services during the past year, and that the special thanks be given to Dr. Braxton Hicks, the retiring hon. secretary, for the very efficient way in which he has discharged his duties"

The President (Dr. Barnes) and Dr. Braxton Hicks respectively returned thanks.

The report of the scrutineers was read, and the following gentlemen were elected officers of the Society for the year 1866:—Hon. President: Sir Charles Locock, Bart., M.D. President: Robert Barnes, M.D. Vice-Presidents: Dr. Gream, Dr. Greenhalgh, Mr. Haden, Dr. Hicks, Dr. Hall (Brighton), Dr. Wilson (Glasgow). Treasurer: Dr. Graily Hewitt. Hon. Secretaries: Dr. Meadows, Dr. Murray. Hon. Librarian: Mr. James Reeves Traer. Other Members of Council: Dr. Aveling (Sheffield), Mr. Thomas Bryant, Dr. Earle (Birmingham), Dr. Eastlake, Dr. Gervis, Dr. Leishman (Glasgow), Mr. Mitchell, Mr. Newton, Dr. Oldham, Mr. Oldham (Brigh-

ton), Dr. Timothy Pollock, Dr. Priestley, Mr. Ray, Dr. Richards, Dr. Skinner (Liverpool), Dr. Tyler Smith, Mr. Wm. Squire, Mr. Symonds (Oxford).

The PRESIDENT then delivered the

ANNUAL ADDRESS.

After adverting to the continued prosperity of the Society, and the place which its "Transactions" occupied in obstetric literature, he observed that hitherto the annual surplus had been invested in the Funds; but now, the position of the Society being secure, it was thought better to put out what money could be spared at scientific interest. There was nothing so fruitful as knowledge spread abroad. It gathered increase at an infinitely quicker rate than did capital in the Three per Cents. He hoped therefore that more money might in future be spent upon the library and in forming a museum. The sale of "Transactions," indeed, during the past year had more than covered the rent and cost of maintenance of the library. The President then passed on to recount the losses the Society had sustained amongst its Fellows. It had never before fallen to the lot of its President to record so long a series of losses by death. He gave sketches of the lives of the late Dr. F. W. Mackenzie, Dr. Edwin E. Day, Mr. Decimus Nelson Frampton, Mr. Arthur Octavius Arden, Dr. Thomas Herbert Barker, Mr. Henry Merton Gould, Mr. Charles Saunders, Dr. William Bloxam, and Dr. Charles G. Ritchie. He dwelt more especially upon the personal and professional merits of Dr. Barker and Dr. Bloxam. Turning from the task of commemorating the lives of lost companions in labour, the President directed attention to the work before the Society. He hoped the proposed *conversazione* and exhibition of instruments would prove interesting and instructive. By bringing together the instruments that had been used in different ages and in different countries for the purpose of overcoming those obstetric difficulties which are met with in all ages and in all countries, we should be able to read by those tangible symbols the most important chapter in the history of obstetrics; we should be able to enter into the thoughts of our predecessors and contemporaries by studying the visible expressions of their minds labouring in the cause of our common science; and do something towards identifying and preserving the original forms of instruments as they were designed and used by their inventors. An instrument was not less the offspring of a man's mind than was a book. Libraries preserved books in their original form. But the security for preserving an instrument so that it should, even for a brief time, tell truly the working of the mind that produced it, and continue to answer in the hands of others the purpose for which it was designed, was very small. Instruments were made under instructions that were more or less faithfully observed; and there was a constant tendency to depart from the original forms under the hands of mechanicians and the ideas of subsequent practitioners. Considerations such as these suggested to the President the project of instituting this exhibition. It had met with the cordial approval of the Council; and the College of Physicians had, in the most liberal spirit, given him permission to hold the exhibition in their building. The Council would endeavour to preserve a scientific record of the specimens sent; a *catalogue raisonné* would be drawn up; and drawings would be procured of such ancient and modern instruments as could not be presented for actual exhibition. It was anticipated that we might thus lay the foundation of a museum of instruments that should render a service to science similar to that which libraries rendered to literature.

A vote of thanks to the President for his valuable address was proposed, seconded, and carried by acclamation. The Society then adjourned.

ON the night of the 4th inst. Dr. F. Tietjen, first assistant of the Berlin Observatory, discovered a new planet of very pale colour, belonging to the well-known group between Mars and Jupiter.

REVIEWS.

A HANDBOOK OF OBSTETRIC OPERATIONS. By W. S. PLAYFAIR, M.D., M.R.C.P. H. Renshaw.

IN ten chapters we find here treated in detail all the most important operations in midwifery practice. The induction of premature labour, turning, the application of forceps and vectis, with the various circumstances which demand instrumental and operative assistance. The dangers to be apprehended are nowhere better discussed and their treatment described than we here find them. The Cæsarean operation, hysterotomy, craniotomy, incisions, and, finally, transfusion of blood, are chapters well entitled to rank this little work with others of greater pretentions. It is eminently adapted to the wants of persons engaged in general midwifery practice, and especially those who have not the advantages of ready access to consultations with hospital physicians.

PARTURITION AND ITS DIFFICULTIES. By JOHN HALL DAVIS, M.D., F.R.C.P. R. Hardwicke.

THE work of Dr. J. H. Davis is the result of personal experience in the life of a London obstetric physician, presenting, as he says, the "difficulties of childbirth in the history of one hundred and fifty-three labours, offering various degrees and kinds of difficulty, besides a statistical analysis of 13,783 deliveries chiefly in the Royal Maternity Charity, comprising also various forms of difficulty and complication during and after labour."

This work is well illustrated, and appears to be not only intended as a text-book for students in the class of midwifery at the hospital medical school, but as a work of reference for the mature practitioner. The faithful records of clinical cases will be consulted with advantage. It must be remembered also that Dr. Davis possesses an hereditary fund of practical experience, for his late father's midwifery practice, writings, and teaching, have perhaps contributed more than those of any other member of the profession to advance a true and safe practice in all that relates to this branch of medical art, and to place his son amongst the highest authorities in this specialty. We, therefore, recommend this work as a text-book for students and as a safe guide to medical practitioners.

CHLOROFORM; ITS ADMINISTRATION AND ACTION: a Handbook. By ARTHUR ERNEST SANSOM, M.B.Lond. John Churchill and Sons.

ALL that concerns chloroform and its effects, with useful hints and advice in obstetrical, surgical, and dental operations, will be found in the pages of this work. Great pains and much labour have been expended upon it, and not the least apology is needed from the author "in endeavouring to supply a want," which it has done very efficiently. The work is very complete, and deserves, as we trust it will obtain, a very wide circulation. The chapter on "Administration of Chloroform in Midwifery" is written with great clearness and judgment.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 24, 1866.

WHO IS A QUACK?

THE question of who is a Doctor? has frequently been asked of late in the medical journals, and has not yet been definitely answered; but the still more important question, who is a Quack? appears likely before long to receive some more satisfactory solution than it has hitherto met with. The Medical Profession, with some show of reason, regard as quacks those who profess to cure diseases without possessing the necessary legal qualifications for so doing; or those who, even if they possess some legal qualification, pretend to have discovered specific remedies, the nature of which they conceal from the rest of the world. Still, the meaning of the word "quack" is so ill-defined, that to use it in reference to any particular person may be considered libellous in the eye of the law, even although the individual may seem to deserve the appellation.

It is for this reason that even the medical journals, which aim at purifying the profession from the vermin swarming around its ranks, dare not denounce the most notorious offenders in this respect, and thus the public are left in ignorance as to the line of demarcation distinguishing the real from the false, the genuine practitioner from the spurious pretender. Even in the flagrant case of those obscene quacks, whose vile pamphlets and indecent advertisements are the scandal and disgrace of our modern British civilization, the medical journals, with a very few exceptions, have been wholly silent as to the names of the traders in infamy who are sapping the morals of the rising generation, and fleecing the credulous and the timid in all ranks and of all ages. The fear that an action for libel might be brought by any of these scoundrels against a newspaper, however honourable in its principles or pure in its objects, has imposed upon the press this discreditable but necessary reticence, and the consequence has been, that except by an occasional exposure in the newspapers as to some collateral proceeding on the part of those persons, the unguarded portion of the public is left wholly uninformed as to the real nature of the traffic in which they are engaged.

It is only right, however, that the veil should now be removed, and that, at any rate, the limits should be drawn which separate the profession from the quacks. In advising and advocating such a step, we desire no interference with individual or public liberty, for every one is free to employ a quack if he likes, but then he should be allowed clearly to understand that the person so employed *is a quack*. For, like vice which often attempts to pass itself off for virtue, quackery is continually attempting to pass itself off for legitimate medicine, and the empirics bedeck themselves with fictitious titles and boldly assume the rights and the privileges of the lawful and registered practitioners. The law, which professes to protect those who conform to its provisions and to punish those who disobey them, actually does the reverse in the case to which we allude, for it protects the quack in his illegal course, and by so doing punishes the true practitioner who has no chance of victory in the unequal contest.

But the law, while it thus practically ignores the claims of medicine to fair recognition, is singularly tenacious of its own rights and privileges. It would be idle for anyone to attempt to get up and plead in Westminster Hall unless he were legally admitted a member of the bar; and anyone who pretended to assume the functions of an attorney in any of our courts of law, without a certificate, would be peremptorily refused a hearing. Why, then, should the public be left entirely unprotected in the choice of their medical advisers when they are guided so carefully to a proper selection in the case of the law?

For obvious reasons we make no reference at present to any particular instance, but we may observe generally that the time appears to be approaching when in our courts of law and in the Legislature, there will be a distinction drawn between those who are honourably practising the Medical Profession and those who are usurping its functions, swallowing up its emoluments, and deceiving the public. The trickery by which the swarm of quack impostors has hitherto escaped punishment and exposure will be, we hope, speedily unmasked, and then, if the public choose to employ ignorant pretenders, they will do so at least with their eyes open.

There are at present two great classes of quacks—namely, those who are avowedly without any qualification at all; and secondly, those who pretend to possess diplomas or degrees, or who possess fictitious ones. The latter class is the more dangerous of the two, because there is in the public mind a sort of respect for constituted authority, and the man who calls himself a Doctor of Medicine or a Member of a College of Physicians or of Surgeons, is regarded as being legally possessed of the title he assumes. The community at large, when they hear a bishop preach or a curate reading prayers, or a barrister pleading at Westminster, conclude that each of these persons is legally entitled to perform his respective functions, and they take no pains to examine the clergy list or the law list to ascertain the fact: and so when Mr. and Mrs. BULL read in the *Times* that Dr. NOKES or RICHARD STYLES, M.D., has discovered a new remedy for hydrophobia, the worthy couple at once suppose that NOKES and STYLES are distinguished ornaments of the London College of Physicians or the University of London, or some other Corporation or Society entitled to grant diplomas or degrees by the law of the land. If some bold but rash journal calls NOKES or STYLES a quack, on the ground that their

names cannot be found in any of the authorized lists of the members of the profession, or that they are professing to do what they cannot accomplish, then forthwith an action is brought by the indignant Nokes or Styles, and Serjeant Gourman holds up a document, perhaps a forgery, or perhaps emanating from the University of Utopia or the Carnivorous College of the Cannibal Islands, and demands heavy damages for his injured client

As we have before remarked, this species of trickery will probably soon be unmasked, and we reserve further observations for the present. We may hereafter ask the question, whether pretenders who profess to cure all diseases, or to cure special diseases by secret methods, are not equally entitled to the name of quacks, with those who hold forged or worthless diplomas?

THE NEW MEDICAL BARONETCY.

The speculations amongst the profession in Ireland, to which the well-deserved honours conferred on Sir William Fergusson and Sir James Simpson have given rise, have received a most welcome response. From the first it was confidently assumed that the Government intended for the medical profession in Ireland no less a distinction than it had conferred on that of England and Scotland in the person of their most distinguished members, and the election of a medical baronet amongst us was expected without hesitation. Irish medical men have reason to feel pride that their representative, as selected by her Majesty for especial honour, is as competent to take the position in which he is placed as those of Scotland and England can be. Sir Dominick Corrigan is eminently a man who owes everything to the commanding ability and power of mind, which every man has recognized and respected, whether in practice, in consultation, in Council, or in the Presidential Chair. As a public man he has been enabled to claim from every competitor the rank of talent and activity of mind; and in no position which he has filled has he condescended to a position subordinate to the leading rank. Amongst Irishmen, at least, stamp of rank was unnecessary to him, although it will be valued as a reflection on our profession.

MEDICAL GOSSIP.

I have just seen an interesting report of one of those institutions, perhaps unknown in Ireland, called a "Cottage Hospital." The one to which I now allude was established at Fowey, a beautiful little nook on our wild Cornish coast and close to the mines at Par, to the population of which, as well as to the sailors visiting the ports, it has been of great and incalculable benefit, as I am enabled to verify from a visit I made to it a year or two ago, during an autumnal tour in that neighbourhood. The hospital was established little more than five years ago by Dr. Arthur Austin Davis, who states that during the past year fifteen patients had been received into the hospital, mostly cases of severity, two of which required amputation. It is satisfactory to add that all the cases did well, and what will no doubt surprise your readers is the very small working expense of the institution, which only reached £19 0s. 10d. This is in a great measure owing to the admirable administrative ability of Dr. Davis, and to the fact that the patients are required to assist themselves by small payments when able. The financial affairs of the institution are in a very hopeful condition, as is shown in an account of the annual receipts and expenditure.

I wish I could give you as good an account of another matter introduced and constantly brought before the public by Mr. Richard Griffin, a Poor-law Medical Officer and Chairman of a Reform Association, of the abuses now pressing so heavily on all Poor-law Medical Officers in the United Kingdom. This gentleman's letter to you, published in the last number, states what I think is a disgraceful fact against all those gentlemen whose position he is so desirous of ameliorating, that during the past year he has received only £14 3s. 1d. from twenty-nine of the *three thousand and odd poor-law medical officers*. How can these gentlemen expect assistance unless they contribute towards the great expenses Mr. Griffin is incurring in their cause. Look at what only one shilling from each would produce—upwards of £150. This for a year or two would soon obtain all the concessions that are required.

Professor Huxley assisted at the first of the Sunday Evenings for the People on the 7th inst., by delivering one of his usual admirable discourses on the "Desirableness of Improving Natural Knowledge." St. Martin's large hall was crowded to excess, and upwards of two thousand were turned away; the prices of admission varied from 2s. 6d. to 3d., with the back seats free. Mr. Huxley will be followed by Sir J. Bowring, Drs. Carpenter and Hodgson, and Messrs. Heywood and Baxter Langley.

Without wishing to intrude on your hospital reporter's province, I must send you the short notes promised in my last of two operations at King's College. In that of Mr. Henry Smith, the patient was a marine suffering for six years from serious disease of the knee-joint. He had been under much surgical treatment in hospital and elsewhere, but the disease had gone on to such an extent as to produce anchylosis of the joint at such an awkward angle that the limb was perfectly useless to the man, and he was suffering much from pain, in consequence of the diseased action still going on. The operation consisted in taking out the anchylosed portions of bone, which was effected by making the incisions as practised in ordinary excision of the knee-joint, but the operation was of necessity much more difficult, as the parts were all firmly anchylosed, and there was a great amount of rigidity and thickening of the soft tissues around the joint. After a very careful operation the limb was brought perfectly straight, and the sawn parts were in complete apposition. Every bleeding point was secured, and Mr. Smith is very particular on this matter. The limb was carefully and thoroughly secured in a well-padded splint before the patient left the theatre.

In the remarks which Mr. Smith made he stated that three courses were open to him to adopt in this case. He might have made an attempt to break up the anchylosis with violent force, but to this he objected because diseased action was still going on. The next step was amputation of the limb, but it was a rule in King's College Hospital never to amputate a knee when it was possible to save the limb by excision of the joint. Therefore, he had adopted the latter proceeding. Up to this day the patient

has not had a single bad symptom, and is going on most favourably in every respect.

Sir William Fergusson's operation consisted in removing the lower jaw on both sides in front of the angle for epithelioma of that bone. The operation was accomplished by making an external cut from one angle of the jaw to the other, separating the soft tissues and then sawing through the bone on each side.

MEMORANDA OF THE MONTH.

"Tros Tyriusve."

That the cattle plague is an exanthematous disease is now generally believed, as also that the malady is transmissible to sheep, during which transmission it becomes milder. It seems, too, that the treatment, chiefly expectant and mildly stimulant, advised in Scotland, has proved far more successful than that in England. That the disease is carried by fomites, like small-pox, is too true, and in re-shipment of troops for Ireland, too much caution cannot be observed in guarding against the evil of such infection.

Sundry statistics and opinions on infanticide, emanating from government authorities previous to parliament meeting, have startled the admirers of coroners' court law. The Capital Punishment Commission have reported to parliament, rather unexpectedly, that it is advisable that infanticide be henceforward punished with penal servitude or imprisonment, the tests of the child having been born alive completely not required, and so of the crime of concealment of birth; a very remarkable suggestion no doubt, and doing away to some extent with the old tests of the lungs floating in water. Any marked injury to an infant newly born should be considered by a jury evidence of foul play, and punished with the minor penalty, but not that of murder.

A very detailed and able paper, by Dr. W. Farron, the "Statistics of Infanticide," has also brought up for debate the advisability of foundling hospitals as a remedy for infanticide.

It is pointed out that Dr. Chambers, and some leading journals arguing against such hospitals, from what they heard in Italy, were only in part logical, as they argue from the abuse of a thing against its cautious, careful use. M. Contino, the eminent Italian, as also Dr. Lankester, the latter who has a wide experience of the evils of infanticide in London, as we pointed out before, are both in favour of well-managed foundling hospitals, as, perhaps, the least of two evils. Of every hundred newly-born children, according to English life insurance tables, Dr. W. Farr says, twenty-six die in the first five years. In the families of peers or clergy of every hundred as many as ninety survive, but in foundling hospitals this is reversed, showing, no doubt, the evils of "bringing up by hand," and the other ills to which infant flesh is heir amongst the poor or improvident classes, and possibly still in a more marked manner in foundling hospitals. Still some good authorities are in favour of the milder expedient of such hospitals to the evils of infanticide. It is, indeed, a question whether medical men ought not always, in a balance of opinion, yield to what is most humane. These *enfans trouvès* in France, after their sojourn in the hospital, go to recruit the army or navy and for the females ample employment is found.

An agitation, calling for an improved *status* of medical education in one of our surgical colleges, so as to keep the graduates of the latter somewhere on a level with the more or less advanced *elevès* of Pall Mall or Burlington House, has attracted notice. That we have every sympathy with the movement need scarcely be repeated.

A question of gravest importance to Poor-law Medical Officers has been submitted to the Treasury this week on the eve of Parliament, one of the good results of the late meeting of the Irish profession—namely, whether of the £114,905 which the not much admired "red ticket" system now costs (a system made so obnoxious to the country doctor by cheese-paring guardians, to save the pocket of the ratepayer, as it is usually called); whether this medical tax, about one-sixth of the whole cost of Poor Relief Act, should not be, as in England, borne in part by the Consolidated Fund: it was so recommended by a Committee of the House of Commons. The Irish Government are in favour of the change, and sensible folk here think it only requires some good man to keep the point still before Parliament to have the grievance removed. Irish Poor-law Medical men will thus be less fettered by guardians, more fairly paid, and superannuation allowances regulated. They must, however, make it their own business.

We may say here, perhaps, of our own perpendings on the point, that in some late articles admitted into the *Saturday Review*, where this and other taxes in Ireland, as contrasted with Great Britain, were examined in a somewhat exhaustive manner, it was shown vividly that such a remission of medical tax was a simple question of right, inasmuch as Ireland generally, during the last ten years, has had her taxes increased by Mr. Gladstone fully one-third (or thirty-three per cent.) over England, leaving the Irish ratepayer less able to meet this poor-rate of four shillings in the pound in many Irish towns; a rate which helps to hamper the Irish dispensary doctor, as it is not (as in England) borne in part by the Treasury. The exact figures are as 4s. $0\frac{3}{4}$d., for each pound of income-tax, to 6s. $0\frac{3}{4}$d.

This act, it need scarcely be said, is only one of seven acts passed, the chargeability of all which has been attached to the poor-laws—such acts as the Vaccination Act, Nuisances Removal, Diseases Prevention, Medical Charities, Registration of Births and Deaths, Expenses of Coroners, &c., under the Burial Board, and such like. In its elasticity, indeed, of late, one has seen, with something of surprise or dismay, the fever hospitals of cities like Limerick obliged to be transferred to the workhouse, almost of necessity, as the people cannot pay twice for hospitals; once, as formerly, by voluntary donation, and next by heavy poor-rates, the larger part of the latter, as regarding workhouse medical charges, taken off in England, which seems so unfair to Ireland.

But *paulo majora!* libraries and London lecture-rooms resound with gossip of another complexion, of new medical baronets, new cattle plague specifics, new lectures on "force," new Lettsomian orations on the fifth nerve, &c. So many medical men now-a-days are interested in the progress of general natural science that "memoranda" of progress would be imperfect without short glimpses of that kind.

During the week Professor Huxley delivered one of his usually placid, but difficult to digest, or heterodox discourses, which was attended by a crowd of *savans*. We had an apotheosis of "force" as the reigning principle

of organisation and vitality; man a mere accident of creation abruptly appearing in the development of the monkey; man as a savage first endowing the rocks and rivers and cataracts with "volitions" like his own (subsequently named deities and religious), and much of the same kind, so ably opposed and so happily met by our friend Dr. Acland in his late Harveian Oration. We mention such medical essays indeed in sorrow, rather to direct attention to the latter oration than the former—bane and antidote, verily.

Professor Owen has been busy in a revival of the Dodo from its bones, as also welcoming back M. Chaillu a week ago, and last, not least, finishing up a discussion with Mr. Flower, as to the cerebrum of the monotremes. Flower right and Owen wrong. We have had the irrepressible *eozoon* also on the *tapis*, a fierce debate between Mr. King, of the College, Galway, and Dr. Carpenter, as to whether this animal is not a mineral, the incidental fact coming up (*teste* our full-blown friend, Sir R. Murchison) that the Connemara marbles of Galway are wrongly described in Ireland as Laurentian, whereas they are Cambrian. As our motto would fain be that excellent one—*petionus damusque vicissim*—to give and take, we take some comfort in such differences of opinion.

Dr. Bence Jones—*intervallo longo*—continues his parable in another direction on force and suboxidation, or rather on insterstitial nephritis and alcohol as the chief causes of Bright's disease, with much of a practical nature on that malady. Alcohol, he believes, increases oxidation, followed as it is by uræmia, with deficiency of blood globules, exudation of urea (as shown by foul breath, sickness, and diarrhœa), gout, cramp, coma, &c., all well described. The chief remedies he has found useful are purgatives and diaphoretics to arrest the tendency to coma, and chloroform to lessen the severity of convulsions when they threaten in certain stages of the disease. It is observable that Dr. Bence Jones, in a manner rather pompous, has never replied to the scathing comments of Dr. Lionel Beale on these questions of vitality being in every particle of matter mere chemical oxidation or non-oxidation.

Dr. Andrew Clarke, the indefatigable microscopist of the London Hospital, whose views were chiefly, if not alone and first recognized by the CIRCULAR, sends a vivid reclamation this week of his thoughts, alleged to have been appropriated by Waters of Liverpool, on pneumonia, but not detected in a late debate in the Medico Chirurgical Society.

The passing literature of cholera, seeing that many expect it again this year, deserves notice. An article in *Fraser* this month describes the panic and horrible exaggeration as to its contagiousness, which worked incredible mischief at Malta, and led the Emperor of the French to counteract such a feeling by visiting the Paris hospitals. Another essay in *Macmillan* gives the true history of the Broad-street pump, on which a dusty German Pettenkofer has built up an ingenious hypothesis, that the soil must be porous, permeable to air and water, impregnated with excrementitious products, and that the cholera "germ" must undergo decomposition about the eighth or tenth day before it acquires its poisonous properties, and yet how many localities have we where these conditions exist as to soil, air, water, excrementitious products, and yet no cholera?

MacPherson, on the other hand, tells us cholera in India is far more prevalent in dry than wet months, more common (as 76 to 24) in the floating than fixed population of Calcutta, especially in the new arrivals from sea. All authors seem to agree that in hilly situations, where there is much rock and thin shallow soil, not permeable to excrementitious matter, cholera is absent; this was also well seen in London as to cholera at Lambeth and cholera at Hampstead. We are no doubt on the road to some new facts in the etiology of this terrible disease, so long the opprobrium medicorum. Some unexpected source of the malady may reveal itself, such as the recently discovered origin of many fevers in houses, the decomposing turf and coal-slack in coal cellars.

Dr. Brown-Séquard talks this week of various nerve fibres, so many as eleven in the spinal cord, their anæsthesia, hyperæsthesia, &c. He differs from Handfield Jones and Lister. He has found a strange thing—viz., that the excitability of the same nerve varies in different parts of its length, and that this, as well as that of the muscles and cord, may be very much increased at the same time that the force developed is very small, a fact shown well in atrophied muscles.

SCURVY IN THE MERCANTILE MARINE.

THE attention of the public has been repeatedly called to the continued prevalence of this disease in the mercantile marine, and, in a medical retrospect of the past year, it is again prominently thrust upon our attention. By a return just made, by the resident medical officer of the *Dreadnought*, in the Seaman's Hospital Society, we find that the numbers of entries for scurvy on board that ship in 1865 largely exceeds the annual average return of the previous ten years, and that all these cases, with one exception, have been brought from ships carrying the British flag. This, of course, but feebly represents the actual amount of scurvy imported into London, and returns from hospitals in Liverpool still remain to be added to this unseemly list of avoidable diseases. The attention of the Board of Trade has been prominently directed to this subject, and a recommendation has lately been made by them to the Local Marine Boards with a view to the appointment of inspectors of liquorice. A majority of these Boards, however, have sent unfavourable replies; and, as men and property on the seas are alike endangered by the frequent presence of this disease in homewardbound ships, it is of paramount importance that a remedy, at once simple and efficacious, should be provided and enforced by legislative interference. It is imperative that lime and lemon juice shall be good, properly stored, mixed with a certain proportion of spirits, and regularly (*i. e.*, daily) given out to the crew. The last only of these necessary items of arrangement is provided for by the Merchants' Shipping Act, and this is almost habitually disregarded. Few can tell to what an alarming extent men are temporarily reduced and permanently enfeebled by this disease, for it is now practically confined to a certain class only, the medical treatment of which class *en masse* comes under the notice of but few practitioners. But, as we enact laws and root out abuses, with a view to correct the sanitary state of our land community, it is but fair that the denizens of our wooden walls should receive some small share of our attention and regard, contributing as largely as they undoubtedly do to the commercial prosperity of this country.

SENSATION AND CATTLE PLAGUE.

We verily begin to fear that in the matter of cattle plague our common profession may get itself into bad odour, instead of reaping that *éclat* which really seems almost within grasp. We feel bound to utter a caution against the railroad pace at which suggestions, interpretations, and theories have been started and then defended by quickly gathered and incomplete facts, during the last few weeks. The ignominious failure of the homœopaths in their handling of every matter connected with the rinderpest ought to put us on our guard against failure. It is essential to the establishment of truth, and to the preservation of the utilitarian character which medical inquirers should possess, that we set our faces steadily against the prevailing spirit of the age—sensation; yet we think we observe something more than the mere germs of that principle abroad amongst us. It has evidenced itself plainly enough in the appeal lately made to the public through the columns of daily journalism, as though i were a short cut to fame to get one's name in connexion with some supposedly novel occurrence printed there. For the while a little notoriety is attained, but mediocrity, and perhaps insignificance, are often to be the final effects. Patient, careful, and persevering observation alone is the means by which any satisfactory knowledge is acquired. Our remarks apply as well to the press generally as to individual contributors. Contrariety of opinion no doubt is conducive in the end to the establishment of right and correct views, but it should be accompanied by a fair balancing of *pros.* and *cons.* We beseech our medical friends to prosecute further researches in a proper spirit, and with that amount of cautious reticence as regards conclusions which the gravity of the subject fairly demands, otherwise rinderpest will become so complex, on account of counter and contradictory statements, that vast labour and time will be expended in unravelling the mistakes of our own committing. At the present moment there is clearly a tendency in observers to range themselves into distinct antagonistic positions, and to regard the rinderpest from totally different points of view in fact, because by this means individually they may acquire notoriety the more readily. In affirming thus much no accusation of any blameable kind is implied, it is simply a failing human nature to do so.

Now, how stand matters? Almost every one is agreed that the rinderpest is an acute exanthematous disease, its general features offer no objection to the possibility of its being small-pox. Not so with the eruption, however. Now, firstly, it must be remembered that most of the cattle die at a period anteriorly to that at which the eruption of small-pox is developed so as to be appreciable to the senses. Secondly, it, as a rule in the cow, does not assume the peculiar vesicular character which we are led to believe is a diagnostic feature. It has been argued that the texture of the skin of the ox accounts for the difference, and other points we noticed last week. If we regard the history of small-pox as to its eruptive state, we shall find a very wide range of variation. The results of vaccination are most important. Dr. Murchison has collected, up to the present moment, an amount of evidence upon this point which, though it is not very great *per se*, yet cannot be overlooked or disregarded. The preponderance of testimony in favour of the protective influence of vaccination *contra* rinderpest is undoubted. It has struck us that neither the matter from human variola, nor that obtained from the vaccine pustule of the child, are the most suitable and proper kinds to be used for experiment. By analogy of the human subject it would appear that the matter of cow pox is most fitting to protect against the greater form of mischief, in the same way that vaccinia acts against variola. In a few weeks decisive results must be obtained.

Another matter, however, has startled the attention within the last few days. When Dr. Fenwick addressed a letter to the *Times*, stating that he had discovered in the muscles of cattle who died of rinderpest, small entozoa, some people imagined not only that it was a novel discovery, but that the cause of the cattle plague was solved. It is affirmed that these bodies are found in healthy animals and are quite independent of rinderpest. German observers found them upwards of twenty years ago, in the mole, the rat, doc. the deer, and other animals, and Mr. Rainey, in the pig in 1857, imagining them to be the early stage of *cysticercus cellulosæ*.

Dr. Beale, who has gone most intimately into their microscopic history, thinks they are at any rate more abundant in the muscles of rinderpest than healthy animals This season has been peculiarly prolific in the production of all low forms of life, and it becomes a question whether this would not account for their greater prevalence. They appear to be simply elongated sacs, covered on the outside with ciliated processes, or rather hairs, and filled with young cells of an uniform size, slightly curved and larger at one end than the other. They lie amongst the elementary fibres, occasion no irritation, and reach sometimes a sixth or a quarter of an inch in length. They exhibit no trace of alimentary canal, gland, or other organ in their interior. The effect of reagents upon them shows them to possess the attributes of animal rather than vegetable structures; though Dr. Cobbold has expressed the opinion that they are probably of vegetable nature. It is difficult to subscribe to the latter view, in consequence—first, of their situation; secondly, the peculiar cilia-like outer coat or test; and thirdly, the effect of reagents, especially iodine and liq. potassæ. They are clearly very definite things, as Dr. Beale observes, and deserve to be most carefully studied. With regard to their connexion with cattle plague, little at present can be said beyond the fact already mentioned, that competent and trustworthy observers declare them to exist in perfectly healthy muscular structure. If they be entozoa, it is difficult to conceive how the connexion can be traced, inasmuch as they must take, one would suppose, pretty good time to grow to the size of an eighth or a quarter of an inch, and get filled with the enormous number of young cells which distend their interior.

Against the relation of rinderpest and small-pox may be mentioned the fact that Mr. Ceely has failed, "in the few cases in which he has attempted inoculation with the nasal discharge in cattle plague on subjects not having previously undergone variola or vaccinia," to produce any result. At the same time one remarkable affirmative instance occurred in the case of Mr. Hancock of Uxbridge.

It cannot have escaped the attention of our readers that vaccination is being practised largely in different parts of England, and that the public have taken the thing entirely into their own hand, which is much to be

regretted. It only shows that excitement is strung up to a very high pitch, and when this is the case cool judgment is considerably warped and unbalanced. A contemporary justly remarks that in this matter the cart has clearly gone ahead of the horse. We mean that people have taken bit in mouth and run clean away from our Cattle Plague Commissioners. It is high time that they lay down some very definite rules for the guidance of those who perform the operation of vaccination upon the cattle, otherwise a really protective method of treatment may get into discredit, and be nullified simply from error in executive detail. We should also like the careful observation of the characters of the eruption of the rinderpest entrusted to the hands of an experienced dermatologist.

Once again we implore observers to treat this matter in a truly scientific spirit, and to exercise the largest degree of caution, before they rush into print or otherwise give publicity to novel opinions.

MEDICAL ANNOTATIONS.

WORKHOUSES AND LUNATIC ASYLUMS.

Within the last few days the public have been horrified by the revelations made as to the misery, the filth, the wretchedness endured by the unfortunate paupers in our metropolitan workhouses. and as to the systematic neglect experienced by this helpless class of the community. On seeing the gloomy rooms occupied by the paupers, sick or well, old or young, and the utter absence of any of that sympathy which they ought to receive from their "Guardians" (?), we might well exclaim with the poet "*Lasciate ogni Speranza, voi chi què entrate*" But let us turn to a lunatic asylum (a pauper one, be it remembered), and note the contrast. The *Times* of Thursday last occupies two of its columns with an account of a dramatic entertainment, supper, and ball given to the inmates of the Colney Hatch establishment, and the following is an extract from this graphic sketch. In another page of the very same paper the details are given of an official inquiry into the treatment of paupers at the Bethnal-green Work house. "Look hereupon this picture and on this":—

"There were about 700 of the inmates present throughout the entertainment, and a more orderly audience could not have been assembled. From beginning to end there was not the slightest interruption, and the patients exhibited remarkably good judgment in the bestowal of their applause. Perhaps the most interesting circumstance connected with the performances was the manner in which the delighted patients joined in the choruses of the comic songs. Mr. Moreton requested them to do so, and it might have been supposed that at least some of them would begin at a wrong place, or that all would not commence together; but no such mistake was committed. They took up the right note, and sung in a pleasing and harmonious manner. At the conclusion of the burlesque Mr. Wyatt, the chairman, and his brother visiting justices entertained their guests, while the patients were regaled at supper—cakes, oranges, figs, and other delicacies being provided for them. After supper there was a ball, at which the visitors, the officers of the establishment, and several hundred of the patients were present. Ladies of the families of county magistrates took patients for their partners, and the gentlemen danced with inmates of the asylum. Waltzes, polkas, and quadrilles were gone through without confusion, and the intricate Lancers accomplished with fewer mistakes than one often sees committed when they are danced in an ordinary ball-room An excellent band was in attendance, the great hall in which the ball took place was brilliantly lighted, and the whole scene was as foreign to what one might expect to witness in a madhouse as anything that can be imagined. That such an evening can be spent in a lunatic asylum is one of the results of what may be called the "palliative" system. It can scarcely be called 'curative,' because, sad to say, the number of permanent cures of chronic insanity bear but a small proportion to that of those afflicted with the malady. Very many cures are, however, effected in our asylums; and the duration of life has been lengthened among the insane by the treatment in these establishments. More important still, their existence is rendered as happy as it can be under their heavy visitation. The fact that although there are at present in Colney Hatch between 500 and 600 persons who had attempted suicide before their admission not a single inmate died through suicide or violence from another during the whole of last year tells favourably for the vigilance of the attendants. In their intercourse with them last evening the patients showed no fear of the officers. On the contrary, they appear to look upon the doctors, and those acting under them, as their personal friends. The company broke up at about ten o'clock; and if the visitors had not enjoyed an evening of unalloyed pleasure, certainly they enjoyed the satisfaction of having contributed for some hours to bring happiness to a number of their afflicted fellow-creatures who can do little to even temporarily cheer themselves."

The following extract is from the Poor-law Inquiry in Bethnal-green, from the same day's paper:—

"Pierce, the labour-master, gave evidence confirmatory of the changes of suits having taken place between incoming paupers and outgoing paupers who had been sick, and he said the stores of clothes were occasionally deficient, owing, in a great measure, to the 'cord' suits being away at wash.

"The Commissioner said he would not prolong the inquiry, but he desired to say a few words to the guardians. First, with respect to the bathing, he desired them to consider how essential it was the water should only be used once, when there was so much typhus among the lower classes, and that this was likely to be spread by persons bathing together. This typhus, he warned them was a species of plague, and one most likely to be spread by the treble use of one water as by the use of the shirt among the casuals. He hoped that the guardians would look to these matters, and try and prevent typhus spreading by these means. On passing through the wards the day before he had his attention attracted to the large number of children (300) in the wards. He desired the guardians to consider whether it would not be well for them to follow the example set by other London unions, and send the children away to district schools in the country, where they would be brought up without the associations of the 'union.' He could assure them that children brought up in the London unions in after life looked upon those places as their homes, and flocked there when out of work. Then, another thing; children brought up in the workhouse and sent out to places were beset with parents in many cases, who dogged their offsprings' steps, and, having lured them from their situations and stripped them of their clothes, sent them back upon the workhouse nearly naked. Then there was another point; the wards occupied by these little ones were required for other inmates, and sending the children away would make the necessary room."

NATIONAL FEVER HOSPITALS IN LONDON.

The Guardians of the parish of St. Pancras have applied to the Poor-law Board on the subject of erecting Fever Hospitals in London at the public expense, and have adduced several powerful reasons in support of this proposal. The London Fever Hospital in the Liverpool Road, Islington, is often overcrowded, and the consequence is that fever patients are refused admission, and sent back to the workhouses or other places, where they propagate the infection. It is also urged that the provision of accommodation for fever patients ought not to be a matter of private charity, as is now the case in London, but a national concern. Notwithstanding the arguments of the St. Pancras Guardians, however, we do not altogether concur in the propriety of erecting these public Fever Hospitals, which we think ought to be provided by the respective parishes. The fact is, that the local authorities have been culpably remiss in almost all cases in the prevention of fever and other infectious diseases, their negligence being generally cloaked by the plea of economy. Without advocating any special plan at present, we are inclined to think that temporary and isolated dwellings for the reception of

cases of fever, small-pox, cholera, or other such cases *when they occur*, would be far more desirable than permanent national buildings for the reception of any one class of cases. This plan has frequently been recommended, but we believe never has been followed.

NATIONAL HOMŒOPATHY.

Under the serious visitation of the cattle plague, which is now afflicting many of the nations of Europe, it may seem trifling to advert to the inanities of homœopathy in reference to this disease; but a letter recently written by Lord Sidmouth, and published in the *Times*, is so ridiculous that we are compelled to notice it. This nobleman, who appears to be one of the followers of the homœopathic delusion, accounts for the failure of the globulistic treatment in England, compared with its alleged success in Holland, by the assertion that the *right* homœopathists have not yet been consulted. The real Simon Pures are, it seems, Messrs. Sentin and Gondoy of Holland, who are said to possess the only true specific globules, of the nature of which all the other globulists are ignorant. Hence the failure of the British homœopaths, and hence the generous offer which has been made by Messrs. Sentin and Gondy to come over to England at the small charge of £100 each, exclusive of expenses, for the purpose of curing our afflicted cattle. Thus there is not only an English and a Dutch homœopathy, but there is a real Dutch homœopathy and a sham one, and it is really very difficult to know which is which, they are so much alike. As Burns says, "If fate would but the giftie gie us, to see ourselves as other see us," Lord Sidmouth might perhaps discern his own folly, and at least refrain from parading it before the eyes of the public.

VACCINATION FOR RINDERPEST.

It is well known that during the last week or two, a theory has been proposed as to the strong similarity, if not identity, existing between the cattle plague and small-pox. We have noticed this very important matter in our columns, but have not given in our adherence to the views thus advanced, and without wishing to discourage speculation, we may state that we are very sceptical as to the analogy of the two diseases. The practical deduction to be drawn from such a suggestion would be that, as vaccination prevents small-pox in the human subject, so the same measure adopted in the case of cattle would prevent the rinderpest, and accordingly we find that the vaccination of cattle is now being performed to a very great extent throughout England. Rules have been very properly laid down as to the due performance of the operation, and in many cases, we are informed, the vaccination has been successful. But the question now at issue is, not whether vaccination can be successfully performed on cattle, but whether that operation will prevent the cattle plague, and on this point we believe that the evidence at present is completely negative. We hope, however, that we are incorrectly informed, and shall be only too happy to acknowledge our error.

RETROSPECT OF THE JOURNALS.

Still the cattle plague. The periodicals are filled this week with original communications representing different views as to the nature of the "pest." These are backed by letters from different parts of the country, advocating the adoption of one or other of the most contrary opinions. In reading these communications one is put in mind of the position in which a non-professional person is placed on listening for the first time to a trial in a court of justice. When he hears the case of the plaintiff stated and his witnesses examined, he thinks there is not a worse used individual in the universe, but on hearing the defendant's case his ideas are completely changed, and he is fully impressed with the idea that the plaintiff has represented a tissue of falsehoods. He is again *nonplussed* at the reply of the plaintiff's counsel, and finally he is utterly confounded with the address of the judge. So it is with this cattle plague dispute. The *Lancet* adopts Dr. Murchison's views as to the identity of small-pox and rinderpest; and, certainly, if we read the letters and evidence from farms in the more northern counties, there is every reason to think that we have, through his untiring zeal and perseverance, come near the truth. It seems that the proper method of vaccination is to obtain the lymph from the matured pustule in a child. One cow is inoculated from it, and the rest of the herd with the matter taken from the first beast. Dr. M. recommends Dr. Vaughan's plan:—

"Lastly, Dr. Vaughan of Crewe, who is public vaccinator to one of the districts in the Nantwich Union, and who has vaccinated a very large number of cattle, has 'not had more than ten per cent. of unsuccessful cases.' He writes thus:—'I employ in the first cases ordinary lymph from the arm of a child, and afterwards from beast to beast. My mode of operation has been this. I select as the most convenient spot, both as regards facility of operation and protection of the vesicles, the portion of skin devoid of hair by the side of the vulva. Drawing the skin tightly over the ischial prominence, with the point of a curved bistoury I make from three to five slight incisions, about a line in depth and half an inch long. These do not bleed, but exude sufficient serum to dissolve the lymph dried on the points, when such are used (though I prefer tubes). Having introduced the lymph, I loosen the stretched skin, and the incisions close so as not to be visible, effectually imprisoning the deposited virus. In this way I have produced by the eighth day (occasionally by the fifth or sixth) as many as six well-matured vesicles exactly resembling those produced on the arm in infant vaccination, and yielding lymph in such plenty that I have vaccinated sixty beasts with the lymph procured from one. The vesicles, with their surrounding subcutaneous effusion, have raised a swelling equal in size to a florin or half-a-crown. I have not observed any particular constitutional symptoms.'"

The *Medical Times* adopts the views put forward by Dr. Fenwick, that the plague is due to the infiltration of the tissues with *entozoon-like* bodies; and, although there is some doubt as to the exact nature of them—whether animal or vegetable—still it is a remarkable fact that the majority of post-mortems on animals has revealed the almost universal presence of these bodies. Dr. Lionel Beale has taken the matter in hand, and from his great skill and success in microscopic research we are to take anything from his pen as a valuable addition to our knowledge. He has found these masses enveloped in a layer of muscular tissue and sarcolemma; he does not, however, pledge himself to the fact that they are *entozoa*.

"The facts concerning these entozoa (?) may be summed up as follows:—

"1. That in almost all, if not in all, animals dying of cattle plague, entozoa or entozoon-like bodies exist in considerable number in the voluntary muscles of the system and in the heart.

"2. These or closely allied species have been known for more than twenty years, but their nature has not yet been determined. They have been found in the ox, sheep, deer, pig, rat, mouse, and perhaps other animals.

"3. They are occasionally found, but in very small numbers, in animals apparently in perfect health when killed.

"4. In the muscles of a calf killed by cattle plague, under *six months* of age, these bodies were found in immense numbers.

"5. They vary in length from less than the 1-300th of an inch to at least a quarter of an inch in length. They are, for the most part, embedded in the contractile material of the elementary muscular fibre, but they are occasionally found free.

"6. They are for the most part spindle-shaped, and the external investment or envelop exhibits a very delicate and peculiar structure, being completely covered with delicate hair-like processes.

"7. The mass within appears granular to low powers, and exhibits a division into numerous segments, but it is found to consist entirely of minute bodies re-emoling one another, possessing very definite characters, less than the 1-2600th of an inch in their longest diameter, and of peculiar form, being oval, flattened, the body slightly curved laterally, with one extremity blunt and the other almost pointed.

"8. The entire mass increases in size as these small bodies increase in number, probably by division and subdivision, within the cyst."

In the *British Medical Journal* there is a capital paper from Dr. Dobell, on the "Nature, Cause, and Treatment of Tuberculosis." He is a painstaking observer, and has worked at his present subject for sixteen years. It is not to be expected that all physiologists and pathologists will agree with him, but he puts forward his hypothesis so clearly and modestly that no one will find fault with him. He seems to think that diseases of this class are due to impairment of the functions of the pancreas. An idea of his proposition may be gathered from the following:—

"Tuberculosis is due to defect in the action of the pancreas on the fat taken as food (especially the solid fat). The supply of properly prepared fat is cut off from the blood: 1, by the fats not being brought into a proper condition by the pancreas; 2. by loss of absorbing power in the small intestines, due to the contact of unhealthy pancreatic juice and of defectively prepared food with its mucous membrane. Thus the blood becomes deficiently and defectively supplied with fat-elements from the food; is unable to afford those required for direct combustion; does not replace those taken up during interstitial nutrition; but, on the contrary, takes up more to compensate the deficient supply from the food. This having gone on up to a certain point, the fat-elements of the albuminoid tissues are seized upon, and these tissues are minutely disintegrated i the process. This disintegrated albuminoid tissue is nascent tubercle; and this process of disintegration is tuberculisation."

Dr. Tubbs gives the particulars of a case of labour induced by the use of Barnes' dilator; the proceeding was called for by the occurrence of hæmorrhage during the eighth month. Many may condemn the practice of "turning" in a case of the kind, where it was known that the child was dead for hours.

Dr. Kratz's account of the outbreak of trichina disease at Hedessleben, in Saxony, is very harrowing. We may congratulate ourselves that the lower orders of this country are not in the habit of eating raw pork. Out of about 350 cases there were 80 deaths, and the probability is that there will be more. In many of the cases the diarrhœa was not a prominent symptom; there was œdema of the eyelids and tension of the flexor muscles of the extremities and neck. Death occurred in about four weeks, from paralysis of the diaphragm.

Dr. Maclean, in the *Canada Medical Journal*, relates a case of fracture of the larynx followed by œdema, requiring tracheotomy.

In the *American Journal of Medical Science*, Dr. Cutter of Newark, relates a case of ligature of the common iliac.

A death from the administration of chloroform has occurred at St. Mary's Hospital.

Sir J. Simpson's eldest son is dead.

In the *Lancet* Mr. Coote gives his views on syphilization. Although he adduces no facts to prove the want of efficacy of the system, he objects to it principally from its tediousness, as might be expected. None of his patients would allow the treatment to be completed.

Dr. Ellis relates a rare case of carcinoma of the cellular tissue about the kidney, in a boy aged seven.

At the Kidderminster Hospital a weaver whose clothes were caught by machinery, has had the skin of the penis completely dragged off and the organ buried in the scrotum. This is not a very uncommon accident.

At the Obstetrical Society Dr. Eastlake recommends a substance called *iodoform* as a valuable local and internal remedy for procuring respite from the pain in cancer of the uterus.

On the subject of Workhouse Infirmaries, which has attracted such notice in London from the cases of death which have lately been published, in which it is believed neglect formed an element, the *Lancet* is of opinion that those institutions are overcrowded and under-officered. The very same may be said of the similar institutions in Dublin. In the North and South Unions we believe we are right in stating that each of the medical men are fully two hours engaged each day in getting over their work. It is only rational to suppose that where such a time is occupied the medical officer is anxious to get out of the place much too soon; the number of patients in charge of each is too large. In a general hospital there would be at least four surgeons and four physicians to do the same work.

The *Lancet* warns us against "Brahee sugar," which now turns out to be a secret remedy and not altogether free from the taint of homœopathy. It acknowledges that it was "taken in" in allowing the correspondence in reference to it to appear.

In the *Medical Times* we find four successful cases of ovariotomy.

We are sorry to find that scurvy, a disease which was almost banished, is on the increase in the merchant navy, probably owing to the inferior quality of the lime juice.

The famous Dr. Hunter, of advertising notoriety, has again appeared in court in an action against the *Pall Mall Gazette* for libel.

We are promised a host of correspondence in next week's journals in reference to the abuse of chlorodyne by the *Medical Times and Gazette*.

POSTPONEMENT OF THE PROPOSED BANQUET TO SIR J. Y. SIMPSON.

A very influential meeting was recently held in Slaney's Hotel for the purpose of making arrangements for a banquet to Professor Simpson, and a committee comprising gentlemen of all professions, and representing all classes of society, was then appointed. The Earl of Dalhousie had willingly consented to preside on the occasion, and it was resolved that the dinner should come off on an early day. The sudden and most melancholy death of the Professor's eldest son has, however, in the meantime put a stop to the preparations. We trust that ere long, nevertheless, the profession and the public may have an opportunity of manifesting how much they appreciate the services of the distinguished Baronet.

Childrens' Hospital for Glasgow.—We are much pleased to learn that active steps are now being taken for the erection of an hospital for sick children in the western metropolis, and we understand that a public meeting is soon to be held for the purpose of exciting public interest in the movement. The promoters have already considerable funds in their hands, and we have no fears of the success of the hospital in a city which always subscribes so liberally to every good and charitable cause.

IS RINDERPEST SMALL-POX?

It is a singular fact that Dr. Murchison, whose pathological investigations have done so much to complete the separation between our three different continued fevers, which up to recent times have been, and still occasionally are, confounded together as one, should have lent his name to the theory that rinderpest and small-pox are identical, mainly, apparently, because both are attended by a pustular eruption. No one knows better than Dr. Murchison that the mere similarity of an eruption in any two diseases is not a proof of the identity of these diseases. To prove this there must be identity of the type of fever as well as identity of the eruption. No one has even attempted to show that the fevers of variola, vaccinia, and rinderpest are identical in type, and no one has ventured to prove that the eruptions are identical. The vaccine vesicle, like the variolous one, is, if true, always umbilicated, and in its early stages consists of an umbilicated multilocular cyst containing serum, around which spreads the rosy areolar rash. In rinderpest the fever does not remit, is always continuous of a low typhoid type, while the eruption either consists of simple conoid vesicles, or of true pustules, and never of umbilicated vesicles passing into pustules. The fact that inoculation of rinderpest virus produces a pustular eruption in man proves nothing. Dr. Henri, in his work on "vaccination," states that there are no less than six vesicular eruptions in the cow which can be communicated to man, only one of which is prophylactic of variola. M. Pruig of Saxony, Messrs. Clarus and Radius, Hildenbrand of Vienna, and many other authors make similar statements, so that this fact must go for nothing. Further evidence is daily accumulating that a previous attack of variola does not prevent animals from taking rinderpest. At a recent meeting of the Justices in Forfar, Lord Dalhousie stated that two cows, belonging to Dr. Guthrie, the Provost of Brachin, had cow-pox so bad last year that they could not be milked; recently they took rinderpest, and he was understood to say had died of it. In a private letter from the chief inspector of rinderpest in Forfarshire, he writes:—"I have just visited one place in which were six cows, who had natural cow-pox within the year, and yet were all suffering from rinderpest. As formerly remarked, the true nosological position of rinderpest has yet to be determined, and further and more minute inquiries into the nature of the fever and of the eruption must be made before this can be satisfactorily settled. Meanwhile we regret the promulgation of this theory of Murchison's, as tending to render both Government and the public vacillating in their application of the only effectual cure—the pole axe—to which both are rapidly tending. As interesting in the present conjuncture, we append a letter from Mr. Fisher, a Perthshire farmer, which has appeared in a portion of the public prints, and which contains a great amount of sound sense in regard to this matter:—

"I am perfectly satisfied that all my cows had the cow-pox last summer (some of them very badly). I cannot say that the calves had it, but as they were running occasionally with the cows, and drinking their milk when they were in that state, it is more than likely they had it, if it is at all infectious. I am happy to state that they are still all well, and I hope they may continue so. Most of the farms all round have been infected, and some of them cleaned out. In the beginning of October, when the plague began to spread in this district, I put my cattle into the byres, and since then they have never been out. I have been very careful that no one should go near them but the man who feeds them, and he never leaves the farm. They drink from a trough in which iron is placed and sulphate of soda mixed daily, and the whole byres and courts are daily sprinkled with chloride of lime and Macdougal's disinfectant. I have seen all that has been written in the papers regarding the small-pox, and, knowing my own case, I was in hopes a cure might be found: but I have been making inquiries since, and I find that a herd of cows in my neighbourhood are all swept away but three, and the farmer says they had the cow pox last summer. Now, if this is correct, there cannot be much in vaccination. My own opinion is that it is a low fever, very infectious, and that the only safety is in keeping clear of it. I may be wrong; but, I think, the fact that I put my cattle into the byres so early, and allowing no one to go near them since, with the liberal use of disinfectants, has as much to do with my being all right at the present time as to my cows having had the cow-pox during the summer."

It will be seen that Mr. Fisher has not much faith in cow-pox as the preserving agency in the case of his cattle, but that he attributes his good fortune to the prophylactic and isolating measures he has adopted.

Since the foregoing observations were penned, we learn on unquestionable authority that of the calves whose immunity from the disease formed the ground for Mr. Tollemache's letter to the *Times* on the efficiency of vaccination, one has since taken the disease by contagion, and the other by being kept in a vitiated atmosphere—Ed.M.P.C.

AN APOLOGY.

It would be disrespectful to our Subscribers to hesitate at offering a sufficient apology to them for our shortcomings within the last three weeks in punctuality, and in other respects in which complaint ought not to be possible or apology necessary. With the most anxious desire to render The Medical Press and Circular as perfect as possible from its first number and in all respects, we must confess that the magnitude of our task has, in individual cases, overcome our desire and intention to do full justice to all our subscribers, contributors, and advertisers. In those days of publication by millions, little latidude can be allowed for failure in any respect, yet we suspect that the general public havel a very short idea of the full meaning of an issue of 17,000 copies of a three sheet journal. When we say that after leaving the compositors' hands such a journal has to go through thirteen separate operations before it reaches the Post-office, and that from the 3rd inst. to the 18th, no less than fifty-two sacks full of copies have left our office, it will be understood that delay in transmission or faults in typography are indispensable. The publication of three separate and distinct journals, each comprising its own special material and information, is an undertaking of sufficient difficulty and responsibility to account for some little slowness or harshness of working in its machinery, and we trust that our readers will not be slow to extend to us an indulgence which we hope it will never again be necessary to ask from them. We have spared neither labour nor expense in the execution of our promise, and in point of fact have exceeded our estimated issue by nearly two thousand copies.

UTILISATION OF SEWAGE.

Water-closets, as now managed, are an utter nuisance. The matters deposited in them ruin the air of houses, and when they reach the sewer poison the air of streets, and when they reach the river or the sea, further poison and defile the waters therein. Nevertheless, sewage matters are a very good thing in their own place, that is in the oil, and nor where else. In Belfast for example, not to mention other Irish, English, and Scottish towns, the sewage matters driven into the sea, kill the sea infusoria, and a joint deposit of the sewage matters and dead infusoria takes place, and has

taken place, to an immense extent on both sides of the Lough, creating a stench, especially when the tide is out and the sun is warm, which it is impossible to describe, and which, even now, renders an abode on either side, for some miles down, anything but agreeable.

The proper plan would be to collect *all* sewage matters in close vessels, wherein they might be disinfected by the addition, by hand, of a little carbolic or phenic acid, now sold very cheap by Calvert in Manchester, or simply of dry earth. Or, one or other of these substances might be added by some simple mechanism as connected with the seat. In Belgium as in China, necessaries are erected all along the highways, for the convenience of wayfarers. The system might be followed here with much advantage, both in town and country. As it is, human ordures, almost everywhere, pollute our streets, disgrace our roads. In China and in Japan every particle of human excrement is carefully collected and restored to the soil, although, unfortunately, they have not got the length of disinfectants and deodorisers. In the Appendix to Liebig's "Laws of Husbandry," as translated by Professor Blythe of Cork, will be found a most interesting account of the collection and application of sewage matters in Japan, where, in respect of this careful collection and thrifty application of sewage matters or rather human feculance to the soil, they excel every community, except perhaps the Chinese, in the whole world. Their example cannot be too universally followed with, however, the addition of those appliances and precautions suggested by modern science and modern delicacy. With this proviso, every farmer should be furnished with a printed slip of instructions from the Appendix already cited.

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Since the last report published in your journal I have received £7 3s. 6d., as the annexed list will show, which not only places the Association out of debt, but leaves a small surplus for future proceedings. To this surplus I trust the Poor-law Medical Officers generally will add their subscription, and thus enable the Association to take active proceedings during the ensuing Session of Parliament.

There is a question now before the country to which I desire to call the attention of the Poor-law Medical Officers —viz., "The Rinderpest," which, should it be proved to be a malignant form of small-pox, will compel the Government to consider the question of the compulsory vaccination of all calves, not to be killed as such, and thus prevent the spread or reappearance of the rinderpest in the United Kingdom.

Should such be the case, and the Poor-law Medical Officers not consider it derogatory to vaccinate these animals in their respective districts, a very material addition might be made to their at present miserable incomes; besides this, it would be the means of keeping up the supply of lymph for the human subject. If, however, they should decline to do this, I feel certain that those who are deputed to vaccinate the calf (a much more difficult operation than that in the human subject) will after a time vaccinate the infant, and thus a material reduction instead of an increase may be made in the fees of the Poor-law Medical Officers. I throw this out for the consideration of my brethren, that steps may be taken to ensure the attainment of this object should they desire it.

R. Griffin, Weymouth, £1 1s.; H. T. Matthews, Horsham, £1 1s.; C. F. Lewis, Horsham, 5s.; W. Martin, Horsham, 10s.; R. Harrison, Kendal, 5s; A. Cheeves, St. Germains, 5s.; H. E. Sargent, Launceston, 5s.; H. B. Gould and W. B. Norman, Portsea Island, 10s.; W. A. Raper, Portsea Island, 5s.; J. T. Allnutt, Portsea Island, 5s.; J. E. Brine, Shaftesbury, £1 1s; J. H. Swain, 10s.; W. H. R. Bennett, 10s.; J. S. Miles, 10s.—1 am, &c. RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, Jan. 17, 1866.

MEDICAL ET QUETTE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A is sent for to a sick lady: he being from home and not putting in his appearance till the fourth day after being solicited, B (who happened to be in the village) is called in. The following day A visits the house of the sick lady, but is refused an interview. A then addressed a letter to B, apprising him (B) of his (A's) return, and requested that the patient be handed over to him in accordance with the rules of medical etiquette. B, of course, complied, and discontinued his attendance, but on the following day, to the great surprise of B, the patient wrote to him and requested him to visit her again or send more medicine. B, not understanding this anomaly, called again on the lady, and is informed by her that she will not be attended by A (whom she considered had slighted her), and urgently requested B to continue his attendance. B *consented*. Pray, Sir, 1st, to whom does the patient belong. 2nd, Has B violated the the rules of medical etiquette?

By answering the above queries in your next impression you will greatly oblige,—Yours obediently, J. T. J.

[Under the circumstances stated, we think that the patient belongs to B, and that B has not violated the rules of medical etiquette.—ED. MEDICAL PRESS AND CIRCULAR.]

AT the meeting of the Court of Examiners of the Royal College of Surgeons of London on the 16th inst., 66 gentlemen presented themselves for examination, 36 for the "primary" and 30 for the "pass," of the former eight candidates were referred back for three months, and of the latter nine were rejected, making a total of seventeen candidates out of sixty-six refused admission, or rather more than one fourth of the whole.

MEDICAL SERVICES IN INDIA.—A commission "to consider and report upon certain points connected with the Indian Medical Service" has been appointed. Mr. J. Strachey, C.S., will be the President; and Dr. H. A. Bruce of Bengal, Dr. F. S. Arnott of Bombay, Dr. W. R. Cornish of Madras, and Lieutenant-Colonel H. K. Burne, of the Bengal Staff Corps, the members.

A CASE of death during the administration of chloroform occurred last week at St. Mary's Hospital in the person of a man who was undergoing the operation of evulsion of the toe nail. It appears from the evidence on the inquest that the usual precautions of stethoscopic examination had been taken, and that no cause for the sudden syncope had been made manifest either by that or the subsequent post mortem examination. It was represented that the man had walked three miles and a half to the hospital that morning, and had expressed an unwillingness to receive an anæsthetic; but these circumstances were properly held to afford of themselves no sufficient reason for the unfortunate result.

BRAHEE SUGAR.

UNDER this curious and attractive title, our contemporary the *Lancet* recently admitted into its pages a puff of what turns out to be apparently sugar of milk. The writer is now stated to be the brother of a well-known homœopathist in Edinburgh, and his letter contained a sufficient amount of wonderful cures to attract a considerable amount of attention. Our druggists have been besieged with inquiries after Brahee, and it has recently had a large sale. The mystery about it has, however, leaked out, and it will need to be something wonderful to keep its position now. Though indeed there is hardly a better field for quackery than rheumatism, for there is no disease more thoroughly uncertain in its behaviour to drugs or remedies, or one which may be more safely entrusted to skilful nursing alone; and if the Brahee or saccharum lactis contain only a moderate proportion of morphia, its success is certain.

If you will permit me I will try to illumine the darkness of your correspondent of last week with respect to the endoscope, which, he states, is unknown in Belfast. The credit of its invention, or at all events of its practical application to disease, was due to Desormeaux, and it has been perfected by Dr. Cruise of Dublin, who has published a most interesting paper containing an account of the instrument, and the results of his most valuable investigations with it. I would commend this paper to the attention of "Darkness," who will see in it the manner of exploring the urethra, examining the character of a stricture, or the alterations of the mucous lining of the canal. To Dr. Cruise the endoscope also affords a means of examining the bladder, and he narrates how Dr. R. M'Donnell tested the powers of his instrument by placing in the bladder of a dead person three articles, and then challenging him to tell what they were. In a few minutes Dr. Cruise was able to do so, and informed Dr. M'Donnell of the presence in the bladder of a brass screw, a Minié bullet, and a lump of plaster-of-Paris.

With regard to Brahee sugar the rest of the world are in nearly as great darkness as your correspondent. A description of the therapeutical effects of Brahee sugar appeared in the *Lancet* by an anonymous correspondent, in which the writer records some wonderful cures effected by it, but neither giving the dose nor the nature of the medicine. A letter in the last *Lancet* from an apothecary in Leith, who, it appears, dispensed the Brahee, envelopes the matter in greater mystery, for according to him the introducer of the medicine is making arrangements for the sale of the medicine by a wholesale house, and appeared to be reluctant to tell anything about it. The remedy may possibly turn out to be a valuable one, but it is being introduced to the profession in a most questionable way.

MEDICAL NEWS.

Chair of Geology in the Edinburgh University.—It has been transpired within the last day or two that the Senatus Academicus have resolved to petition Government to erect a chair of geology, as a compliment to the chair of natural history, so ably filled by Professor Allman.

Statistical and Social Inquiry Society of Ireland—Postponement of Meeting.—The meeting announced for Tuesday the 23rd is, in consequence of the Friends' Institute being otherwise occupied, postponed till Monday the 29th instant.

Some interesting official statistics of the wine trade in France have been lately published by the French Government. According to these it appears that the avreage annual produce of the vineyards in France is 38.000,000 hectolitres. Of this quantity 13,340,000 hectolitres, ie offered for sale; 2,454,000 hectolitres are distilled and converted into spirits of wine or brandy; the quantity exported to foreign countries amounts to 2,030,000 hectolitres; 220,000 hectolitres are used for vinegar, and 15,245,000 hectolitres are consumed by the growers or sold direct to consumers The vineyards, which are in the hands of 2,200,000 anded proprietors, are situated in 78 departments. The annual consumption of wine in Paris by each inhabitant is estimated at one hectolitre and a half. The hectolitre is a little over 22 gallons.

George H. Porter, Esq., M.D., F.R.C.S.I., senior surgeon to the Meath Hospital, and County of Dublin Infirmary, has been elected surgeon to Simpson's Hospital in the room of the late Edward Hutton, M.D.

A Sligo Doctor Appointed to the Committee on the Cattle Plague.—Some time ago we mentioned in these columns that Dr. Tucker of this town, had produced an able work on "Cholera and Fever, with Remarks on the Treatment of Cattle Plague." Dr. Tucker's intimate acquaintance with the latter subject has procured him the honourable appointment of member of the Cattle Plague Committee. His Excellency the Lord Lieutenant has been pleased to select Dr. Tucker to proceed to London, in company with other gentlemen of eminence in the medical profession, in order to observe and consider the most approved and successful modes of treating the cattle disease, which is producing such devastation on the herds of England and Scotland. While the appointment to such an office confers eminent distinction on Dr. Tucker, we would also consider it as reflecting no small amount of credit on the town which has the benefit of Dr. Tucker's able services. It is gratifying to find that Sligo can produce men of such excellence in their profession as to merit being classed with the ablest professionals in Ireland in an appointment of such honour and importance. In consequence of Dr. Tucker's being selected by the Lord Lieutenant for the above named purpose, an extraordinary meeting of the Sligo Dispensary Committee was held last week, at which Dr. Fausset was appointed to officiate *pro tempore* as medical officer during the absence of Dr. Tucker.—*Sligo Chronicle.*

Accident to Dr. Allshorn, Edinburgh.—On Thursday evening last a serious collision took place at the St. Margaret Station of the North British Railway, by which several passengers were dangerously hurt, including Dr. Allshorn of Princes-street, who was injured about the head, and is still in a precarious condition from the accident.

The late Sir John McGregor, K.C.B.—This distinguished military surgeon and physician, who died on Saturday last at Ryde, Isle of Wight, at the age of seventy-four, was the second son of Mr. Duncan Macandrew of Culross, county of Perth, and assumed the name of McGregor, instead of his patronymic, in August 1863, the family being descended from the McGregors of Rora, the name having been changed after the rebellion in Scotland in 1745. After his education at the University of Edinburgh, he entered the medical branch of the army as hospital assistant in 1803, and saw considerable service. He became assistant-surgeon, February 15, 1810; regimental-surgeon, April 30, 1822; staff-surgeon, 7, 1846; deputy-inspector-general, October 21, 1853, and was for some years stationed at Madras in that capacity before his retirement. Sir John was made an honorary physician to her Majesty in August 1859, and was, in recognition of his eminent professional services, created a Knight Commander of the Bath the same year.

Dr. Alexander Irvine of Clonmany, county Donegal, has been unanimously elected Medical Officer to the Irvinstown Workhouse and Dispensary, in the room of Dr. G. Irvine, deceased.

Rinderpest and Small-Pox.—With reference to the small-pox theory advanced by Dr. Murchison, we may state that Professor McCall of Glasgow, is at present engaged investigating the matter, and in the meantime is experimenting upon two animals. Both of these animals experimented upon have been attacked and recovered from the plague. The one has been vaccinated, and the other inoculated with virus of small-pox, taken from the human subject. What the result of this interesting experiment may be we cannot at present tell, but we have no doubt Professor McCall will make it known as soon as completed.

The Pritchard Case again.—We are informed on reliable authority that this case will soon assume a new phase. Dr. James Paterson of Glasgow, whose conduct was so severely censured by the Lord Justice Clerk at the trial, has raised an action of damages against the Glasgow *Morning Journal* for a letter which appeared in its columns. The Lord Advocate and Mr. Gifford are retained for the defence.—*Fifeshire Journal.*

Glasgow Eye Infirmary.—The annual general meeting of the qualified contributors and subscribers to the Glasgow Eye Infirmary was held on Thursday afternoon, in the Religious Institution Rooms—Mr. Robert Dalglish, M.P., for the city, presiding. The forty-second annual report of the directors was submitted, showing that during last year there were 1962 new cases admitted, which, with 1894 remaining on the roll at the date of last report, gave a total number of 3856 cases treated, showing that the increase in the number of cases noticed for many years past was continuous and progressive. The treasurer's accounts showed that the amount on the side of revenue was £1791 4s. 8d. After deducting the various items of expenditure, including £177 13s. 6d for painting and repairs, there was cash in bank to the amount of £270, and on hand 12s. 4d. The report was adopted.

MEDICAL DIARY OF THE WEEK.

WEDNESDAY, JAN. 24.

MIDDLESEX HOSPITAL.—Operations, 1 p.m.
ST. MARY'S HOSPITAL.—Operations, 1½ p.m.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ p.m.
ST. THOMAS'S HOSPITAL.—Operations, 1½ p.m.
GREAT NORTHERN HOSPITAL.—Operations, 2 p m.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 p.m.
LONDON HOSPITAL.—Operations. 2 p.m.
HUNTERIAN SOCIETY.—7 p.m. Special Council.—8 P.M. Dr. Peacock, "On some of the Hospitals in the North of Europe, and on Hospital Construction."—Mr. Couper, 'On a Case of Deficiency of the External Ear remedied by Operation."

THURSDAY, JAN. 27.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 p.m.
ST. GEORGE'S HOSPITAL.—Operations, 1 p.m.
LONDON SURGICAL HOME.—Operations, 2 p.m.
WEST LONDON HOSPITAL.—Operations, 2 p.m.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 p.m.
ROYAL INSTITUTION.—3 p.m. Professor Tyndall, "On Heat."
KING'S COLLEGE MEDICAL SOCIETY.—8 p.m. Mr. Welch, "On Ovarian Cysts."

FRIDAY, JAN. 26.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ p.m.
ROYAL INSTITUTION.—8 p.m. Mr S.W. Baker, "On the Sources of the Nile."

SATURDAY, JAN. 27.

ST. THOMAS'S HOSPITAL.—Operations, 9½ p.m.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ p.m.
KING'S COLLEGE HOSPITAL.—Operations, 1½ p.m.
ROYAL FREE HOSPITAL.—Operations, 1½ p.m.
CHARING-CROSS HOSPITAL.—Operations, 2 p.m.
ROYAL INSTITUTION.—3 p.m. Prof. Westmacott, "On Art Education."

TO CORRESPONDENTS.

Dr. Edwards Crisp's communication has been received.

Mr. Griffin's letter is inserted.

Dr. Edwin Hearne.—The communication has been received, and we hope that the health of our esteemed Correspondent will be improved by his temporary change of residence.

MR. HARRY LEACH is thanked for his courteous communication, and we shall be happy to receive any further information on the subject.

MR. W. J. GOODWIN AND ST. GEORGE'S HOSPITAL.—The subject does not appear to us to be of sufficient public importance to justify us in reprinting the letter, but if Mr. Goodwin will write a letter to ourselves, embodying in a brief space his cause of complaint against the authorities of the Hospital, we will give it our best attention.

MEDICAL VACANCIES.

ENGLAND.

Morpeth Dispensary—Resident Medical Officer.

Southampton—Officer of Health.

Officer of Health for Southampton. Not to practice. Salary £150. Application to be made before the 5th of February.

Liverpool Natter Hospital—House Surgeon. Salary £80. If Junior House Surgeon be elected, his appointment (£60) will be filled up. Election January 26th.

London Fever Hospital—Assistant Medical Officer. Salary £9 per month with residence—Election January 25th.

Morpeth Dispensary—Resident Medical Officer. Salary £90, with fuel and residence. Election, February 4th.

Bridgewater Union—Medical Officer. Salary £43, and fees,—Election, 31st inst.

Broadmoor Criminal Lunatic Asylum—Assistant Medical Officer. Salary £175, increasing to £200, with fuel, residence, and attendance. Election February 1st.

IRELAND.

Carrickmacross Union—Donaghmore Dispensary. Salary £70. Election 26th inst.

Letterkenny Union Workhouse.—Vice Dr. Grueber, deceased. Salary £50. Election 26th inst.

ENNISKILLEN UNION, TEMPO DISPENSARY, vice Dr. Grattan, resigned. Election, January 27th. Salary £80, exclusive of fees. Population 9076. Acreage 30,911.

CLONMANY DISPENSARY, INNISHOWEN UNION.—Salary £90, with Registration and Vaccination Fees. Election, Tuesday, the 16th. Population 5,780; acreage, 23,375.

BANAGHER DISPENSARY, PARSONSTOWN UNION.—Vice Dr. Tarleton Salary, £100 a year, exclusive of fees. Election, Friday, 2nd inst. Population, 10,395; acreage, 39,961.

MEDICAL APPOINTMENTS.

A. D. Anderson, M.D., has been nominated a Director of the Glasgow Royal Lunatic Asylum by the Faculty of Physicians and Surgeons Glasgow.

Mr. J. Barlow, of Wem, has been elected Dispenser to the Salop Infirmary, Shrewsbury, vice Mr. W. Edwards, resigned.

T. Blades, L.R.C.P. Ed., has been elected Medical Officer and Public Vaccinator for the Morland District of the West Ward Union, Westmoreland, vice J. M. Forthergill, M.D., resigned.

A. Canton, M.R.C.S.E., L.D.S.R.C.S., has been appointed Assistant Dental Surgeon to the Dental Hospital of London, Soho-square, vice W. F. Forsyth, L.D.S.R.C.S., resigned.

C. Evans, M.D., Assistant-Physician to King's College Hospital, has been appointed Pathological Registrar of that institution.

E. F. Fussell, M.B., M.R.C.P. has been appointed Treasurer to the Brighton Lying-in Institution.

Dr. G. DE GOR. Griffith, Physician to the Pimlico and Westminster Institute for Diseases peculiar to Women and Children, has been elected Physician-Accoucheur to St. Saviour's Maternity Charity.

E. Gwynn, M.D., has been appointed Surgeon to the Holloway and Islington Dispensary, vice Dr. Benson, resigned.

J. Harrison, M.R.C.S.E., has been appointed Medical Officer for the Braintree District of the Braintree Union, Essex.

W. Hoffmeister, M.D., M.R.C.S., has been elected one of the Surgeons to the Cowes Dispensary.

W. L. Hopkinson, M.D., has been appointed Consulting Physician to the Stamford and Rutland Infirmary, on resigning the Honorary Physiciancy.

P. A. Jackson, M.R.C.S.E., has been appointed Medical Officer for District No. 2 of the Billesdon Union, Leicestershire, vice J. Hunt, M.R.C.S.E., resigned.

W. Newman, M.D., M.R.C.S., has been appointed Surgeon to the Stamford and Rutland Infirmary.

C. F. Oxley, L.R.C.P.Ed., has been appointed Resident House-Physician to the Westminster Hospital, vice C. St. Aubyn Hawken, M.R.C.S.E., whose appointment has expired.

J. M. Pagan, M.D., has been re-elected a Director of the Glasgow Royal Lunatic Asylum.

T.H. Redwood, L.R.C.P.L., has been appointed Senior Assistant-Surgeon to the Rhymney Iron Works, Monmouthshire, vice T. Dumant, L.R.C.S.Ed., appointed Medical Officer for District No. 3 of the Aylsham Union, Norfolk.

W.Rivington, F.R.C.S.E., Assistant-Surgeon London Hospital, has been Elected Surgeon to the London Dispensary, Church-street, Spitalfields, vice T.B. Curling, F.R.C.S.E., resigned.

O. B. Shore, M.D., M.R.C.P.L., has been appointed Physician to the Stamford and Rutland Infirmary, vice W. L. Hopkinson, M.D., M.R.C.P.L., resigned.

T. Skinner, M.D., has been appointed one of the Medical Officers to the Lying-in Hospital, Liverpool.

Arthur B. Steele, M.R.C.S.E., has been appointed Lecturer on Midwifery and the Diseases of Women in the Liverpool Royal Infirmary School of Medicine.

T. Taylor, M.R.C.S.E., has been appointed Medical Officer for the Bocking District of the Braintree Union, Essex.

Mr. T. A. Turner, has been appointed House-Surgeon to the Royal Westminster Ophthalmic Hospital, King William-street, Strand, vice J.G. Mackinlay, L.R.C.P.L., appointed Resident Medical Officer to the Charing-cross Hospital.

J. Clarke, L.K.Q.C.P.I., has been appointed Surgeon to the Constabulary, Bailieborough, Co. Cavan, vice J. Taylor, L.F.P. & S.Glas., deceased.

Geo. Hatchell, M.D., has been admitted a Member of the Royal Irish Academy.

W. Lyon, M.D., has been nominated a Director of the Glasgow Royal Lunatic Asylum by the Faculty of Physicians and Surgeons, Glasgow.

BIRTHS.

January 2nd, at Kiltegan, the wife of Dr. Dockeray, of a daughter.

At 5, Mansion-House Road, Grange, on the 5th instant, the wife of Dr. Norman Bethune, F.R.C.S.E., of a daughter.

At 1, Woodside Crescent, Glasgow, on the 5th inst., the wife of Dr. McCall Anderson, of a daughter.

December 30, at Perth, the wife of Assistant-Surgeon G. S. Davie, M.D., Royal Artillery, of a daughter.

January 5, at Rathkeale, the wife of Assistant-Surgeon R. A. Alleyne, Bombay Medical Service, of a daughter.

January 7, at Tralee, the wife of R. Fitzmaurice, Esq., M.D., of a son.

At Calder Bank, Mid-Calder, on the 11th inst., the wife of Walter Watson, M.D., of a son.

MARRIAGES.

January 4, in Drumconrath Church, by the Rev. Richard K. Bolton, A.M., Incumbent of Newbold-cum-Dunstan, Derbyshire, William Fleming, Esq., 95th Regiment, son of C. Fleming, Esq., M.D., Merrionquare, to Jane Marion, daughter of the Rev. Lyndon H. Bolton, A.M., Rector of Drumconrath, county Meath.

December 30, at Rathmines Church, Edmund Cooke Nicholson, Esq., M.D., to Annie Elizabeth Victoria, eldest daughter of the late James Moffit, Esq., M.D., first-class Staff-Surgeon, and grand-daughter of the late Major Sweeney, 70th Regiment.

January 3, at St. Mary's Church, Newry, by the Very Rev. the Dean of Dromore, A. Walker Sinclair, Esq., Newry, to Mary Margaret, second daughter of W. A. Davis, Esq., M.D., Newry.

At Windmill Hill House, Dalziel, Lanarkshire, on the 8th inst., by the Rev. Joseph Loudon, William Whamond, M.D., Jarrow, Durham, to Mary Ann, eldest daughter of Mr. Thomas King.

At Broxburn Hall, on the 2nd inst., by the Rev. William White, Knox's Free Church, Haddington, father of the Bridegroom, Dr. Peter White, Fenwick, to Jeanie, eldest daughter of the late Joseph Alexander, Esq., Broxburn Hall, Lanlithgowshire.

At 22 Royal Terrace, Edinburgh, on the 11th inst., by the Rev. James Grant, D.C.L., Oxon, D.D., George Dods, Esq., M.D., Hong-Kong, to Maggie, daughter of John Crabbie, Esq.

At 4 Bonnington-place, on the 11th inst., by the Rev. James Grant, D.D., D.C.L., Oxon, of St. Mary's, Edinburgh, John Gavin, Esq., of Hankow, China, to Mary Scott, only daughter of George Walker, Esq., M.D.

At the residence of the bride's sister (137, Princes'street, Edinburgh), on the 4th inst., by the Rev. Dr. Candlish, of Free St. George's, James M'Hardy, Esq., surgeon, Banchory Ternan, Kincardineshire, to Jane Kerr, second surviving daughter of the late Francis Adams, Esq., M.D., LL.D., of Banchory.

At Kinloid, on the 9th inst., by the Rev. Lachlan Maclean, Airsaig, Donald MacCallum, Esq., surgeon, to Margaret Cowie, relict of Charles MacLeod, Esq., of Scottas, Invernessshire.

DEATHS.

Jan. 17, at Kiltegan, of puerperal fever, Agnes Henderson, wife of Dr. Dockeray.

Jan. 10, at his residence, 9 Kildare-street, George Davis, Esq., M.D., deeply regretted.

Jan. 14, at Mountjoy-square, James Richard Dunne, Esq., J.P., A.M., C.S.I., Moymore, county Clare, sincerely and deservedly regretted

At 52 Queen-street, Edinburgh, on the 14th inst., David James Simpson, M.D., aged 24, eldest son of Professor J. Y. Simpson.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

SOME REMARKS ON THE VALUE OF LARYNGOSCOPY:

BEING A REPLY TO DR. MORELL MACKENZIE.

By EBEN. WATSON, M.A. & M.D.,
LECTURER ON PHYSIOLOGY IN ANDERSON'S UNIVERSITY, GLASGOW.

It is annoying to most persons to be misrepresented, whether it be done wilfully or through misunderstanding, and in so far I have felt annoyed by Dr. Morell Mackenzi 's remarks made on my papers in his recent communication to THE MEDICAL PRESS AND CIRCULAR for 10th January, 1866. Had this matter merely concerned himself and me, had it only involved Dr. M. Mackenzie's holding a poor opinion of me and my writings, I should not much have troubled myself to reply; but justice to my own professional character seems to me to make a reply from me necessary, and that all the more because Dr. M. Mackenzie has attacked, in THE MEDICAL PRESS AND CIRCULAR, papers of mine published in the *Lancet* (June 3rd and July 1st, 1865). This was not the proper course for him to take, because the readers of the two periodicals may be different, and thus the matter in dispute could not be fairly laid before them. I waive this point, however, and merely refer to the *Lancet* where the original papers may be found.

For the sake of brevity I shall pass by Dr. Morell Mackenzie's introductory observations about "vested rights," though I really do not perceive their relevancy to the matter in hand.

I cannot but remark, however, that the contrast he draws between himself and me is very amusing. I am the type of pre-laryngoscopic darkness, he the apostle of modern illumination. My book "was useful and instructive" enough in pre-laryngoscopic times; his papers, we are led to infer, are the very concentrations of all that is recent and reliable. Now, really, this is too bad. It is in bad enough taste to write thus regarding me, but it is infinitely worse regarding Cheyne, Porter, Ryland, Trousseau and Beloc, Horace Green, and others who have written so ably on the larynx before Dr. Morell Mackenzie studied medicine at all. What! is pathology old fashioned; is there no good in descriptions of disease, or of the means of diagnosis founded on it and them? Is there nothing to be learnt from the practice of others and the *rationale* of their treatment, and is that treatment likewise become obsolete? I hope not, else we have bid farewell to the scientific surgery of the larynx.

I shall perhaps be excused for stating here, that exactly ten years before Dr. Morell Mackenzie became acquainted with laryngoscopy through the teaching of Czermak—viz., in the year 1849—I wrote and printed, as it was then the custom to do, an essay on the larynx as my inaugural thesis when I became Fellow of the Faculty of Physicians and Surgeons of Glasgow, and in it I mentioned that I had already performed some experiments towards obtaining a laryngoscope, the idea of which I owed to the often quoted passage in Liston's "Practical Surgery." I have still in my possession one of these rude laryngoscopes, and I did not know till lately that it was almost identical with Bozzini's; but I was soon discouraged by the difficulties of applying such imperfect instruments, and gave up the investigation at that time; yet I do not doubt that this early, though unsuccessful trial, gave me some advantage when I recommenced the study in more favourable circumstances, and prepared the way for my making more rapid progress in the art of laryngoscopy than I should otherwise have done. My experience in its application to diagnosis, both in cases occurring in my own practice and in those sent to me by other practitioners, is now considerable, and my faith in its results is very great; so that Dr. Mackenzie's attack was the less expected by me, for though I had been guilty of some opposition to *his* dogmata, I was not aware till I had read this paper of his, that I could possibly be accused of having written anything which might justly be deemed antagonistic to laryngoscopy; but we shall see.

I believe the best way of dealing with such statements as those of Dr. Morell Mackenzie is just to give the very words—first those which he attributes to me, and then in immediate sequence those which appear in the *Lancet*. Thus, Dr. Morell Mackenzie declares that I have "implied that laryngoscopy was almost superfluous in diagnosis and certainly useless in practice." (MEDICAL PRESS AND CIRCULAR, p. 23.) Whereas my words are, "the application of the laryngoscope to the investigation of the diseases of the larynx is a *very welcome addition* to our means of *diagnosis*. It gives us *another and an entirely new* source of evidence to judge from, and it is therefore fitted to make our opinions more correct and our treatment more definite than heretofore."—*Lancet* for 1865, p. 5.

Much more might be quoted from my paper in the *Lancet* to the same effect as that of the above passage; and I really think that words could hardly be chosen which would express a fuller appreciation of laryngoscopy. The only real difference between Dr. Morell Mackenzie and myself on the subject is just this—How does laryngoscopy improve practice? I answer that it does so by improving diagnosis; for whatever makes diagnosis more accurate renders treatment at the same time more precise, and therefore more successful. He, on the other hand, believes that the laryngoscope gives a new facility for topical applications to the larynx. In this I cannot agree with him. I have not found it so, and I think he has shown in his own records of his operations on the larnyx that he has not been guided in them either surely or safely by the laryngoscope. I think no one but a very enthusiastic laryngoscopist would expect that it could be otherwise, since "the operator has to manage the forceps (or whatever instrument is required) with his right hand, while he holds the mirror with his left in the fauces of the patient, and the part operated on is out of the range of his direct vision and only presented to him in the reverse picture reflected by a half-inch mirror."—*Lancet* for 1865, p. 8.

For the ordinary application of solutions to the interior of the larynx there is no guide in my opinion like the index finger of the left hand, which can easily be made to touch the tip of the epiglottis, and then the sponge probang may be surely and safely passed along the finger-nail and down the laryngeal surface of the epiglottis to the rima. An extensive experience of this proceeding for the last sixteen years enables me to recommend it with confidence.

Dr. Morell Mackenzie tries to ridicule my method of using the laryngoscope, and, perhaps, in attempting brevity and writing of little things which had become very familiar, I did not make myself sufficiently plain. It is quite evident that Dr. Morell Mackenzie does not understand my method, for it is not essentially different from Czermak's, which he, I believe, also follows. In my paper I stated that I had sometimes obtained a view of the glottis by direct light, and I remarked in passing that a range of houses opposite my consulting-room windows *reflected* the light pretty strongly into them when the sun was shining brightly. I surely need not tell Dr. Morell Mackenzie that plate glass windows do reflect the sun's rays, and that this occurrence is fitted to make the light apparently coming directly through my consulting-room windows better suited for laryngoscopy than it otherwise would be. This is all I meant by noticing the fact which, however, I never thought would be subjected

to a hostile criticism, else I should have been fuller in my statement, or perhaps I should not have made it at all; for there is no doubt that the perforated mirror is required in far the greater number of cases.

I can offer no apology for my dulness in not perceiving the advantages of many little inventions of Dr. Morell Mackenzie's to assist (?) laryngoscopists. I refer to his "light concentrator," his "epiglottis pincette," his "head rest," or his very barbarous looking "self holder or fixateur." I believe that all these things are very unnecessary, to use the very mildest term.

Again, Dr. Mackenzie quotes from my briefly-stated conclusions, given at the end of my paper, "that the special office of the laryngoscope is to give negative evidence—*i.e.*, to show what is not the state of the larynx," and there he stops, as if that were all I had written on the point, whereas had he quoted the very next conclusion, the whole aspect of the affair would have been changed; for, just in the next line may be read, "but in some cases, such as ulcers, tumours, &c., *it* (the laryngoscope) *does give positive information*, which could not be otherwise obtained." I need make no remark upon this, except that Dr. Morell Mackenzie has here once more represented me not *quite* fairly.

My intention in mentioning separately these two parts of the assistance given by laryngoscopy in diagnosis was to express how very great that assistance was in that large class of cases in which the symptoms, and perhaps even some of the physical signs, are ambiguous, or at least not quite clear, as to the presence of ulcers, tumours, &c.; not by any means to depreciate the positive information yielded by it where these visible alterations are actually present in the larnyx.

And now, perhaps, I might leave without any answer the sweeping accusation of Dr. Morell Mackenzie, that I have "entered the lists in favour of *exploded views*." I dare say the readers of The Medical Press and Circular will think that I have just exploded some of Dr. Morell Mackenzie's views, and if thereby I induce him to be fairer and more charitable in future to his fellow-labourers in the field of applied science, I shall not regret what I have done. But, in reality, it matters very little what either of us has written on such a subject as this. I profess myself to be learning in it every day, and I hope that Dr. Morell Mackenzie is not too good or great a laryngoscopist to improve yet by his daily experience. Whenever I am convinced of error I shall change my views of this or any other subject, not for a moment deterred by what I may have previously written.

If I can at all regard the matter at issue between Dr. Morell Mackenzie and myself in a dispassionate spirit, there is one point in it regarding the value of laryngoscopy which certainly deserves the serious attention of the profession, and it is this: are we warranted in casting aside as useless, antiquated, exploded, in laryngeal cases, the older methods of diagnosis, now that we have learned a new one? Does laryngoscopy supersede all the other sources of information to which we had recourse a few years ago, or does it only assist in the conclusion arrived at on consideration of the whole evidence? The latter is my own opinion. I believe that laryngoscopy is to be ranked with stethoscopy and feeling with the finger as the three chief methods of physical diagnosis; and while no doubt men will differ as to their relative values, yet I dare say the majority will agree with me that no diagnosis can be scientific or well founded unless all the three methods have been carefully practised and compared. It should likewise be remembered that there are many cases in which laryngoscopy cannot be satisfactorily practised, but on this I shall not at present dwell.

I hope that I have now shown to the satisfaction of most readers of The Medical Press and Circular that my views are not so "exploded" as Dr. Morell Mackenzie would have had them to think, but I can hardly flatter myself that I shall have succeeded in bringing him to that opinion. I have, however, reserved one statement for the end of my paper which I hope will be somewhat more satisfactory, if not even conciliatory, in his estimation. It is that, although I have not been able to approve of many of his newly-invented instruments, yet I am happy to say there is one exception, and that is in the case of his laryngeal galvanizer. Dr. Morell Mackenzie has mistaken what I stated regarding this instrument in my former paper. I did not *describe it* as innocent but very inefficient, for I had never even seen it at that time. My words, as he will find by looking again at the *Lancet* for July 1st, 1865, p. 7, are, "I *think* it—the galvanizer—*likely to be* innocent but very inefficient;" and why did I think so? For the reason immediately added in the words, "as indeed the application of galvanism in medicine has generally proved to be." Now, however, that I have obtained this laryngeal galvanizer, I can and do describe it as a very pretty and ingenious instrument, and one which admirably performs the office it is intended for—viz., to pass electric currents through the glottis. I have as yet employed the laryngeal galvanizer in only two cases, and these are still under treatment, so that it would be premature at present for me to speak of the ultimate efficiency of electricity when applied directly to the organ of voice. I intend, however, to report my cases faithfully in due time, but even from what I have already seen of this topical application, I am sanguine enough to expect that the report will be favourable, and I shall be most happy if this proves an exception to my general experience of the medical use of electricity.

2, Newton-terrace, Glasgow, 20th Jan., 1866.

ON A

NEW METHOD OF APPLYING REMEDIAL AGENTS TO THE CAVITY OF THE TYMPANUM.

By EDWARD BISHOP, M.D., M.R.C.S.E., &c.,

SURGEON TO THE METROPOLITAN INFIRMARY FOR DISEASES OF THE EAR SACKVILLE-STREET, LONDON.

(Continued from page 10.)

In reporting the cases selected for treatment by means of pulverized fluids and catheterism at the Metropolitan Infirmary for Diseases of the Ear, Sackville-street, I have not included those attended with considerable disorganization, cases, I may add, frequently met with in hospital practice, a large proportion of which might have been cured by timely treatment; but it is only right to state, in some of these, of a very unpromising character, considerable relief has been afforded, several at present under treatment showing daily symptoms of improvement.

The kind of cases likely to receive the greatest benefit are those attended with closure of the Eustachian canal, either at its faucial or tympanic extremity or its entire length. This closure may be the result of inflammation and thickening of the mucous membrane, commencing in the fauces and extending up the tube, or it may be the result of inflammation commencing in the tympanic cavity, from cold, fever, or other exciting cause, very frequently observed in children.

Practically, in these cases it is found that, associated with obstruction of the Eustachian canal, there is either a dry condition of the lining membrane of the tympanic cavity or the secretion is too abundant, producing in each case, singular as it may appear, the same distressing *tinnitus*, and this quite out of all proportion to the deafness existing at the time. When tinnitus can reasonably be referred to disease of the middle ear and its appendages, it may generally be attributed to pressure, for where the secretion is too abundant and the natural outlet closed or contracted, the cavity of the tympanum is filled, the ossicula and the contents of the middle ear are compressed, and, as the membrana tympani is very unyielding, the stapes is driven against the inner membrane, and pressure is produced upon the fluid in the cavities of the internal

ear, and is felt by the delicate expansion of the auditory nerve.

Other structures also are involved, but I must not encroach too much on your valuable space.

The fact, however, is illustrated by the immediate cessation of tinnitus, when, in acute abscess of the middle ear, the membrane ruptures, and the pressure is suddenly removed.

In cases where there is a mere closure of the Eustachian canal, attended or not by a dry condition of the mucous membrane, tinnitus often exists, but the pressure is produced in a different way. The Eustachian canal is not only intended as an outlet for the natural secretion, but for the entrance of atmospheric air. When, therefore, the latter is excluded by closure of the passage, there is not sufficient resistance to the pressure of the external atmosphere, and the membrana tympani is forced inwards. The contents of the cavity are gradually compressed, the ossicula being pressed against the opposite wall of the tympanum.

It is an *interesting* as well as important fact that so many cases of deafness are caused by disease of the mucous membrane, and it is in these, I believe, the use of pulverized fluids will be found valuable.

Case 1.—W. P., at 37, a waterman, admitted October 17th, 1865, a robust, healthy looking man, much exposed to the weather, complains of frequent cold in the head, totally deaf, as he expresses it, of the right ear, and gradually becoming so of the left. Lost the hearing on the right side fifteen years since after an attack of small-pox, when he had violent pain for three or four days, followed by copious discharge of matter. After this he became gradually deaf on this side, and at present can only hear very loud noises close to the ear. He can, however, faintly perceive the ticking of a loud watch over the mastoid process; the external meatus dry and devoid of wax, the surface of the membrana tympani desquamating, and there is the mark of an old cicatrix in a line with the handle of the malleus. An exostosis at the point of junction between the membrane and the meatus is apparent, and the whole membrane is very concave. Valsalva's method of forcing air into the tympanum produces no effect, nor does the more potent one of Politser answer any better. The attempt, also, to introduce the Eustachian catheter failed, so that so far as this ear was concerned, the case appeared very unpromising.

On the other side, the *left*, the deafness was less complete, but, gradually getting worse, the watch could be heard only when in contact with the ear, but there was continual and distressing tinnitus. The mucous membrane of the fauces was congested and irritable, the tonsils slightly swollen, and the nasal passages obstructed, the patient breathing continually with the mouth open. On this side both Valsalva's and Politser's methods of insufflation were successful, and the Eustachian catheter passed easily, the cavity of the tympanum being readily inflated through it, a part of the operation of much importance, if it be not essential to its completion.

Auscultation of this ear detected increased secretion.

Diagnosis on the *right* side, obstruction probably the entire length of the Eustachian canal, cicatrization and general thickening of the membrana tympani, and probably adhesions within the cavity of the tympanum.

On the *left*, closure of the Eustachian canal at its faucial extremity, with relaxed and unhealthy condition of the lining membrane of the tympanic cavity, with accumulation of mucus.

Treatment.—This at first was confined to the left ear, and consisted in the application of a solution of nitrate of silver, twenty grains to the ounce of distilled water several times to the fauces—the passage of a Eustachian catheter made by Weiss and Son, a drawing of which appears at the end of this paper, so constructed as to transmit pulverized fluid into the tympanum, *via* the Eustachian tube. The fluid for pulverization in this case was solution of nitrate of silver, two grains to the ounce. The operation was performed daily for ten or twelve days, and nothing has been done for three weeks. His hearing on this side is much improved; he says he can "hear quite well enough." The watch he hears readily at the distance of two yards. The tinnitus was relieved after the third and fourth operation; it then gradually disappeared, and he has not had it since.

During the attendance of this patient at the hospital I made several attempts to blow air into the cavity of the tympanum on the right side by Politser's method, but failed. I then tried my pulverizer, and eventually succeeded in opening the passage. The improvement in this ear was soon so manifest as to encourage me to go on with the case at a future time, his present employment preventing his further attendance. I may add that I consider the condition of the tympanic cavity, on the right side in this case, totally different from the left, that there was too little natural secretion, and that I shall hereafter succeed more effectually in restoring the ear to a healthier state by injecting pulverized alkaline fluid—a method I am adopting with marked success. It seems singular that conditions so essentially dissimilar should be found to coexist in the same patient. It is probably explicable by the fact that the mucous membrane of the Eustachian canal and tympanum on the right side were completely cut off by the closure of the former from the morbid action which had been going on for some time in the fauces.

Case 2.—C. V., æt. 35, a dressmaker and milliner, admitted October 17, 1865, pale and delicate-looking, of strumous constitution; complains of gradually increasing deafness of both ears, with intolerable tinnitus and occasional deep-seated pain; has frequent coryza and has suffered several times from hay fever.

Says she is seldom free from what she terms "cold in the head."

The fauces highly inflamed and deglutition painful, each meatus auditorius somewhat swollen, and the whole organ so painful as scarcely to admit of examination; hearing distance one inch from left ear; right ear in contact only.

Prescribed, one leech to each ear, to be followed by poultices, and to take a warm aperient mixture.

October 19th: Pain and inflammation much relieved, throat also improved and deglutition easier, but the tinnitus more distressing than ever. More careful examination could now be made; the left membrana tympani showed considerable inflammation still going on, the right was dry and collapsed, permitting the projecting malleus to be distinctly seen.

Passed the Eustachian catheter on this side, with immediate relief to the tinnitus and improvement in the hearing, the patient remarking, "I can hear so well at this moment that I am quite confused." This improvement of course passed away during the day, and the ear gradually relapsed into its former condition. Prescribed another leech to the left ear; to take mist. ferri co., with decoct. aloes co.

23rd: All active symptoms abated; the tinnitus almost gone from left ear, but continues the same in the right; passed the catheter on both sides, and very cautiously inflated the tympanum. Some improvement of hearing followed immediately on this operation being completed; to continue the mixture.

25th: Tinnitus nearly gone from both ears; hearing distance three inches from left ear, seven inches from right. Auscultation reveals a dry condition of tympanic cavity; blew pulverized lotion of liq. potassæ into the cavity of the tympanum.

This operation was repeated daily for eight or nine days, when the patient was requested to absent herself for a fortnight; she could now hear the tick of a watch fourteen inches from the left ear, and three feet from the right; she was requested to make use of Valsalva's experiment, once at least daily during her absence. It is scarcely necessary to remind your readers that this consists simply in closing the mouth and nostrils and attempt-

ing a forced expiration, by which air is driven into the middle ear, and the patency of the Eustachian passages secured after they have been once opened by the catheter. This experiment is as old as the hills, as every schoolboy knows, though it is to Valsalva we are indebted for its use as a means of diagnosis.

Nov. 7th: Reports herself as *hearing perfectly*. This, however, is not quite correct, as there is still a marked difference between the two ears. The left, which suffered more from inflammation than the right, has not improved as much as the latter, with which she can hear the tick of the watch three or four yards distance.

Injected pulverized solution of liq. potassæ into each ear, and repeated the operation every other day for twelve days, at the expiration of which period the tinnitus had quite gone, and the hearing distance was daily improving.

Dec. 12th: Hearing distance: left ear nearly three feet; right, four yards nearly; discharged; reminded not to abandon the occasional insufflation of the ears as before directed.

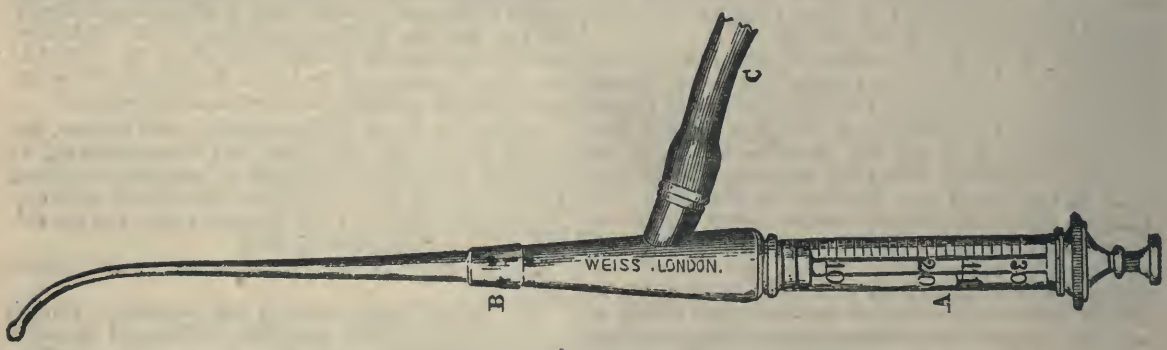
I may observe that in this case the Schneiderian membrane was implicated. This is of frequent occurrence, and to that I applied the pulverized lotion thereto, as well as to the mucous membrane of the fauces.

I have now supplied her with Yearsley's elastic tube and bottle, by means of which she will be able to secure a patent condition of the nasal passages, and to inject a stream of water into the fauces—a method of treatment found highly serviceable, enabling the patient to breathe more freely through the natural passages, the water acting as a tonic to the mucous membrane.

31, Sackville-street, London.

(To be continued.)

I offer no apology for the republication of the illustration which was appended to my former communication, inasmuch as an acquaintance with its mechanism is essential to the comprehension of the line of treatment which I have advocated.



ON THE USES OF THE BROMIDES.

By Dr. G. de GORREQUER GRIFFITH,

PHYSICIAN TO THE PIMLICO AND WESTMINSTER INSTITUTE FOR DISEASES PECULIAR TO WOMEN AND CHILDREN; PHYSICIAN ACCOUCHEUR TO THE ST. SAVIOUR'S MATERNITY.

THE BROMIDE IN IRRITABLE OVARIES AND OVARIAN COUGH.

THE intimate relationship which exists between the uterus and the lungs has long been known, and the treatment of certain *apparent* lung affections, by acting directly upon the uterus, instead of upon the lungs—leaving these latter organs to be acted on indirectly by treatment—has in many instances proved the value of the knowledge of this relationship.

The papers of Dr. Henry Bennett on the relation of ulceration of the os to pulmonary phthisis are now well known to the profession, and his remarks as to treatment cannot but be corroborated by every practitioner.

The following interesting case came under my notice at "The Institute," where I saw it in conjunction with my colleague, Dr. Bates. The patie t is thirty-two years of age, of dark complexion, of the bilio-nervous temperament, much above the middle stature, of spare habit, and masculine build. She is affected with that peculiar blinking of the eyelids an l irregular action of the muscles of the face, which show how nervous she is, and how much the nervous element predominates. At times she is much distressed by "flushes of heat, which seem to run all over her from her head to her very feet, and crimson her face;" then, to these succeed "cold chills," which make her shiver. She is subject to hysterical attacks. These are the most marked nervous symptoms which obtain.

On making an abdominal examination, the abdomen was found to be loose and pendulous. There was considerable pain produced, where pressure was made in the situation of the ovaries, but of that peculiar nature which made the patient laugh (hysterically) when the pressure was so exercised; moreover, the moment it was made, a fit of coughing was induced, which continued while the pressure was being made, and ceased with the cessation of the compression.

This—the ovarian cough—was very remarkable. It was dry, barking, and spasmodic; it occurred to her frequently both by day and night, not being called into play by any apparent outward circumstances.

The round ligaments were much enlarged and thickened, and rolled under the fingers like swollen, tender cords.

Vaginal examination demonstrated the vagina to be exalted as to its sensibility; enlargement of both ovaries, but more particularly of the right gland; extreme tenderness of both ovaries; thickening of the fallopian tubes attended by an exaltation of sensibility.

Here, also, pressure on either ovary, but particularly on the right, at once induced cough, which ceased almost the very moment the compression was removed.

The patient was placed upon the bromide in gr. x. every two hours. The cough, which before harrassed her night and day, quickly left her; her capricious appetite grew better and more natural; her complexion improved and grew fresher, and the hysterical symptoms disappeared. The ovarian neuralgia with which she had been troubled quite left her, nor was there any longer the tenderness on abdominal pressure, or when an examination was made by the vagina.

Of urgent symptoms this is a most decided case of the cure; and should the symptoms at any time recur we have in our hands the power to wield the same powerful remedial agent as we at first employed.

INDIAN CINCHONA BARK.—Dr. M'Iver has analyzed the cinchona bark grown in India, and does not appear to report very favourably of its percentage of quinine. He recommends the medical profession to try the effects of cinchonidine, an alkaloid largely present in the Indian specimens.

ON THE TREATMENT OF SYPHILIS.

By J. L. MILTON,

SURGEON TO ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

(Continued from page 28.)

If after the lapse of a few days the base of the ulcer still remain covered with a tenacious secretion, or if the ulcer itself threaten to spread, the soda has not been used freely enough, and it will be as well to apply it again, but very gently, and only to those parts which appear unhealthy. Any further resort to it is rarely requisite in the milder forms of chancre, but the more obstinate cases may demand four or five applications. When the sore has become stationary and has begun to contract, and when there is a pale, delicate, blue cuticle extending inwards from the edge, the caustic is no longer requisite, and zinc ointment may now be substituted for any lotions, particularly at night. Should the base shoot above the level of the skin, an escharotic may be used. The sulphate of copper is, perhaps, as good as anything yet tried.

It is the fashion to condemn the use of ointments as filthy, barbarous, and apt, if rancid, to irritate the part. Like many other lofty views, this opinion could only be held by those who have tried the plan imperfectly, or not at all. There is no necessity for any filth, and no ointment should be used when rancid. Those who have used the benzoated zinc ointment freshly made will, I think, admit that it would be a pity were so useful a remedy abandoned in deference to any prejudice.

M. Rollet has lately tried to revive the use of the red-hot iron in certain cases, and speaks very highly of its powerful action in obstinate creeping sores. However well the plan might succeed in France, I doubt if any person could possibly introduce it here. I feel convinced that it is the best remedy ever yet discovered either for creeping or any other kind of sore. I tried it many years ago in some dozens of cases, all of which turned out well; but I should never dream of recommending it, because I don't believe one patient in ten would allow it to be used.

When the chancre is very painful, and the patient is prostrated and depressed in spirits, small doses of morphia may be given two or three times a day, along with pretty large doses of ammonia, in some bitter aromatic infusion, like cascarilla or serpentaria. Purgatives, too, I think should always be given, particularly when the tongue is coated, to the extent of acting distinctly upon the liver and opening the bowels two or three times a day, and they may be repeated two or three times a week. Unless there is very decided induration it is rarely necessary to do much more than this. When, however, the chancre is very hard, iodide of potassium may be given in five-grain doses, at first twice, and afterwards three times a day; dilute nitric acid, in doses of at least fifteen or twenty minims three times daily in some little infusion, agrees extremely well with these cases. When an indurated sore is obstinate, tartar emetic given to the amount of half or three-quarters of a grain every two or three hours, will often make a speedy and most favourable change in it. The sore, too, may be touched in such cases with concentrated tincture of cantharides or Ballin's blistering fluid, the Spanish fly having apparently a great power of reducing granulation.

Induration of the site often remains long after the healing of hard chancre, and which is apt, after disappearing to a great extent, to return in a much more severe form than at first. Indeed, it sometimes attains an extraordinary size I have seen it as large as a hazel-nut, and Mr. Holmes Coote mentions a case in which the swelling reached the bigness of half a walnut.* But even much less than this will cause the patient a great deal of annoyance, and therefore it is best to employ at once some local means. Almost any good vesicant will do, such as very strong tincture of iodine, solution of cantharidin in glacial acetic acid, ointment of the red iodide of mercury, &c.; but perhaps the best of all is the acid nitrate of mercury, recommended by Mr. Gay. Ointment of the white precipitate of mercury is a gentle yet efficacious remedy; even this freely rubbed in will produce vesication, sometimes followed by suppuration, in the body of the hard mass which opens by a minute orifice. After this the part rapidly shrinks.

Very frequently after indurated and indeed other kinds of chancre, the patient is surprised at seeing an eruption of spots on the penis. Some of them appear in the form of bright red small papulæ; if within the prepuce, they yield a sero-purulent secretion. At other times small masses of tenacious yellow secretion form on the surface of the glans penis, apparently at the orifices of sebaceous ducts, adhering firmly, and when detached, which is done with difficulty, leaving small, clean, conical pittings. Though this kind of eruption is not very uncommon, yet I am not aware that I have seen it described in any work. It may be safely left to itself, or if treatment is considered necessary, a little simple wash or water-dressing may be employed, and a purgative may be given.* But, except that antacids seem to have some power over these eruptions, and that purgatives judiciously given are suitable to every stage of syphilis, there is not much to be done by treatment, and indeed they disappear almost as fast under the unassisted efforts of Nature as under any system of management.

The *suppurating* chancre cannot be healed too quickly. It has already reached the phase essential to its cure, that of secreting pus, and the process of graining up is all that requires attending to; but this should be expedited in every possible way, as its remaining open can do no good, and may possibly (for we possess no certain knowledge on the subject) promote the formation of bubo. Free irrigation, at least two or three times daily, with hot water, mild aperients, rest, and light diet, are all the remedies really called for, and a piece of lint, wetted with simple water and covered with oiled silk, may, with the aid of the solution of sulphate of copper just spoken of, be safely substituted for all the lotions ever invented. Indeed, the very variety of these lotions is calculated to raise one's scepticism as to any great power they can exert over the healing of chancre, for it is only reasonable to suppose that amidst so many hundreds of formulæ some few would, by right of superior virtue, have acquired and maintained an undoubted supremacy.

This is beyond doubt the form of chancre most frequently followed by suppurating bubo, a primary, not a secondary affection, as if inoculated, it reproduces the suppurating chancre directly. Seeing that the arrest or development of bubo has not the least influence over the course of the disease, it behoves the surgeon by every means in his power to check, and if he cannot do that, to limit the suppuration.

When I publicly stated some years ago† that arresting the suppuration has as little power in bringing on secondary syphilis as fostering the suppuration has in averting this dreaded result, it met with general opposition. I believe the statement will be received now, and certainly I see no reason to modify it. It is quite true that after a chancre has formed a bubo will arise and threaten to suppurate. The formation of pus is checked by the energetic use of proper means, and then, if secondary syphilis follow, it is always attributed by the patient, and sometimes by the surgeon also, to interference with the course of Nature, which would have discharged the virus by its only proper outlet. As if to corroborate this view, it is equally certain

* A Report of some of the more important Points connected with the Treatment of Syphilis, 1857, p. 89.

* Such as, for instance, magnis sulph. ℥ss.; magnis calc. pond. ʒii.; potass. nitr. ʒiss.; tinct. zingib. ʒii.; aq. menth. pip. ad. ℥vi. Coch. amp. ii. omni mane. Pil. coloc. comp. ʒss.; pil. hydrarg. ℈ss.; ext. hyoscyam. ℈i. M. et divide in pil. xii., i. vel ij. omni nocte.

† In a paper read before the Western Medical Society, Nov 19, 1858.

that suppurating bubo is very rarely followed by secondary syphilis.

But there are reasons for this enigma, which, I trust, will bear out the assertion just made. Suppurating chancre is followed by two kinds of bubo, the inoculable, or that which, at a *certain stage*, yields a pustule when its pus is properly inserted beneath the cuticle, and the non-inoculable, in which this result does not follow. Though frequently confounded, they are as distinct as any two results of syphilis. The bubo, which generally accompanies sores with very little thickening or hardening, almost always ends in suppuration. The only remedy I have ever seen exert an appreciable influence over this result is tartar emetic. Otherwise the invariable course of the inoculable bubo is, that it bursts when not opened and yields pus, which, however frequently tested, never fails to generate a pustule from which we can again inoculate. It is a singular fact, which I have often verified, that so long as we open this bubo, and, having got out the pus, close the opening so thoroughly as to prevent its edges from ulcerating, the pus does not produce a chancre, and this I have frequently done. But whether this bubo be allowed to ulcerate or not, secondary symptoms rarely follow, if ever, so that we have everything to gain and nothing to lose by arresting the abscess.

19, Devonshire-street, Portland-place.

(To be continued.)

HOSPITAL REPORTS.

(FROM OUR SPECIAL REPORTER.)

KING'S COLLEGE HOSPITAL.

PULSATING TUMOUR AT THE ROOT OF THE NECK.

(Under the care of Sir W. FERGUSSON.)

THE following case has created an unusual amount of interest in King's College Hospital:—

M. W., æt. 43, has been a sailor, principally in hot climates, since he was thirteen years old. On his last voyage, on October 1st, 1864, he fell, striking the bowsprit, and was lifted insensible from the water. On recovering consciousness he discovered that his right arm was powerless. There was no surgeon on board, so by the advice of the captain he had the arm, chest, and back, on the right side, covered with pitch plaster. Six weeks after this the surgeon at Aden found that the collar bone had been broken at the junction of its inner and middle thirds, and had not reunited. At this time a small pulsating tumour had made its appearance (he says) about two inches above the clavicle. Subsequently he spent seven weeks in the Bombay Hospital, when the tumour alluded to was considered an aneurism of the innominata; it steadily increased, and for the last six weeks of a tedious voyage home round the Cape, did so rapidly. On his admission under the care of Sir W. Fergusson, it had grown to a large size. The bones had disappeared, and a pulsating tumour with ill-defined margins extended from the third rib below to the parotid above, from the acromion of the right side to the sterno-clavicular articulation upon the left. On the right side the pulse seemed oppressed, the right arm slightly swollen; breathing was slightly impeded. There were no cerebral symptoms.

Chlorodyne, opium, &c., were given, but on November 7th, the aneurism was evidently spreading towards the left side; he suffered from cough and dyspnœa while recumbent.

Ten days after this the swelling increased towards the right axilla, and he vomited.

October 30th, the tumour was painted with gutta-percha dissolved in chloroform, but this covering cracked through the expansion of the tumour; the skin seemed inflamed; a superficial abscess formed, and close by the latter the aneurism seemed to "point."

December 17th, the skin began to ulcerate, and he complained of pain in his shoulder and arm; great dyspnœa and dysphagia now occurred.

January 2nd: The tumour burst and a small quantity of blood was lost before the nurse arrested it by pressure and compresses, or Ferri Mur. could be applied. Veratrum viride, digitalis, &c., ordered.

5th: The cough was alleviated by troe opii, ℥ss., every four hours, but he complained of great pain in the arm. At ten p.m, blood again flowed and escaped by many points from beneath the compress. Under this pressure the aneurism subsided so suddenly and completely that the dressers who had been in constant attendance thought it had burst internally. He died in about twenty minutes.

Post-mortem examination.—*Kidneys* congested, right, six and a-half ounces, left, six ounces. *Spleen* healthy, nine ounces. *Liver* congested. *Lungs* healthy, small. *Heart* healthy.

The *clavicle* was found to be fractured, and the broken end could be felt through the opening in the skin. The whole bone as far as the acromion was stripped of periosteum. The manubrium had been removed by absorption. The aortic arch was found much dilated, and at the base of the innominata there was an oval opening which communicated with a sac extending from the trapezius and deltoid above to the lower rib; under these muscles were found many clots of blood. Sir W. Fergusson's first opinion was that this was a subclavian aneurism, but he soon became of a different opinion, and now it seems that the innominata had been injured by the sharp end of the clavicle, a false aneurism formed, which had burst, and a secondary sac formed by the blood forcing its way through the cellular tissue and intermuscular spaces.

This case is a striking illustration of the difficulty which every surgeon finds in determining the starting points of all tumours at the root of the neck. The complication of a dilated arch of the aorta, with fracture of the inner third of the clavicle, is also very important, and the position where a small pulsating tumour was first noticed. The greatest credit is due to Mr. Howells, the house-surgeon, Mr Blythman, and relays of dressers who sat up night after night with this poor man, and prolonged his life for several days.

Case 2.—There is another anomalous case of pulsating tumour, but not aneurismal, at the root of the neck, on the left side, with a distinct bruit; the patient, a widow, has been the subject of rheumatism. The principal symptoms are puffiness in the left posterior triangle, and enlargement of the superficial veins of that neighbourhood. Sir W. Fergusson proposes to treat the following case by flexion of the leg.

POPLITEAL ANEURISM.

Case 3.—A man, æt. 31, fruiterer, of robust build, but addicted to spirit drinking, and of a rheumatic tendency. He has a pulsating tumour in the right popliteal space. He first felt a pain, supposed to be rheumatic, about four months before his admission upon January 12th, and gradually the present swelling made its appearance. Aortic and mitral disease render operating proceedings unadvisable before trying other measures. The patient is evidently an unfavourable subject for any kind of treatment. In addition to the history of rheumatic disease, he bears the marks of a recent syphilitic eruption, and his left hip-joint is anchylosed.

TUMOUR IN THE HYPOGASTRIUM.—UNDESCENDED TESTICLES.

The following case has been under the care of Sir W. Fergusson for several weeks.

Case 4.—B. D., æt. 34, married, childless, testicles undescended, but no further peculiarities in his pudic or inguinal regions. Ten years ago, about which time he received a severe blow on the lumbar region, a small swelling appeared in the left groin. This was movable, and could be pushed backwards and upwards into the belly; it was mistaken for a rupture returned half a dozen times by different surgeons, and he was desired to wear a truss,

which he did until eighteen months ago. The supposed rupture had extended upwards and downwards, and was then as large as an ostrich's egg. At St. Bartholomew's Hospital it was tapped, and ℥xxiij. of straw-coloured fluid was drawn off. Eight or nine months afterwards he returned, and ℥xvi. of dark-coloured fluid was withdrawn, and on a second occasion ℥xxxij. of porter-coloured liquid were taken away. After these tappings the tumour never wholly disappeared, and he now began to feel numbness and cold in the left thigh. On admission, November 24th, 1865, his scrotum was small and empty, it was pyriform at the base, about the size of a fœtal head; upwards it occupied the hypogastric and iliac regions, without any definite boundaries; below, Poupart's ligament could be distinctly felt. The mass is divided into two unequal portions, the upper, the smaller. The tumour is opaque, elastic, tremulous on percussion, and has a distinct impulse on coughing. Cannot lie on his back or right side.

December 5th: Oij. ℥v. were drawn off by tapping; as it flowed the liquid gradually assumed the colour of port wine, was opaque, and deposited a copious red sediment. This reduced the tumour about one-third, and allowed a movable body to be felt.

6th: The swelling was rather larger than before tapping. The seat of puncture was swollen and tender.

16th: A longitudinal incision was made over the centre of the tumour for about three inches, which gave exit to a quantity of dark blood mixed with clots and grey fibrinous masses; about Oiijss. were removed. After this a more limpid fluid was seen to issue from the outer side of the incision, from a smooth sac lying between the abdominal muscles and the skin These proceedings reduced the tumour to about one-fourth.

January 1st: Discharge from the wound purulent. Pulse soft, full, 108; belly tympanitic; purging and vomiting.

8th: Some slight improvement which did not last, and he has gradually sunk until to-day (15th), when he is moribund.

Proceedings of Societies.

SURGICAL SOCIETY OF IRELAND.

Dr. WILMOT, President of the College, in the Chair.

A MEETING of this Society was held on the evening of Friday, 5th January, at the College of Surgeons.

CASE OF CIRRHOSIS OF THE LIVER WITH ASCITES, SUCCESSFULLY TREATED BY IODIDE OF POTASSIUM: RETURN OF THE ASCITES: DEATH.

By Dr. MAPOTHER.

The patient, John Ryan, a railway porter, was first admitted under my care into St. Vincent's Hospital in Nov. 1860. He was then aged 40. The abdomen was very full of fluid, and that this condition depended on contraction of the hepatic tissue appeared from the absence of other dropsy; large veins on the surface of the parietes, a slightly jaundiced hue, and the man's intemperate habits. He had been already twice tapped in a county infirmary, although his dropsy had been but of four months' duration. As he was otherwise pretty healthy, it was thought that a trial should be given to medical treatment, and as the effused lymph was apparently so recent, iodide of potassium was judged to be the agent most likely to promote absorption. Five-grain doses, gradually increased to ten, were given thrice daily, and the ointment of that salt was applied to the abdomen over a surface one foot square, the cuticle having been previously removed by blistering. The fluid gradually disappeared from the peritoneum, and at the end of three weeks was all gone. I saw him frequently afterwards, as I was passing his station, in excellent health. But his dropsy at last returned, and he was again admitted into hospital in August, 1865. The same treatment as before, as well as purgatives and diuretics, including the application of infusion of broom to the abdominal surface, was tried, but without relief, and we were forced to tap the cavity on October 1st. Thirty-five pints of serum flowed away. About fifty hours after the operation complete coma supervened and continued for thirty hours, when it very suddenly disappeared. During this period his full pulse and warm extremities indicated that it was not the insensibility which mere weakness of circulation would produce, nor was it ureal poisoning, for I drew away, by three introductions of the catheter, forty ounces of very normal urine. Complete cessation of the excretion of bile seemed the most probable explanation. On the fifth day after the operation the puncture reopened, and discharged, occasionally with force, many pints of serum. He became very gradually weaker, and died four weeks after the removal of the fluid. As the specimen exhibits, the liver was contracted, hard, and nodulated, the spleen vicariously enlarged, and the right lung, so long compressed, had assumed, throughout almost the entire lower lobe, that condition known as atelectasis. Every other organ in his body was healthy. The points on which I invite an expression of opinion are, the treatment of cirrhosis by iodide of potassium and the cause of the coma which supervened after tapping.

Dr. BENSON believed that cirrhosis of the liver was generally attributed to the irritation produced by ardent spirits, and no doubt often proceeded from that cause; but he recollected one case in which a child eight years old was affected by that disease, and there was no reason to suppose the child had used any of the ordinary stimulants. It was so unusual that he would not say he diagnosed it during life, but the post-mortem examination revealed it, and it was a well-developed case of the disease. The liver had that remarkably nodulated appearance characteristic of cirrhosis, and when cut into had that appearance of tubercular structure so common in that disease.

Dr. MACSWINEY said that Dr. Todd denied altogether the theory that cirrhosis of the liver was caused by the use of ardent spirits, and he mentioned several cases of children affected by the disease who had come under his observation. Many authorities, however, mentioned that it was the use of whisky—that is, of spirits rather than wine—ale, or diluted spirit which gave rise to cirrhosis. The explanation was, that the spirit was absorbed by the veins, and that in a comparatively undiluted condition it made its way to the liver and exercised a stimulating effect there. The fact of the man being operated on was interesting in the view of its being a practical procedure, because he had known objections raised against taking away the fluid in cases of ascites. He had himself resorted to operation twice with beneficial effects, but the man died on the second occasion from acute peritoneal inflammation, set up by the operation of paracentesis. He thought it would be hardly possible to diagnose cirrhosis of the liver from negative symptoms merely, and he considered the symptoms mentioned by Dr. Mapother—viz., the jaundiced appearance, large veins on the abdomen, and intemperate habits of the man, were scarcely sufficient to enable the physician to pronounce positively as to the nature of the disease.

Mr. B. W. RICHARDSON observed that one of the most interesting points of Dr. Mapother's case was the coma under which the patient for some hours laboured. Many years ago Dr. Griffin recorded in the *Dublin Medical Journal* some cases of jaundice in which coma was a prominent symptom, and the late Dr. Graves likewise published similar cases, the particulars of which were sent to him by Dr. Hanlon of Portarlington. Dr. Budd also, not only alludes to those cases but gives others of a like nature in his valuable work on diseases of the liver. Although in the cases mentioned by these gentlemen the patients were deeply jaundiced, the symptoms cannot be explained by the presence of the bile which circulated in their blood, for people may be

jaundiced for months without head symptoms supervening. It has been imagined that a poison is present in the system when coma and convulsions occur in jaundice, and notwithstanding that Dr. Mapother's patient was only slightly jaundiced, if the poison theory is the correct one, it is possible some toxic agent was in operation in the case. He begged to ask Dr. Mapother if he examined microscopically the secreting structures of the liver before us, and what was the condition of the hepatic cells?

Dr. Hamilton asked if there was any hæmatemesis during the case?

Dr. Mapother said there was none.

Dr. Benson observed that when the liver secreted bile, which was absorbed into the system, jaundice was produced; but this did not affect the system so much as where there was inaction of the liver, so that bile was not secreted at all and the material of it remained in the blood. It was a semi-jaundiced appearance that the patient got in cirrhosis, sometimes a blueness or lividity of hue, not the golden colour which was characteristic of regular jaundice. If that would account for the coma it would not account for the disappearance of the coma afterwards, which was what appeared so strange.

Dr. Foot observed that Dr. Stokes referred to the existence of moderate jaundice in cases of cirrhosis of the liver, and laid down a formula for diagnosing this disease—viz., moderate jaundice, ascites, varicose veins over the surface of the abdomen, and diminution of the hepatic tumour. In many cases the diminution of the hepatic tumour could only be made out after tapping, which he recommended.

Dr. Fleming asked whether the coma increased during the administration of the large quantities of iodide of potassium, and whether Dr. Mapother stated the application of it was applied to a surface which had been blistered, and what was the effect of such application? He recollected having on many occasions thrown into the rectum, with a view to relieve the enlargement of the prostate gland, injections of iodide of potassium, and it produced agonizing pain, even where the mucous membrane was healthy.

Dr. Mapother, in reply, said he thought the diagnosis of cirrhosis of the liver was established by the man having a slightly jaundiced hue, by his intemperate habits, and by his having ascites only, being without any disease of the heart or kidneys, and also by the large veins on the surface of the abdomen. There was no dropsy of the extremities, but ascites only—a form of dropsy so usual in cirrhosis of the liver. He referred to The Medical Press, in which the case would be found described as cirrhosis of the liver five or six years ago, and the post-mortem examination verified the statement which he made at the time. In answer to Dr. Fleming, he had to state that they gave the patient large doses of iodide of potassium internally, and then applied blisters to the extent of one foot square, which they dressed with iodide of potassium ointment. He experienced a little pain at first, and there was a semi-purulent discharge, but it was not complained of by the man, who was a very patient person. The coma, apparently, had nothing to do with the administration. The coma, which was the most remarkable thing about the case, he could not explain. It continued thirty hours, and suddenly disappeared in the middle of the night. During those thirty hours he relieved the bladder on four occasions, and without any relief to the comatose condition. The coma set in fifty hours after tapping, and he recovered completely, lived some weeks afterwards, and sank from simple debility.

Mr. Croly asked if the brain was examined in this case, and whether the exhaustion of the system and an anomalous condition of the brain might not have given rise to symptoms which were relieved by stimulants?

Dr. Mapother—The brain was examined and no pathological appearances whatever were presented. No doubt loss of blood would produce coma, but that could not have been the case in the present instance, as there was none, and the brain was perfectly normal.

DISEASE OF THE KNEE-JOINT.

Mr. Croly exhibited a Knee-Joint which he had removed after death from a patient in the City of Dublin Hospital. The man, who was 45 years of age, was admitted on the 17th of October into the hospital, suffering from all the ordinary symptoms of chronic synovitis. He had a pale anæmic look when admitted; the right knee-joint was swollen; the swelling was more marked on the inside; there was a good deal of fluid in the joint; the tibia was displaced backward with the fibula. He placed the patient in a well-padded McIntyre splint, and gave him a liberal diet with wine and quinine. The man recovered his strength and got fat in the hospital. The joint he treated with blisters, extending them to heal, and strapping it all with the ordinary Scots bandage. The swelling went down, and the man complained of pain over the internal condyle and over the anterior part of the tibia. His condition improved, and he (Mr. Croly) looked forward to the joint becoming anchylosed, but a month ago the pain increased in the joint, and he fired the joint, by which operation the man expressed himself much relieved and called for it again, and this had occurred several times in the hospital, when the cautery was repeated. In showing this case to the class he mentioned the leading features of it, and on many occasions they pressed his heel to see if he would complain of pain, but he never complained of pain on percussing the heel, and there was no lateral movement of the joint. He therefore looked on the case as one of chronic inflammation of the joint, with effusion, and he confessed he did not look on it as one of ulceration of the cartilages. On the 25th of December he was greatly struck by the alteration in the man's appearance, although when going round on the morning before he saw the man looking as well as usual. About a week before that, an abscess formed near the head of the fibula and burst, and emptied itself, giving him some relief. On the 25th he observed a sudden change in the man's appearance. His countenance was extremely pallid. He asked him what happened, and he replied that he had a severe shivering fit on the night before. There were a great many cases of erysipelas in the hospital, and he was afraid the man was about to be attacked by it. There was, however, no redness of the skin. He examined the man carefully and there was no heart or kidney disease to account for such a sudden change in his appearance. His pulse became feeble, and he feared he was about to be attacked by pyæmia. He ordered him a stimulating mixture, punch and ammonia, and warm applications to his feet. His intellect was clear, but he gradually sank and died. He had no further rigors, but he gradually died from exhaustion. He opened the knee-joint, as if excising it, and he found a large abscess in the region occupied by the subcrural bursa. The anterior crucial ligaments were sound, but on raising up the patella he was surprised to find not a bit of the cartilage left. The semilunar cartilages were destroyed. The end of the femur was soft and diseased. The tibia was found to be soft; the cartilages were partially removed from the upper surface of the tibia. He then opened the cavity of the chest, and made a careful examination of the lungs, but found no disease. He examined the heart and it was healthy, and the kidneys and liver were also perfectly sound. In short, he failed to find any cause for death, which must, therefore, have resulted from poisoning of the blood from the veins of the joint which had become inflamed. He was struck with the appearance of the spleen. There was a curious cartilaginous growth on the surface, but no purulent deposit in the body of the spleen. If he had anticipated the state of the man's joint he would have recommended amputation.

The President asked whether Mr. Croly thought the disease originated in the synovial membrane?

Mr. Croly—The absence of grating, &c., made him

think that this was a disease of the synovial membrane only and not of the cartilages.

Mr. B. W. RICHARDSON said that at one time it was considered that if pressing diseased articular cartilages together caused pain, it should be attributed to ulceration or disintegration of cartilage. There can be no doubt, however, that cartilage may be destroyed without the individual being aware that anything was wrong with the joint. As practical surgeons are, notwithstanding, aware that pressing together the articular surfaces forming a diseased joint frequently causes great torture; as such pain may be caused by pressing the bones together, and from which the cartilage has diappeared, some surgeons refer the pain rather to the osseous disease than to the ulceration of the cartilage. Indeed many excellent observers, Mr. Redfern and M. Richet among the number, think, that the violent spasms and pains so frequently experienced by persons labouring under certain joint affections, instead of being attributed to, and being pathognomonic of, ulceration of cartilage, should rather be referred to stripping of the diseased joint bones, the consequence of the destruction of the incrusting cartilage.

Dr. GRIMSHAW asked if the surface of the spleen had been examined under the microscope, and, if so, what was the character of it?

Mr. FLEMING said this case was one of great practical moment, and impressed on the mind the importance of accuracy of diagnosis and prognosis. Diseases often advanced to a very considerable extent without the slightest manifestation of symptoms during life. Disease of the kidneys was often very extensive, and yet during life there was not one symptom of the disease. In the present case there were some manifestations of disease apart from pain, and that from the enlarged condition of the bursa of the extensor tendon. He did not attach much importance to the appearance of the spleen. That morbid condition might have existed for some time, and was probably identified with the capsule of the spleen itself.

Mr. CROLY, in reply, observed that he thought the cartilaginous growth on the surface of the spleen could be seen as well with the naked eye as with the microscope. It was attached to the capsule of the spleen, and he removed the spleen merely because he had never seen that condition of the organ before. He thought the sudden death of the man was the important point to put on record. When a man had ordinary disease of the knee-joint if he got worse it was generally by diarrhœa and sweating, but here was a case where the man was going on well when he was suddenly attacked and died. Death had evidently been caused by blood-poisoning. It was preceded by a rigor four days before.

ILL EFFECTS FROM SWALLOWING GLYCERINE.

Mr. B. W. RICHARDSON mentioned that he was sent for a short time ago to see a child who had taken a large quantity of glycerine. The mother of the child had been using Price's glycerine, and the child got at the bottle and drank nearly half a pint. The child lay as if dead, and he was sent for, but it revived before he arrived, about half an hour from the time of swallowing the fluid. It was interesting to consider what caused the insensibility. Was it owing to the weight of the glycerine and its intense sweetness acting upon the stomach? There was deadly sickness, and the child revived after vomiting.

Dr. MACSWINEY thought if the child took half a pint of thick syrup it would have the same effect. Price's glycerine was usually very pure.

CROUP.

Mr. CROLY exhibited a morbid specimen which he had removed from the body of a child in the City of Dublin Hospital The case had been sent to him by Dr. Hewitt, who met with it when doing duty in one of the city dispensaries. The child, which was about two and a-half years old, was attacked with all the ordinary symptoms of acute croup, and he might mention that he had met a great number of such cases lately in connexion with the South City Dispensary. The child had stridulous breathing, a very rapid pulse, its head inclined to be thrown backwards, congestion of the veins of the neck, and urgent dyspnœa. The pulse was so feeble that he looked on the case as one certain to be fatal, and one that would not bear depletion or any lowering treatment. He prescribed ipecacuhana with wine, and squills and hot sponges to the throat. The child refused to swallow, and the resident pupil injected wine with ether into the rectum. The symptoms increased, and the child died. In examining the parts below the bifurcation of the trachea he found no false membrane. There was much vascularity about the rima glottidis, as if there was more mischief at the begining ning of the windpipe than in the trachea itself.

The question that he would wish to have discussed would be, whether, in this case, if he had opened the trachea, the life of the child might have been saved by the operation. The late Mr. Porter strongly condemned the operation of tracheotomy in cases of croup. Trousseau was not only an advocate for it, but he recommended it in very early stages of the disease. He would not, however, get many Surgeons in Dublin who would follow his advice. Statistics proved that it was a most fatal operation. Had he known that there was an absence of false membrane he would have attempted the operation of tracheotomy.

The PRESIDENT observed that the fact that one could not prejudge the case was a strong argument in favour of operation.

Dr. FLEMING asked what was the condition of the lungs?

Mr. CROLY said they were slightly congested. He might mention that the thymus gland was very large, and still did not interfere with the region in which tracheotomy would be performed. There was an inch of space for the operation.

Dr. MCCLINTOCK asked if there was any croupy breathing?

Mr. CROLY—Yes; it was as well marked a case of croup as I ever saw.

Dr. MCCLINTOCK said he had seen several cases of croup in which there was a marked absence of croupy inspiration. There was loss of voice and embarrassment in breathing, but there was an absence of the crow. The children he saw with one exception recovered. The child who died was brought to his study in a very exhausted state, and it died that night.

Dr. HEWITT said that he saw the case now under consideration in an early stage, and several cases came under his notice lately, some of which were fatal. The moment he went into the room he was struck with the brazen sound of the breathing. Last year there was published a number of cases in a Norwegian journal, and out of twenty-three cases in which tracheotomy was resorted to there were eighteen recoveries.

Dr. CRONYN had seen cases in which the disease spread by contagion or infection to others of the family, but the type of disease was not the same as in past years. It was of a much milder character and more amenable to treatment. He had not heard of any cases proving fatal.

Dr. MCCLINTOCK said the most important point connected with this case was that in reference to the propriety of operation; and although the weight of opinion in Dublin was against operation in such cases, yet the subject might be deserving of reconsideration. Dr. Whittle of Liverpool, who had studied in Dublin, published a paper some time ago in the *Dublin Quarterly Journal*, in which he strongly advocated tracheotomy in a particular class of cases of croup. He described one class of cases in which, although there were the usual symptoms of croup, there was little or no false membrane formed, and it was in that class of cases he would resort to operation which would generally, he said, prove successful.

Dr. HAMILTON said it had often struck him, in reference

to these statistics from the Continent, that many of the cases operated on would have recovered without any operation, or they should be considered as a different disease from what we had in this country. He did not think the same amount of success would follow in operations for croup here. The objection to operative interference was, that one could not be certain that a false membrane did not exist below the point where the opening into the trachea must be made.

Dr. MACSWINEY thought the reopening by that Society of the question of operation in cases of croup was calculated to do much good.

Dr. BEATTY said it must always be recollected that, in dealing with an advanced case of croup, the surgeon was not merely to confine his ideas to the false membrane in the trachea, but should remember that in a large per-centage of cases it extended down into the minutest ramifications of the bronchial tubes, and therefore, although air might be let into the trachea, it did not follow that the child would be enabled to breathe. As to the operation in an early stage of the disease, if they could only diagnose the cases where there was no false membrane, no one would hesitate a moment in resorting to an operation, if it were a safe one, under the circumstances. But even if the child were healthy they were not certain that the opening into the trachea would not kill it. In Dublin the operation of tracheotomy had been the subject of mature consideration by very wise men, and non-interference came to be the practice.

Mr. CROLY observed that he had seen many cases, and put them on record, in which croup had been cured by medical treatment without resorting to operation. His own child had acute croup, and by proper treatment the child's life was saved, whereas tracheotomy would have killed it.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 9, 1866.

Dr. **ALDERSON, F.R.S., President.**

ON CERTAIN PRACTICAL POINTS IN THE PATHOLOGY AND TREATMENT OF LATERAL CURVATURE OF THE SPINE.

By **RICHARD BARWELL, F.R.C.S.,**
ASSISTANT-SURGEON TO CHARING-CROSS HOSPITAL.

CERTAIN cases under the care of, certain investigations undertaken by, the author, led him to perceive that the lateral flexibility and rotatory power of the spine during movement of the limbs had not received sufficient attention either in a physiological or curative point of view. The results of his experiments may be thus briefly stated. The act of walking produces serpentine undulations of the spine. When the weight is on the left leg, and the right behind about to be lifted from the ground, the lumbar spine curves to the right, and the dorsal to the left. In bringing the right leg forward, the column straightens; and, when that foot isput down, the curve reverses, again becomes straight as the left foot is brought forward, and so on. Some peculiarities of these inflexions induced the author to extend the number of his observations on living persons. The lateral movements of the spine, as above described, were found constant in character, various in amount, and with each lateral bend a commensurate amount of rotation takes place. The spinous processes always incline towards the front of the vertebræ from, the cord of curvature. In fact, Mr. Barwell declares the spine incapable of assuming a lateral bend without at the same time undergoing rotation, which although, perhaps, in part due to the reason given by Shaw, the sideways distribution of the weight, is also caused by the lateral and posterior position of the forces which bend the spine, and more eepecially by the action of the semispinalis dorsi and rotatores spinæ muscles. To ascertain the amount of rotation of which the spine is normally capable, the average of ten experiments was taken. The normal rotation-average was 43° 17′; the largest amount just over 49°. Movement and weight-bearing with the arms also produce a certain amount of lateral flexion, whose object is twofold—fixation of the spine as a sure basis of action for the shoulder, also balance and economy of power. This flexion is not produced by direct action of the muscles passing between spine and scapula, but by the spinal muscles proper on the opposite side. Thus the column is constantly bending laterally and rotating. These positions are, therefore, not in themselves abnormal, but may become morbid either by fixity or amount. A posture much beyond what the spine can normally assume may, nevertheless, be simply due to muscular action on the one side, inaction on the other; but such cases will (unless treated) overstep the limits of any posture muscular force can produce, and are then due also to some external agency—weight, relaxation of ligament, alteration of bone surface, &c. But these organic changes are always secondary. Want of balance between muscular forces, either by redundancy or deficiency, is the primary and efficient cause of lateral curvature; and our treatment must be directed to restoration of that balance. The mere transference of a weight always carried on one arm to the other side, will not merely be inefficient, but often injurious; so also are many of the exercises prescribed for the left arm. The author, taking advantage of the necessity of balance, and the consequent normal tendency to form double curves, throws the spinal column out of its abnormal balance and rest on the ligaments by causing the pelvis to slope downwards from left to right, thereby necessitating a lumbar curve to the right, a position which, if carefully watched, cannot be long maintained, without producing a contrary curve in the dorsal region. Thus in both parts of the spine a posture the reverse of the abnormal is enforced, not by machinery, but by muscular action. Several exercises are used by the author. A few are described as most potent:—1st. The sloping seat, with a fall commencing at an inch and a-half in the foot, used for a quarter of an hour thrice a day. 2nd. Lateral gyration of the body, in strict measure, with the back against the wall, the pelvis sloped by a block under the left foot. 3rd. The patient, standing with the feet together, knees straight, a block under the left foot, lifts the left hand over the head, and in it is placed a spring attached above and to the right side. This is extremely potent, and requires careful watching. Certain other contrivances—viz., a thicker sole to the left boot, weighting the right leg and left arm, are used only late in treatment. Against rotation, the following exercise is given: The patient, standing with the right shoulder about three inches from the wall, lifts the left hand over the head, and leans over till it comes against the wall, and supports some of the weight. She then, with the feet together, passes the head and right shoulder under the left forearm, and tries to see as much as possible behind the left shoulder. All these exercises must be used with caution and generally in the order above given, though variations may occur for particular cases. After each, horizontal repose is to be enforced. In all but very slight cases, these exercises will not suffice without some form of support. The machine commonly called a spinal support is false in principle, aiming at superseding muscular action, thereby weakening the muscles; moreover, it is clumsy, heavy, and barbarous. If it fulfilled its office of keeping pelvis, spine, and shoulder stiff and immovable, it would be unbearable; not fulfilling its office, it is merely irksome and inefficient. A patient with moderate curvature can be straightened by placing one hand on the point of greatest dorsal excurvation, the other in the opposite axilla, and pressing in contrary directions. The bandage invented by Mr. Barwell is so contrived as to prolong this action in the same directions. It consists of webbing straps secured to the pelvis, to the right side below the

point of greatest curve, and to the left shoulder. In certain parts of the webbing, strong india-rubber springs are placed in such wise that the forces act from the pelvis exactly in the directions of greatest mechanical advantage, such as in practice are found most efficacious in straightening crooked spines. By placing the pad at the right side, a little posteriorly, much power may be exercised on the rotation. The construction of the bandage is such that there is no tendency to flatten the ribs against the spine. The whole apparatus weighs but a few ounces, is worn with ease and relief, and is very efficacious. By means of the exercises above described and the bandage, the action of them being rigidly under surveillance, the author has been very successful in the treatment of even advanced curvatures, as is shown by the appended cases.

The PRESIDENT said that many present would be able to give opinions as to the author's able and interesting paper. He remarked that if such papers were not well received by medical societies, they would be read at societies for general sciences. For his part, he had an aversion to mechanical restraints. If girls were brought up as boys are, there would be fewer curved spines. The President then spoke on the bearing of mathematics on the subject, and said it was one dangerous to touch without a knowledge of the higher branches of mathematics. He spoke also of the risk of damaging the pelvis in trying to remove the curvature of the spine.

Mr. WM. ADAMS was glad that the subject of lateral curvature of the spine had been brought before this Society, as there were so many members present who could contribute to its elucidation. He had listened with attention to the paper in the expectation of hearing some new pathological facts, or some new theory of the production of lateral curvature, or some new system of treatment; but in all these respects he had been disappointed. Mr. Barwell had relied upon physiological experiments and observations upon the production of curvature in certain attitudes; but all that he had said upon these subjects had been long since brought before the profession in the very excellent treatise by Mr. Bishop, who had thoroughly investigated the subject from a mechanical and physiological point of view. Mr. Adams was glad to hear Mr. Barwell assert that the spine is incapable of undergoing any amount of lateral curvature without rotation of the bodies of the vertebræ, as this led him to the point he (Mr. Adams) had long endeavoured to insist upon—viz., that rotation of the bodies of the vertebræ always accompanies, and, he believes, precedes lateral deviation of the spine. For the diagnosis of this condition, Mr. Adams relied upon the posterior projection of the angles of the ribs in the dorsal region, and the posterior projection of the transverse processes in the lumbar region, rather than upon any lateral deviation of the spinous processes. Mr. Adams believed that no lateral curvature, as judged of by these conditions, however slight, could exist without structural changes affecting the intervertebral cartilages and the oblique articular processes—in fact, that these conditions formed the diagnosis between functional and structural deviations, and practically constituted the broad line, on either side of which our treatment would differ. Previous to these structural changes, we might rely upon gymnastics and partial recumbency; and after these changes in the transverse relations of the angles of the ribs in the dorsal region, or the transverse processes in the lumbar region, we must rely upon firm mechanical support with partial recumbency. The result of Mr. Adams' experience had been to convince him that where lateral curvature of the spine existed in any marked degree, and before it amounted to an external deformity, it was essentially an incurable affection by any and every method of treatment. Mr. Adams did not believe that the structural changes which existed in the confirmed lateral curvature admitted of removal, or repair, so as to allow of the affection being cured, unless the case were treated in the earliest stage, and with youth and growth in its favour. It was only in the slightest cases that we could hope to produce a cure. In severe cases of spinal deformity all the profession were agreed in recommending mechanical support as the only system affording relief and comfort to the patient. Sir Astley Cooper and Sir Benjamin Brodie always sent such cases to the instrument makers; but in the treatment of the slighter forms of curvature the greatest difference of opinion had always and still existed. Mr. Adams thought that attention to the diagnostic indications between structural and functional affections upon which he had insisted would lead to the treatment being determined either in favour of gymnastics or mechanical support; but the curability of any particular case must rest upon the evidence of the existence of structural changes. Mr. Adams believed that further experience would convince Mr. Barwell that the employment of elastic force, such as he now recommended, by means of straps, would be quite useless where actual curvature existed; and that either to arrest the increase of curvature or to produce such improvements as the cases admitted of, it was indispensably necessary to use firm mechanical supports.

Mr. BRODHURST remarked that Mr. Barwell had given no idea of the amount of curvature in the cases he had treated He wished to ask Mr. Barwell if the curvature was slight or severe, commencing or confirmed. He had himself made many experiments, and had found that when rotation had taken place appliances were useless. He was surprised, too, that Mr. Barwell should have obtained such results from such a bandage. It had been given up in France. He (Mr. Brodhurst) had brought it over from that country in 1851, and had found it fail wherever there was anything like a fixed curve. Mr. Barwell had not told the Society of the nature of his cases, either by description or by photographs; and as he appeared to have made his experiments on healthy and vigorous persons, he might have arrived at the results he had announced. If he were to try his plan on severe cases of curvature, the trials would not justify his conclusions. Sir Benjamin Brodie had tried a similar method in early life, but had given it up, and had acknowledged that recourse must be had to mechanism when rotation had been established.

Mr. NAYLER stated that he should wish to ask Mr. Barwell how he proposed treating certain forms of lateral curvature, whether by the method just described or not; for example, the lateral curvature which is sometimes seen in young children, in whom it has existed from birth. Again, in older patients the septem of two curves is occasionally so abrupt as to constitute an angle rather than a curve, or there may be three curves, and the superior one situated in the neck; and lastly, he wished to ask how he would treat lateral combined with posterior curvature. There is this objection to the employment of muscular exercises as set forth by Mr. Barwell, that we cannot so accurately or nicely regulate them as to prevent their action on the convex as well as the concave part of the curve; and when this takes place the only possible consequence is an increase of the deformity. One essential condition in the treatment of lateral curvature had been completely overlooked by Mr. Barwell—viz, the removal of the superincumbent weight of the head and shoulders by means of the pelvic instrument, provided with a double crutch. Another point is, to have the pressure properly applied to, and constant in its action on, the weaker part of the curve. Mr. Nayler was greatly surprised to hear Mr. Adams say that lateral curvatures are, as a class, incurable. It was only when attended by certain complications, as when the ribs projected posteriorly, that our means were limited to prevent the deformity from becoming more aggravated. In other instances, and especially in early life, a favourable opinion as to recovery might be given.

Mr. BARWELL thanked the President for his kind remarks. It appeared to him strange that Mr. Adams should be disappointed with the amount of novelty in

this paper, for the experiments concerning lateral and rotatory movement of the spine during walking, those fixing the amount of normal rotation permitted by the column, the whole plan of treatment by throwing the spine out of its morbid balance on the ligaments, and other points, were new. He was sorry to hear from Mr. Adams that his experience caused him to look upon lateral curvature as utterly incurable; yet the enunciation of that opinion only confirmed Mr. Barwell in his conviction that the mode of treatment at present in vogue was quite inefficacious—a conviction which had led him to make the above experiments and to devise a better method. The results did not lead him to the same sad conclusion as that to which Mr. Adams had come. The author was surprised to hear from Mr. Brodhurst that a belt similar to his own had been made in Paris, because no mention of such could be found in any one of the many French, German, or Italian writers on spinal curvature, and its construction was the result of entirely independent thought; but Mr Barwell could well believe it must be ineffective if tried alone, for it is not intended to be so used. The oblique bandage is an adjuvant—a very valuable, indeed a necessary, adjuvant to his method of exercising the spinal muscles when thrown by the position he enforces out of their abnormal posture of repose. Finally, Mr. Barwell showed some photographs from severe cases of curvature, dorsal and lumbar, some of which were cured, others in the course of improvement.

Reviews.

AUSTRALIA FOR THE CONSUMPTIVE INVALID; the Voyage, Climates, and Prospects for Residence. By Isaac Baker Brown, jun., late Surgeon-Superintendent H.M. Emigration Service; Assistant Surgeon to the London Surgical Home. Hardwicke, Piccadilly, p. 138, 8vo.

In the present day there is no lack of books and pamphlets advising those who suffer, directly or indirectly, from our variable climate, to seek health away from home. It is hardly too much to say that at the present rate, there will soon be no sea-girt island or sea-exposed town or village between the latitudes 50 deg. and 60 deg. that will not have its own special medical champion. The more renowned sanataria in France, Italy, Egypt, and the Island of Madeira, may be all very well for those who, having plenty of money, care not where they live so long as they live in health, but the very large majority of the places whose climate is recommended, offer no inducement to the man of limited means, nor have they any resources which are available as a help towards a living when the invalid is restored to health.

Mr. Brown, who in his capacity of Surgeon-Superintendent in the Emigration Service, has more than once visited Australia, and brings before the notice of the profession and public generally the eminent suitability of what he graphically calls England's "golden child," as a residence where a man can, if he have money, put it out to good interest; and having found health, will be able to find scope for his restored energies in any trade or profession to which he may have been educated. Mr. Brown says (page 73):—"Australia is a glorious, healthy, fertile, rich, prosperous, and money-making country; so large, that if all Great Britain went there, there would still be room for the greater part of Europe; so rich in its mining, agricultural, and pastoral resources, that the only cause of drawback is want of sufficient capital for investment; and when it is stated that the banks will give seven and eight per cent. for money deposited; that there are many good and safe investments realizing ten to twelve per cent., not to mention gold mines, a speculation of more fluctuating character, or sheep runs when capital is speedily doubled, more is hardly necessary to prove that Australia is a prosperous and money-making country."

Mr. Brown goes at some length into the various resources of this vast territory, and combats very successfully, we think, the false notion that many English people have of the state of society and civilization generally at the Antipodes. He also gives interesting information with reference to the various amusements and pursuits of the country.

To come to the more *immediately* medical portion of the book, we find Mr. Brown well able to speak from personal experience of the various Australian climates. Believing that a climate which has at the coldest season a temperature far exceeding that to which one has been formerly accustomed in the height of summer, cannot be beneficial, Mr. Brown prefers Tasmania, the north of New Zealand, South Australia and Victoria, to New South Wales, or the still hotter colony of Queensland. Tasmania is preferred as being much freer than the main land from the scourge of the colonies—the hot north and north west winds. "The temperature of Tasmania is similar to that of the south and south-western parts of England. The mean annual heat of Hobart Town is 52 deg., the mean of summer 63 deg, and of winter 44 deg. At Launceston it is warmer, the climate resembling that of Lisbon in winter, while in summer it is no warmer than Cheltenham." We find in Tasmania many products of vegetation to which we are accustomed in England. Such plants will not bear the hotter climates of the more northern colonies, but grow with great abundance in Tasmania. To come to statistics, Tasmania shows less than eight per cent. of deaths from consumption, as compared with nearly eleven per cent. in Victoria.

The chapter, however, which we imagine will be found most useful, not only to invalids, but to all intending voyagers, is No. XI. Here every information as to choosing a ship and cabin are given. The fact that on the port side of the ship a passenger is more likely to get fresh air than on the starboard, is here quoted as an evidence of the practical value of experience. The caution as to the discomforts likely to be experienced by trusting too confidingly to one's outfitter, are more amusing to read than experience. Mattresses that "will go in lumps," and sheets that "won't tuck in," are not pleasant accompaniments of a long sea voyage. Details as to one's diet, and a short account of objects of interest on the voyage (which latter we think might with advantage have been lengthened) are added; and in the last chapter a few hints to the new arrival as to hotels and boarding-houses in the principal towns of the various colonies, will be found very useful in a country where, as Mr Brown tells us, people are too independent or have something else to do than to stand at the pier and "tout" every fresh arrival.

Mr. Brown has wisely given a capital map of Australia, and has also appended an interesting table, supplied to him from the Emigration Board, showing the small number of accidents which happen to ships in the Australian trade.

Experimental Researches on Epidemic Cholera.—In a memoir presented to the Academy of Sciences, M. A. Baudrimont asserts the following conclusions: That in cholera the albumen of the blood is transformed into diastase, and is found as diastase in the dejections; that the presence of diastase, and also of a matter analogous to yeast, is remarkable as representing the two products successively formed, at the expense of albuminoid matter, during germination and fermentation; that, as there is a great resemblance between the alvine dejections in cholera and the pancreatic juice, may it not indicate that cholera is due in great part to a hypersecretion of this fluid, and that it is principally by the canal of Wirsung that the choleraic fluids and the matters they hold in solution pass into the intestine?—*Gazette Médicale.*

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JANUARY 31, 1866.

MEDICAL REGISTRATION.

We cannot wonder at the dissatisfaction and even indignation which is now universally expressed at the hardship of Medical Registration, and we are not surprised that many practitioners have declined to pay the fee demanded of them for the privilege of having their names inserted on the Register. However small the sum of five pounds may be considered by some of the aristocracy of the Profession, its payment presses very heavily on the resources of many of the poorer members, more especially when it is levied in addition to the charges made for diplomas or licences to practise. We understand that many of those who have omitted to register have done so on principle, and that they are prepared to take the consequences, whatever they may be, of such a course.

The feeling to which we allude is now becoming so general, that it is worth while to inquire what are the advantages of registration, and what the disabilities involved by its omission. Those who refuse to register point with no small degree of excusable bitterness to the host of uneducated and half-educated pretenders to medical science who swarm in every part of Great Britain, and who are not only unmolested by the law, but are actually protected by it, and who are daily and hourly wresting from the hardworking and honest practitioner his legitimate gains. What, says the latter, can be the use of paying a pretty heavy fee for a registration which confers no advantage whatever and offers no protection? Why should I pay twenty pounds for one diploma and fifteen for another, and then five pounds more for the privilege of registration, when A or B who lives next door to me, and who is undermining me in my practice, has no diploma or licence at all, and snaps his fingers at the provisions of the Medical Act?

Now this reasoning is very just, and it is by no means easy to refute it, and indeed in the present state of Medical law and practice, the attempt would be a hopeless one. The fact is, that Medical Registration, with its accompanying penalty of five pounds, is a perfect farce, except so far as it brings money into the coffers of the Medical Council. This body is now so well convinced of the unsatisfactory working of the Medical Act, that its members are endeavouring to press upon the Government the necessity of amending it; and we think they would do well, in case their efforts in this direction are unsuccessful, to resign their appointments, by which step matters would be brought to a crisis, and the Legislature would be compelled to interfere. At present it is notorious that Sir George Grey has no sympathy with the Medical Profession, and that he is quite indisposed to take any measures to redress the grievances which press upon our body, and private members of the Houses of Parliament are unwilling to take the initiative in any proposition which is not likely to be supported by the Government.

An attitude of passive resistance on the part of the profession is therefore not to be condemned, but rather encouraged; and, if the supplies were withheld by those who are entering on their professional duties, the energies of the Medical Council might possibly be further aroused, or, as we have just hinted, they could resign their appointments.

The Medical Act, as it now stands, is a perfect delusion and a sham, so far as the majority of Medical practitioners are concerned. They enjoy no privileges whatever by its operation, and if it were repealed they would be conscious of no difference in their position. Education and honesty of purpose are now opposed, in the field of practice, to ignorance and dishonesty, and the latter pair of qualities are triumphant. Quackery is as rampant as ever, and Medical titles are impudently and unblushingly assumed in order to delude the public, and no law has yet stepped in to punish the offenders. The Medical Act has made no difference as to the estimation in which legitimacy and quackery are respectively held by the public, and the Medical Council have repeatedly declared their helplessness to assist the Profession in the vindication of its rights. If, therefore, the present state of things is to continue, it will be just as well to save the expenditure incurred by the working of the Act, and leave the Profession to protect itself in the best way it can. The machinery has evidently now come to a dead-lock, and the Legislature and the Government must determine whether any efforts are to be made to set it again in action.

THE SICK POOR IN WORKHOUSES.

The crusade against the present Metropolitan Workhouses is still actively carried on by the general and medical press, and people are horrified at the details set forth by the amateur tramp who passed the night in the casual ward of the Lambeth establishment, and subsequently published his experiences in the *Pall Mall Gazette*. There is something almost amusing in the discovery which appears to have been suddenly made as to the condition of the sick and the infirm in the London Workhouses, although all the facts now made known have been long familiar to the officials, and have repeatedly formed the subject of remonstrance on the part of the Medical Officers. One workhouse, the Islington, is actually announced as about to move its quarters, the present building to be demolished, and another to be built elsewhere; but as the trustees have promised this step for more than fourteen years, and only renew the promise whenever public indignation or the threats of the Poor-law Inspectors rouse them into

a temporary activity, we do not believe the report. St. Martin's *in-the-Fields (lucus a non lucendo)* is actually coming down, the ground having been purchased for the National Gallery; and the Clerkenwell and Bethnal Green buildings being utterly condemned as unfit for their purpose should follow as soon as possible. But it is not only the buildings which ought to be remodelled, but the whole system of Poor-law management, so far as the sick and infirm are concerned, ought to be revised, and the Medical Officers ought to be placed in a more independent position, so as to do their duty to the unfortunate persons placed under their care. We hope that the good time for this "consummation so devoutly to be wished" may really soon be "coming."

MEDICAL GOSSIP.

Since my last letter, Mr. Editor, subjects of interest have been somewhat rare. The sudden appearance of winter after its coquetting with us for weeks put London completely out of gear for several days. Had the meteorologists foretold that on waking one morning Londoners would have found their beloved streets covered with snow, their busses and other institutions at a standstill, and even telegraphic communication interrupted and the sacred threads lying in the streets, nay, coiling round cab-drivers' heads as they passed, the Londoners would have been only too glad to have appeared in a suitable get-up, regardless of expense, but as the snow came unexpectedly they were, as they always are in emergencies, the most helpless babies, and the great city was a huge mud bath strewn with wrecks of hack vehicles and haunted with clammy cockneys for several days. Surely those having jurisdiction over the streets will have learnt something from this disgraceful exhibition.

In professional circles conversation generally turns to the new baronets, and a feeling of satisfaction seems to be very general at the honour done to Irish medicine and surgery by including the honoured name of Dominic J. Corrigan in the carefully selected list. Indeed it was quite time that the profession in Ireland should receive some compliment more tangible, though to surgeons hardly more gratifying, than the fact that they have been the teachers of, for a time, reluctant pupils in England and Scotland, and when they came to the chief towns of these countries they might see many distinguished men doing their lessons from the Dublin masters very creditably. I shall only give one instance, the treatment of aneurism by compression. I am old enough to remember when many now using it used to shake their heads incredulously over Dr. Bellingham's wise little memoir.

Talking of arteries, a policeman, aged thirty-five, was on Sunday morning last showing two persons the way to Bow-street lock-up; one of them tripped him up, the other kicked him; the force of the blow was expended on the poor man's left arm, which he raised to protect his head. When Mr. John Wood saw him after the accident, the left arm was much distended, there was evidently some injury involving the bones, but its exact nature could not, under the circumstances, be ascertained. The effusion was rapidly extending and had nearly reached the axilla when Mr. Wood, seeing that there was no time to lose, cut down and tied the brachial artery, a little above the seat of injury, not expecting that this would do more than give time for consideration of what the chances of saving the arm might be. On Monday, after a return of sensation and warmth to the fingers, the skin became mottled and gangrene rapidly spread upwards; it was determined to amputate, but the man sank too rapidly, and died early on Thursday morning. An examination yesterday showed that the osseous complication was a dislocation of the radius and ulna backwards; the brachialis anticus and the brachial artery were torn completely across. There was a considerable amount of blood diffused among the tissues and along the sheath of the vessel. This case involves many important surgical questions and many "ifs," for if the skin had been injured amputation should have been performed; if the bone had not appeared to be fractured the artery should have been tied at the seat of the injury, say some; others quote a case which appeared very similar to this one, under the care of Mr. Moore of the Middlesex Hospital, in which all varieties of treatment were suggested in consultation, and at last it was decided to leave the patient alone; he recovered without a bad symptom. But then who can swear that the vessel wounded was more than a branch from the main trunk. Talking of police cases, as I passed Bow-street this morning there were notices appended outside relating to no less than *five persons* found dead last night. I asked the policeman whether they generally had so many, "we average five to six, sir, but some mornings there are none."

The stormy weather has one advantage—namely, driving the students under shelter; untempted by ice, they have worked most manfully in the dissecting-rooms. Nothing could, perhaps, be better than the present method of teaching human anatomy in the larger London schools. Mr. Nunn, of the Middlesex Hospital, has long been distinguished for his powers of generalizing anatomical details and teaching principles rather than dogmas. At the King's College School a man must be a good deal worse than a blockhead who fails in any examination where anatomy is required. Let me describe: At nine a.m. Professor Partridge lectures; students, perhaps, think that he lingers too long over the bones, but they find that by Christmas they know them; can tell carpal bones right from left, and are practical osteologists. Mr. Partridge does not think it beneath his dignity to be quite intelligible and sometimes very amusing, though woe betide any one who neglects his work. Mr. Wood, the demonstrator, whose eminence as an anatomist and practical surgeon is universally acknowledged, superintends the dissecting-room, gives public demonstrations and examinations on alternate days; each student is examined on his part twice, those who are preparing for the University of London on regional anatomy, those for the College of Surgeons, in accordance with what is likely to be asked of them there, but irrespective of all examining boards, each man is frequently examined on the numerous subjects in the rooms by Mr. Bellamy and Mr. Robinson, also demonstrators. Special dissections are also daily carried on in an adjoining room by the prosectors, superintended by Mr. Perrin. There is also a class of artistic anatomy, and the minute structure is taught and exhibited by Professor Beale. The arrangements are such that teachers are at call during the whole day, so that the student is never left unassisted, and dissecting is not done in a perfunctory manner. It would, of course, be far more simple to begin by teaching the simplest forms of animal structure, and gradually ascending to man; but so long as examinations hang, as they do now, over the heads of the innocents, it is idle to hope for a change. Introductory lectures tell the student he must read three hours for each lecture. At the rate of four lectures a day, that comes to sixteen hours, leaving eight for locomotion and rest!

There is to be presented a testimonial to Sir William Fergusson, but no one yet seems to know what it is to be. Such things in this country generally resolve themselves into either eating and drinking, or things to eat and drink off; both afford an opportunity for speech-making and glory to the speech-makers, the unfortunate listeners having been rendered as insensible as possible to their sufferings. After the manner of Eastern nations, why should they not

quietly accumulate a sum of money sufficient to found a surgical prize, open to students of all countries and schools. It need not be a costly one, and would surely be a better compliment than the hackneyed dinner and the fulsome speeches, which coming from younger men, are so apt to resemble expressions of gratitude for favours about to be received.

Dr. Protheroe Smith has been made a Knight.

I am glad to perceive that there is a feeling of regret at Mr. Syme being passed over (if he has been) for surgery. No one has during this or any other century done more to make Surgery one of the exact sciences, or had a greater influence over his professional brethren in all parts of the world. Earl Russell has nothing to do with professional squabbles, and these once lost sight of, who has earned a prouder place as a scientific and practical surgeon than the clinical professor of Edinburgh.

MEMORANDA OF THE MONTH.

It will surprise some of your readers to know that vaccination of cattle is taking place so generally all over the country, that lymph for our young patients is only obtainable with great difficulty, and the Privy Council has issued strict orders that it is only to be distributed for human vaccination. One enterprising surgeon in this metropolis, who has heretofore sold three tubes for half-a-crown, now obtains that sum for one, with every prospect of obtaining a higher amount.

One thing appears pretty certain, that those owners who have had their cattle vaccinated have been very successful in preserving them; the experiments of Mr. Tolelmach, as reported in the *Times*, your readers have no doubt seen, as well as those by Drs. Bellyse, Lord, Vaughan, and Mr. Matthews, out of several hundred cases vaccinated by two of those gentlemen, the operation was successful in nearly 90 per cent. So satisfied are the Cattle Plague Commissioners of the value of the experiments that they have just issued official instructions, drawn up by Mr. Ceeley of Aylesbury, a member of the profession, as to the proper manner for carrying on the experiment.

We have just had another death from the administration of chloroform in St. Mary's Hospital, Paddington.

There are so many other sources from which informa, tion is acquired, as to movements in Lincoln's-Inn Fields the dissatisfaction felt in the University of London at the neglect ofbotany and zoologyin provincial schools, the small gossip as to sergeant-surgencies or titles we prefer rather to speak of recent meetings of great importance on Irish medical taxation—on the medical aspect of the "Infanticide" question, and the curious proposal of Parliament to throw overboard all medical evidence in such inquests. We would linger about hospital wards or scan the peculiarities of meetings of the Pathological, Medico-Chirurgical, or such Societies, or note the increase of medical coroners in Great Britain, worthy of imitation in Ireland! There are murmurs as to Scottish influences in excess at "court" as to titles, but medical students look upon it as a beautiful retributive law, that the most direful and dreaded of examiners at Lincoln's-Inn Fields has not given up his Sergeant-Surgeoncy or been made a baronet.

We would see what reform is possible in the "red ticket" system, judging by the better plan of Poor-law administration now in England, due to Mr. Griffin. In France and Belgium the principle of Irish workhouses is considered by the Emperor all a mistake, and analogy may guide us here; the medical arrangements for the sick poor in France are far better. We must have the subject, however, broadly and thoroughly examined, not in bits and scraps, to suit this or that poor-law official. Irish ratepayers pay all the tax, so they do not love the doctors; but in England the larger part comes off the Consolidated Fund, and the workhouse doctors are, to some extent, independent.

Amongst the leading subjects discussed during the week in the medical circles have been again the vexed question of the nature of the cattle plague. It has been set forward rather in form of hypothesis as agreeing with the worst forms of signs of rinderpest than from any new demonstration on the pathology of its disease, that it is simply small-pox. Aud even small pox in the cow, according to the experiments of Ceely and others, was a mild and harmless affection, giving rise rather to vaccine.

It is said also if small-pox was transmissible to oxen, we should have it very much oftener in England than in this isolated irruption or outbreak of disease and diseased animals from foreign ports. It is a curious fact bearing on this view of small-pox and rinderpest being connected or identical, that in nomadic tribes in the East, living very much amongst their cattle, Arabs, Tartars, &c., that small-pox is very seldom or never seen, while in China, and dirty Chinese towns, almost every second person we meet is badly pock marked and vaccination neglected. Amongst such nomadic tribes the children from time immemorial have probably become spontaneously vaccinated or preserved against variola.

The week has been busy—with debates on the often-vexed story of the cure of curvature of the spine, a disease pleasant to the ears of instrument makers; with lectures Lettsomian on various painful affections of the fifth nerve; and with increasing alarm and pathological experiments on the cattle plague, the medical schools have regained their normal appearance of work. As the holidays have passed away, Mr. Paget has resumed his admirable series of early morning clinical lectures—somewhat as early chapel at Oxford, and not much more delightful to our junior friends. The new journal, though unavoidably delayed, has made its way into the hospital libraries, and is much admired.

It is probable that cattle plague, though an exanthematous disease, is neither typhoid nor variola, as held in turn by the same authority. The veterinarians are familiar with small-pox in sheep and rinderpest in sheep, and they are not at all the same; nor is the idea more happy, perhaps, that the latter diseaseis due to entozoa, as Dr. Cobbold has pointed out for such entozoa, if entozoa at all, were found in healthy cows, and other animals. As Lord Bacon well says, however, we must abide by the verdict of experiment, and to conquer nature we must be obedient to it.

The well-worn monogram on London hospitals, "supported by voluntary contributions," at once the glory and the shame of our metropolitan institutions, has had lately a suggestive commentary in the fact, that in the French coming budget the sum of £66,000 has been placed to the credit of the medical and surgical wards of the Paris hospitals in the last year, as collected by a Government tax on opera tickets and music halls for that purpose! Much agitation have we for "village hospitals" in England: might it be unprecedented if the large sum obtained for quack medicines were appropriated by Mr. Gladstone in some such useful manner as the tax on

opera tickets across the channel? The French plan is, indeed, one of compensation in the best sense of the term. For the rich, of their marvellous superfluities, scarcely know what to do with their money in operas, concerts, horse races, &c., and the poor scarcely know where to turn for good medical relief when struck down by disease, many of the latter, seamstresses, servants, washwomen, &c., being worn out in the service of the former. Nothing can be fairer than this system of compensation. In commenting on the small dole to Dublin hospitals by Parliament, it is too often kept out of view that the two chief London hospitals, St. Bartholomew's and St. Thomas's, are supported in the same manner, by large funds accruing from capitalised income, the result of the sale of tracts of land by Parliament to these institutions. It is the dozen and one smaller hospitals that are supported by voluntary contributions.

A new step having been taken, that of placing the Fire Brigade of London under the Board of Works, three medical officers were elected last week. There was a large attendance of competitors, not less than twenty-six for one division, to which Mr. Propert was appointed. This board (the paymaster of the doctors) had something like half a million of money on hands at last return of the treasurer.

A discussion of no little moment continues in the hospitals, as to whether recent researches on cancer do not point rather to the local than the constitutional nature of this fell malady; at the Middlesex Hospital Mr. Moore tand Mr. de Morgan, under the belief of the local origin of the disease, have been of late months advising early removal of cancer of the breast, to be followed by free use of chloride of zinc or such caustics to all the adjacent tissues, so as to destroy utterly those fatal cancer-cells that otherwise, in too many instances, are merely absorbed. After ordinary amputation, the new puncture has, up to the present, proved very satisfactory, and al surgeons interested in such cases would do well to read the paper by Mr. de Morgan in the current number of the *British and Foreign Quarterly*, bearing on the treatment of cancer; there seems to be much reason to fear indeed that in common amputation the open mouths of vessels absorb too readily such cancer germs. Of other points of new practice in the hospitals perhaps we may here cite the continued success of the plan in ovariotomy of dividing the pedicle and adhesions by *actual cautery*. Of eighteen such cases, all of which we have watched in the practice of Mr. Baker Brown, sixteen have recovered, and even in these two fatal cases nothing could have saved them short of a miracle. One curious case of enormous size proved to be a multilocular ovarian growth, apparently thrown off when small from the stroma of the ovary, broadly adherent to the omentum by large adhesions, free, in fact, in the peritoneal cavity, without attachment by pedicle or otherwise to the ovaries, both of which and uterus were normal in character. The adherent growth was very large, has been carefully examined, and proves to be such an ovule. The woman has made an excellent recovery.

An interesting fact of moment to botanists, has been brought before the Geological Society. It is said that *stigmaria* under nearly every bed of coal prove that the material of the coal was accumulated by growth *in situ*, while the character of the intervening strata proves the abundant transport of mud and sand by water; nothing more. So that we have here, in fact, the key to the formation of such beds as those in Kilkenny in Ireland and Newcastle in England.

Correspondence.

CATTLE DISEASE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As the rinderpest is a disease which affects more or less the entire population of this kingdom, I have ventured to address the Privy Council on the subject, and as the letter may be of interest to your readers, I beg to enclose you a copy.—I am, &c. RICHARD GRIFFIN.

Weymouth, 20th January, 1866.

"12, Royal-terrace, Weymouth,
"January 16, 1866.

"MY LORDS AND GENTLEMEN,—Should the experiments now being carried on by the many able men engaged on the subject prove that the rinderpest is small-pox in a most malignant form, I assume you will take immediate measures to prevent, if it be possible, the spreading and continuance of this most frightful murrain. For this object it is that I venture now, most respectfully, to offer the following suggestions:—

"In the first place, I would not allow any of the bovine tribe to travel or be removed from one parish to another unless the fields of the owner of the animal be situated in two parishes, until it be satisfactorily proved that the animal had been successfully vaccinated, or was unsusceptible of vaccination, or had the small-pox in the natural way; at least one month prior to such removal, and had not been in contact for a like period with any animal that had the disease now called or known as the rinderpest, in proof of which a certificate should be produced from a medical man or a member of the Veterinary College as to the former, and the owner of the animal should be compelled to make a declaration before a magistrate as to the latter.

"In the second place, it should be made compulsory that all calves should be vaccinated before they are three months old, a time sufficient to allow all those not intended to grow up to be killed as calves. In order to facilitate this measure and do away with any objection by the owner to vaccination on the plea of expense, let similar arrangements be carried out as are now in force for vaccinating the human subject, and the parish or union will then have to defray the expense, it is now I believe a parochial charge, and if the district medical officers of unions, parishes, and incorporations would consent to become the vaccinators, then you will at once have a staff in England and Wales of over three thousand medical officers, fully competent, with a few general instructions, to carry out the plan. A similar course might be ordered for Ireland and Scotland.

"In the third place, it should be made a law that no foreign cattle of the bovine tribe should be allowed to be imported into the United Kingdom, unless proof be given that they had been successfully vaccinated at least one month prior to their exportation to this country. The result would follow that those engaged in the traffic would be compelled to vaccinate their animals, and thus we should be an example to foreign nations, which would be highly beneficial to them.

"In order to facilitate the proof of successful vaccination, not only should a certificate be given by the vaccinator of each animal, but he or the inspector should be furnished with a pair of cutting nippers, of a peculiar shape, by which he should remove a portion of one ear, and without that mark no beast of the bovine tribe should be admitted into any markets or taken by any railway. The payment for vaccination must be higher than that now paid out of the public funds for human vaccination, as the labour would be considerably more. The lymph to be used should be taken direct, if possible, from an animal, and not from the human subject, as the latter will not always succeed. A payment should be made for the vaccination and an extra sum for the inspection and granting the certificate, without which certificate no animal should be allowed to be removed with its skin on from one parish to another without a penalty

attaching to both purchaser and seller, excepting either should turn informer, when he should be exempt.

"If these or similar regulations be carried out, I feel confident, should the rinderpest be proved to be small-pox, that in the course of a very few months the disease would cease to exist in the United Kingdom, literally for want of animals susceptible of it, as, of course, all the present animals, as well as calves, would be allowed to be vaccinated at the public expense.

"Means must be provided for the supply of lymph, especially at first starting, and this can only be done through the medium of a Government establishment with a proper staff of inspectors.—I have the honour to be, my lords and gentlemen, your obedient servant,

"Richard Griffin. J.P., M.R.C.S., and L.S.A.

"The Rt. Hon. the Privy Council."

ON THE TREATMENT OF RINDERPEST, AND ON THE NATURE OF ITS ERUPTION.—FAILURE OF VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Important Letters from John Balfour, Esq., I.G. (retired), Inspector of Rinderpest for the County of Forfar.

Dear Sir,—I have at last some information to give you regarding my plan of injecting chlorate of potash hypodermically in rinderpest. In the first instance it was tried on three animals (year old) at Arrat's mill; one recovered and two died. I was inclined to suppose that in this instance the application had not been made sufficiently often. In the second instance, three calves (year old), at the farm of Rosemount, were injected regularly, and the result is that two of the three have recovered. The farmer remarked that the two that recovered had both sweated very freely; this is, as you may perhaps know, one of the critical terminations of the complaint, and generally a favourable one. I cannot but hope that the remedy is a promising one. I believe you are aware that the syringe I use (made by Young, Edinburgh), holds exactly one ounce. With it I inject under the skin of the ribs one ounce of distilled water, holding in solution five grains of chlorate of potash, night and morning, from the commencement of the attack till the animal gets the turn. Careful nursing and proper stimulation being of course never neglected.

One of my subordinates, assisted by a medical man in Montrose, tried the effect of saline injections into the veins in two animals, both far gone in the complaint; one died, the other recovered. They injected six quarts of water at the temperature of 100° F., in which half a pound of table-salt had been dissolved. This seems also a somewhat promising result; but the operation is not so easily performed as mine is, and is not so free from any risk of injury.

I have lately noticed more symptoms of excitement before the disease has fairly set in. In the courts feeding beasts get restless (*fractious*), horning each other. Queys often want the bull a day or two only before becoming fairly ill, and cows occasionally show marked excitement (become *raised*).

As to the natural cow-pox, Mr. Sanderson, Keiriemuir, states that he has had much of it of late, many of the milkers having applied for something to heal the teats. He cannot be quite positive, but he believes that many which had the cow-pox died. He showed me, however, on the 18th at Bow of Ballanshow, seven cows, which all had natural cow-pox within the twelvemonth, all of them suffering from rinderpest, but all having it mildly, and on the teats and udders of all of these cows there was an eruption exactly resembling small-pox. This was pointed out by the girl who milked them; the teats were hot and inflamed.

At Brechin, six cows of Provost Guthrie's, which all had natural cow-pox last summer, took rinderpest, four died, and two recovered. So much for facts. Since the 18th I have examined the udder of every affected cow, but have come across no more eruption. When an eruption is seen on the neck or rump, it is scurfy. I have never, but in the one instance, seen anything like pustules.—I am, yours, &c.

John Balfour.

[Just as the above was written we were favoured by a call from the Forfarshire Inspector with the not unexpected information that vaccination had failed to exercise any prophylactic power whatever. The facts are simply these: the Earl of Earlie has had several of his cattle vaccinated successfully, the course of the disease, as described, having been regular, and the scabs, as seen by the Inspector, large, handsome, and apparently true cow-pox scabs. After recovery was complete, and the animals as well protected as vaccination could make them, one protected and one unprotected animal were sent to an infected byre. Within a week both had taken the disease, and when the Inspector saw them the vaccinated beast was the most seriously ill of the two. A full report of the experiment and its failure will, however, be made by the Earl to the meeting of the Justices at Forfar on the very day this is published.—Ed. Med. Press and Circular.]

On requesting further particulars as to the nature of the eruption termed cow-pox, as well as to that of the pustular eruption of rinderpest, the following reply was received.—

Forfar, January 24th, 1866.

Dear Sir,—I perfectly understand how much depends upon the certainty of the eruption termed cow-pox being real variola vaccinia. I am perfectly certain that some of the so-called cases could not have been true instances of that, for one girl declared that her cows had the "pock" every year! But in some instances, at least, there is no doubt that it was the correct thing. Mr. Hampton, V.S, of Arbroath, described it to day quite correctly as an umbilicated vesicle surrounded with a rosy areola, and infecting the hands of the milkers when chapped. I have not, however, seen any of these cases myself, so can say no more about them. As to the eruption in rinderpest, there is often *none*, the udder and inside of the thighs and forearms being quite clean and smooth. In the most marked cases the teats are swollen and hot; the pustules which I saw were conoid and pretty mature, in fact just commencing to crust. The eruption observed upon the neck and loins is always scurfy and without any distinct crusts. The more I see of the complaint the more I find it necessary to watch symptoms. The head, lungs, kidneys, and bowels are all and each of them liable to be involved. The first is rare, and the cases generally do well; the second is very serious, and generally fatal; the third serious, but not so fatal as lung complication; while the fourth is very common, more or less diarrhœa existing in almost every case, and is generally easily manageable. Free perspiration is a very common and favourable symptom.—Yours, &c. John Balfour.

[Mr. Balfour, a retired Inspector-General of her Majesty's Indian Medical Service, has been engaged for nearly three months in inspecting the rinderpest in the county of Forfar, perhaps the largest cattle breeding county in Scotland. He has, of course, seen an immense number of cases (upwards of 8000 cases having occurred in this county), and any opinion of his is deserving of the utmost attention. It will be seen that, without speaking dogmatically upon points in regard to which he has had no personal experience, the whole weight of his experience is against the idea of rinderpest being essentially an eruptive exanthem, and also against the idea that the natural cow pox is any preservative from an attack of that virulent distemper. Several crusts of the best marked cases, which he has had the kindness to trans-

mit to us, are flat and scaly, and much more allied to the scabs of herpes than to the round horny buttons of cow-pox. Such as they are, however, they are at the disposal of any gentleman who may wish to experiment by inoculating with them. Is it a common thing for variola in any class of animals to terminate critically by perspiration?—Ed. Med. Press and Circular.]

DR. CRISP ON THE CATTLE PLAGUE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—To prevent any mistake in the report of my remarks at the Pathological Society on the cattle plague, so called, I send you the full account, which you can curtail or omit altogether as you desire. My excuse for this is the great importance of the matter at the *present juncture*, and the fact (as far as I know) that two animals have not been before inspected at the same time at the early and remote periods of the disease.—Yours obediently,

Edwards Crisp, M.D.

42, Beaufort-street, Chelsea,
January, 16, 1866.

Dr. Crisp exhibited some fresh preparations taken the day before to illustrate the pathology of cattle plague in its first and later stages, in reference to the identity of this disease with small-pox. They consisted of a part of the fourth stomach, a portion of the ilium, and parts of the skin of a cow that was killed thirty hours from the first appearance of the plague, and examined by Dr. Crisp immediately after death. There was no appearance of eruption on the skin, but one irregular-shaped red spot was present on the inner part of the lower lip, and the subcutaneous layer of the nose was much congested. The endocardium did not present the usual appearance of red marking and staining, from extravasation of blood, described by Dr. Crisp in his first communication at the Society, October 17th. The lining membrane of the vagina was much reddened, and under the microscope presented the mottled, spotted aspect of the skin in scarlatina. The mucous membrane of the fourth stomach was reddened, and in various parts small spots of a deep lake colour, varying in diameter from the fifteenth to the fifth of an inch, were present, the epithelium being removed. Some parts of the bases of the intestinal ridges were intensely red. On the same day, January 14th, another cow that Dr. Crisp had seen when labouring under cattle plague was killed seven weeks after the first appearance of the attack. She had the disease very severely, suffered much from diarrhœa (which was checked by opium and sulphate of copper), and she passed bloody urine and a portion of the lining membrane of the bladder. She was much emaciated, and although the result of the examination showed that she would probably have recovered, it was thought better to kill her. No trace of eruption was visible on any part of the skin examined. The epithelial lining of the three first stomachs was entire. Large brick-dust coloured patches were present in the fourth stomach, but over the greater number of these the epithelium had been restored; but in a few there was partial abrasion. The intestines were not mottled externally, and those parts of them examined had recovered their normal state. Patches of a brick-dust colour were present on the prominence of the left cardiac ventricle, but they had lost the dark appearance they usually present in the first stage of the disease. A fœtus weighing about eight ounces was found in this cow in a partially decomposed state. Dr. Crisp said he wished that he could agree with Dr. Murchison as to the identity of this disease and small-pox. There might be some resemblance, but he could discover no identity either in the symptoms or morbid appearances, and he anticipated that no good would result from inoculation with small-pox or vaccine matter. He had seen several cows that he had reason to believe had had cow-pox, and yet several of them had died of the plague, and others had had the disease very severely. His experience told him that the only plan to get rid of the disease was to stop all movements of cattle, sheep, and pigs, kill and bury all affected, and compensate the owners. There was one important fact in connexion with this disease that he had alluded to in his first communication (October 17th) that had an especial bearing upon the identity of this plague and small-pox. Men employed in flaying diseased animals had often an eczematous eruption upon the arms and thighs which sometimes continued for three or four weeks. It evidently arose from the acridity of the virus, for these men were in the habit of placing the knife between the thighs, and hence the presence of the eruption on these parts. It first appeared as a red pimple, then slight vesication and desquamation followed, with intense itching. Dr. Crisp said he had had it on his own arm.

MEDICAL REGISTRATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—What have Registration and the Medical Act done for the members of the Medical Profession up to the present time? I think that all Medical men may justly and conscientiously reply, by saying, that neither one nor the other has done anything really beneficial to promote in the smallest degree the welfare of the Profession at large. Let those who may be disposed to say that the above is a falsehood, bear in mind that quacks of all sorts flourish now as much or even more than they did when Registration was unheard of. Some years ago, when the student had obtained his diploma and become a surgeon, &c., he could enter the Army or Navy, take a Poor-law appointment, or practise privately, sign certificates, give evidence in court, and make his claim in court likewise, if necessary; but now, forsooth, he cannot do so unless he be registered—in fact, he is as well off, legally considered, whether unqualified or unregistered.

Registration, on the one hand, has summarily and arbitrarily taken five pounds out of the Medical man's pocket, and, on the other hand, the Medical Act has not found him in return five farthings' worth of protection against the inroads of hordes of knaves who attempt to do his duties, calling themselves herbalists, bone-setters, &c., to evade the law. As the Medical Act stands now, every rogue may practise Medicine and Surgery, only he must not assume the title or degree of surgeon or doctor, &c. The bone-setter, herbalist, medical botanist, and galvanist, may laugh in the face of the duly qualified practitioner who is registered, and say, "I am as good as you if the public think so, and will employ me! There is no law to prevent me from practising medicine, surgery, midwifery, and pharmacy, only I must not call myself doctor." Alas! it is only too true. On reading over the Medical Act one would think its framers intended to leave a loop-hole by which every quack and would-be doctor could escape and evade the law. Let Clause xl. remain as it is. But enlarge the present Act by the addition of three more clauses—namely:—

Clause 1.—Any person or persons, male or female, giving medical or surgical advice, performing surgical operations from the extraction of teeth upwards, or attempting to practise medicine, midwifery, or surgery, without a medical or surgical diploma, to be fined according to the gravity and frequency of such offence or offences.

Clause 2.—Any person or persons, male or female, rendering medical or surgical aid, giving medical or surgical advice under cover of charity or as amateurs, either directly or indirectly, that is prejudicial or detrimental either to the social welfare or pecuniary interests of any member or members of the medical profession, to be fined according to the gravity and frequency of their offence or offences.

Clause 3.—Exceptions to be made under Clause 1:

First—In cases of midwives practising under the supervision of any medical man.

Secondly—In cases of pupils, assistants, and students practising medicine and surgery in all its branches, for the benefit of their masters and principals, or for any hospital or dispe sary to which they may be attached.

Exceptions under Clause 2 to be made for any persons rendering either medical or surgical aid in cases of sudden illnesses, or injuries from any accident whatever, until proper medical assistance can be obtained.

Now, if such were the Act, then quacks could not shelter themselves under the law and say: "I do not call myself surgeon or doctor." That excuse would not avail them; they are not fined for calling themselves doctors and surgeons, but for attempting to do the doctor's work without the doctor's diploma. Again, I repeat, if such were the Act, then would the bone-setter have to find some other employment; the herbalist and galvanist must follow the same example; the proprietors of the Anatomical Museums, &c., must exercise their wits and gain a living in some other manner than by preying upon the credulity of John Bull.

If such were the case, then would the public be saved from falling victims to quackeries of all sorts; and, what is of quite as much importance, the Profession would rise in every one's estimation when the said public are shown and made to know the difference between the real doctor and the unprincipled knave who assumes the doctor's title, but who is proved to be what he is, a rogue and a vagabond, who only feeds upon the utter ignorance and extreme gullibility of by far too great a majority of the British public, to the great injury of all duly qualified medical men who have obtained their diplomas at a great cost of time and money and wear and tear of mind and body.—Yours, &c,

HENRY W. WILLIAMS, L.R.C.P.Edin.

Guilsborough, January 22, 1866.

EDUCATION AND TRAINING OF IDIOTIC AND IMBECILE CHILDREN.

THE results obtained in the institutions established in England, Scotland, and elsewhere, for the education and training of the idiotic and imbecile, have fully established that children so afflicted are capable of having their condition greatly improved, and that a very large proportion of them can be so taught as to enable them to take a place in society, and acquire habits of industry and application so as to support themselves instead of being burdens on others. The experience gained in these institutions has also shown that many of the children, who have come there in a state of utter ignorance even as to the existence of a GOD, have had their minds awakened to a consciousness of HIS love and beneficence, and to the elementary truths of religion.

It is proposed to hold a meeting, on 1st February, in Dublin at Charlemont House. Rutland-square, at three o'clock, to consider the propriety of establishing an institution for the training and educating of idiotic and imbecile children.

The proposed institution is intended to extend these benefits to the idiotic and imbecile children of Ireland, for whom nothing of the kind has hitherto been done, though according to the last Census there are 7033 idiots in Ireland, and more than one thousand of them at an age when good hopes might be entertained for improvement in their condition by properly directed efforts.

The care of the idiotic is necessarily expensive, and the arrangements for carrying on their training and education efficiently are such as to require spacious accommodation, workshops and grounds; and as success depends, in a great measure, on the completeness of the arrangements, it is desirable that an institution should be erected specially for the purpose, the probable expense of which may be estimated at from £10,000 to £20,000, according to the number of children to be admitted.

In England and Scotland the founding and maintaining of such institutions has been left to private efforts, and on the humanity and benevolence of Irishmen it must depend whether Ireland is to remain almost the only civilized country in the world in which no provision has been made for improving the condition of her idiotic and imbecile children. It is hoped the cause will be deemed worthy of an earnest, zealous, and liberal support.

HEALTH OF TOWNS.

By HENRY MAC CORMAC, M.D.

I READ with very great interest Dr. Mapother's very able address "On the Health of Towns" delivered at the recent meeting of the Dublin Statistical Society. His excellent remarks on which it is not, however, my intention to comment at any length, are suggestive of many things. It strikes me that his death-rates, I do not mean relatively but absolutely, are lower, much lower, than the reality. He dwells on the sinister fact of the death-rate, generally, being so much higher in town than country.

My object, however, in these remarks is not to insist on the ordinary, and very important topics which Dr. Mapother's address has embraced, but on some others to which he has not much if at all adverted, and which indeed are left, mainly, in abeyance in most sanitary treatises and discourses. To these topics, then, without further preface, I shall now at once address myself.

A great deal has been said about nuisances and the inspection of nuisances. But there ought, absolutely, to be no nuisances to inspect. So long as there are nuisances, so long will there be stench, so long will there be disease. But how, it may be asked, are nuisances to be avoided. In the first place, all towns, great and small, every portion of them, ought to be swept daily, and the accruing filth then and there removed, from end to end. Less than a daily sweeping, say a little before daybreak, will not suffice. And what is the use of sweeping, if the dirt be left to spread again?

Sewers should be abolished. There ought, indeed, to be no sewers. They but form continuous cesspools, never ceasing sources of poisonous exhalations. Of course, the rain water will need an outlet. But if the street dirt be swept away, there need be no sewers to hold the dirt. As for house excreta, these ought to find reception in the porcelain lined tanks of earth closets. Earth closets ought to replace water closets. Dry earth, even wet earth, is a complete disinfectant for feculance of every kind. The tanks might be emptied every week into ambulatory tumbrils which should convey the excreta out of town. Phenic or carbolic acid, if furnished cheaply enough, might also, in some cases, be used as a disinfectant. Phenic acid, furthermore, kills all parasites. The corporations of towns, indeed, ought to see that every household, however humble, was provided with a sufficient earth closet, adequately ventilated, and sufficiently apart from the living apartments.

All animals, employing preferably the painless mode of extinguishing life by immersion in carbonic acid, should be slaughtered in the country. It is a perfect scandal to slay animals designed for food in towns entailing, as the practice does, the consequent abominations of offal, gore, and other reeking uncleanness. But animals are not only put to death in towns, but in many different portions of each town, to the multiplication of all the evils and all the foulness which so undesirable a practice in the midst of densely peopled neighbourhoods necessarily entails.

A sufficient water supply is of very great moment. I never drink water myself, unless filtered, at least, I prefer it filtered, and endeavour always when I have the alternative, to obtain it so. What is good for myself should be good for others. Not long since, a tumbler of drinking water was handed to me, a tumbler of water which, when held between the eye and a gas flame, was simply alive with animalculæ. We are not too well conversant with the actual conditions and requirements of minute animal

life, but there can be no doubt, I think, that parasitic organism find their way, by means of drinking water, sadly too often into the economy of man and brute. The eggs of tænia, it is said, have been found in ponds, supplying houses, in England. Vogt, in Germany, in his "Physiology," mentions another form of food supply, a fluid being the vehicle, in which, he affirms, the eggs of tænia gain admission.

The state of Iceland, with regard to tænia, at the present time, is very serious indeed. The trichinæ plague still afflicts Germany, and may extend to us. Certainly, all drinking waters, unless of undoubted purity, ought to be passed through a charcoal or other sufficient filter, or if not, boiled and suffered to cool before being used. The importance of the bath, of personal cleanliness, is so great, as to approach next in importance to the respiration of unprebreathed air itself. Every sufficing provision should be made subservient to it. There ought to be a bath apparatus, were it nothing more elaborate than a basin of water and a towel, adequate for the use of every person, in every household. The necessity, the deep moral meaning and intention, of cleanliness, has as yet dawned very imperfectly on the minds of the people. If they but wash their face and hands, they think it is enough. In the Government Sanitary Reports, I think it was for 1842, a witness in a case at law is cited as swearing positively to some fact trivial in itself, but important as connected with the general evidence. "How can you assume to swear positively to the date of such a trifle," said the lawyer for the plaintiff. "Sir," said the man, "I remember it well, for I washed my feet on that day." I went some distance in a railway carriage, this year, it was in some English midland county. There was a passenger, also a young and handsome man, too, whose feet were a perfect gehennag stench. And, to add to the infliction, he placed them on the empty seat before him. "Do you never bathe your feet," I asked some Irish cabinet-makers lately. They were otherwise decent fellows, too. "Sir," they replied, "We have no time to wash our feet." "No time," said I, to "wash and be clean and, yet, you have time to eat, to drink, to sleep, to smoke, to lounge. Why, you ought to wash every day, you live, from head to heel."

The last serious point to which I wish to advert, a point quite inadequately dwelt upon in sanitary reports and works devoted to hygiene, is the ventilation of rooms, and in especial of sleeping rooms. It is not enough to say, in general terms, that houses and living rooms ought to be ventilated. The stern needfulness of not breathing twice the same air, should be strongly and well enforced, likewise the importance, the unutterable importance, of keeping the sleeping chamber window open at night, in such wise that the air of the chamber shall be as fresh or nearly so as the outer air, and that it shall be simply impossible to respire a second time the air that has already served the purposes of the living organism.

Belfast, Jan. 1866.

THE PUBLIC HEALTH.

The *Athenæum* remarks that among the subjects to which the attention of Parliament will be most urgently needed, is that of the removal from the metropolis of the large number of dangerous and unhealthy manufactures, which now add much to the already sufficiently great disadvantages of a London residence. The removal of considerable numbers of workmen employed in these trades will directly benefit not only themselves by the comparative cheapness and healthiness of more distant lodgings and supplies of food, but their whole class, by a commensurate reduction of the demand for accommodation and necessaries. Most of these injurious trades are carried on in the most thickly inhabited parts of the town; the bone-grinders, manure-makers, and gas-producers, congregate about Lambeth, Battle Bridge, and Whitechapel. In the first named place the gas-factories, which have been proved to be dangerous by repeated explosions, and, notwithstanding the assertions of engineers, capable of the most terrible effects, occupy a very large portion of the most closely packed district, which, such is its position, threatens and annoys some of the most important parts of Westminster. Westminster itself has in its very heart a huge gas-factory. A brief motion in the House of Commons for a statement of the quantity of gas which is stored within a circle having a quarter of a mile radius from the Abbey and the Houses of Parliament, will astonish and probably terrify that legislative body, which has so long borne the stenches of Lambeth and its bone-burners. The nuisance created by the latter is so great, that in Lambeth Palace it is often needful to close every window to windward. The new hospital about to be built at the foot of Westminster Bridge will be another inducement to procure the expulsion of the filthy trade in question. The Legislature, when enacting that no new premises should be erected in London for the lucifer-match manufacture, took a step in the desired direction, and pronounced a principle which should be extended in its application.

SCIENTIFIC SOCIETIES.

Zoological.—Jan. 9.—A. Newton, Esq., in the chair.—An extract was read from a letter by Dr. H. Burmeister relating to the birds of the family Tyrannidæ, found near Buenos Ayres. An extract was read from a letter by Lieut. R. C. Beavan, containing an account of an excursion recently made to Zwagaben, a remarkable lime-stone rock near Moulmein, with notes on the various animals observed during the journey.—A letter was read from Sir C. W. Dilke, Bart., announcing the occurrence of a Gyr Falcon (*Falco gyrfalco*), in the Holt Forest, near Farnham.—Prof. Owen read a memoir on the osteology of the Dodo (*Didus ineptus*, Linn.). The materials upon which Prof. Owen's researches were based consisted of about one-hundred different bones belonging to various parts of the skeleton which had been recently discovered by Mr. G. Clarke of Mahebérg, Mauritius, in an alluvial deposit in that island. After an exhaustive examination of these remains, which embraced nearly every part of the skeleton, Prof. Owen came to the conclusion that previous authorities had been correct in referring the Dodo to the Columbian order, the variations presented, though considerable, being mainly such as might be referable to the adaptation of the Dodo to a terrestrial life and different food and habits. A paper was read by Dr. J. E. Gray, containing "Descriptions of two new forms of Gorgonoid Corals from Japan and the Cape of Good Hope." A communication was read from Prof. Lilljeborg, containing a systematic review of the class of birds. Mr. Sclater made some remarks on the recent additions to the Society's menagerie, amongst which was particularly noticed a fine young male Gayal (*Bos frontalis*), presented to the Society by the Bahu Rajendra Mullick, of Calcutta. Mr. Sclater read a Report on birds collected at Windvögelberg, South Africa, by Captain G. E. Bulger, amongst which were examples of two species new to science. A paper was read by Mr. J. Gould, describing a new species of Toucan from Loxa in Ecuador, proposed to be called *Aulacoramphus cyanolæmus*.

Ethnological.—Jan. 9.—J. Crauford, Esq., President, in the chair.—The papers read were:—"On the Physical Forms of the Lapps," by Mr. J. F. Campbell. The author described the various specimens of Lapps met with in a journey through Finland in the past year. The paper was illustrated by numerous original water-colour sketches of persons, habitations, and scenery, as also by a selected collection of articles of dress and objects of silver and bone obtained in that country.—"Notes on the Ethnology of the Indo-Chinese Nations and Tribes," by Col. Phayre, C.B. The history contains the Budhist account of the first formation of human society, the election of a king, and the grant to him of a share in the production of the soil, the succession of sovereigns, and the spread of their dominion and the Budhist religion. These legends constitute to this day the foundation of the authority, temporal and spiritual, of the Burmese kings; that authority they continually refer to, as it is ever present to the minds of their subjects. The author, in conclusion, criticized them with the view of eliciting the amount of their real historical evidence.—"On the Characteristics of the South Sclavonic Races," by Miss Irby. The authoress described at length the ethnological characteristics of these races, their habits and civilization, from the personal experience obtained in travels through Austria, Greece, and European Turkey in 1862-3-4.

EDINBURGH ROYAL INFIRMARY.

Wednesday, 24th Jan., 1866.

Professor Spence operated to-day upon a man whose case presents some points of interest. Some months ago he came under Mr. Spence's care in the Infirmary, at that time suffering from extensive necrosis of the lower part of the shaft of the femur. About two inches of diseased bone, including the flat portion of the femur which enters into the formation of the popliteal space. The patient progressed most favourably after the operation and everything went on well. Unfortunately, however, the man, so overjoyed at the successful result of his case, ventured too soon upon his legs, with the effect of setting up inflammation in the knee-joint. Latterly the inflammation has terminated in the formation of pus, and when brought into the operating theatre the knee was enormously swollen and fluctuation was distinct. This serious affection of the joint was beginning to tell on the general health of the patient, and Mr. Spence determined to interfere again and give the man the benefit of an operation. The Professor before commencing the operation explained that in the first place he intended to make the incisions in such a way that they might do either for excision of the joint or for amputation. If he found that the condyles of the femur were lying in a necrosed state in the knee-joint, their removal, provided the other bones were not extensively diseased, might be all that was necessary, and the patient's leg would still be preserved. Should, however, the neighbouring structures be the seat of extensive disease then amputation would be necessary. Chloroform having been administered a horse-shoe incision was made across the front of the joint, and the articulation was opened, when it was found that besides the condyles of the femur a large portion of the tibia was likewise involved in disease. As there was therefore no hope of saving the limb amputation at the lower third of the thigh was performed, the anterior flaps being long. A large quantity of thin watery pus escaped when the primary incision was made, and Mr. Spence having first cut away portions of the lining membrane of the abscess painted the rest of it with the tincture of iodine. The Professor remarked that there was less bleeding in this case from the stump than usually took place in disease of this nature. For although the tourniquet was used still the increased vascularity of the textures generally gave rise to considerable hæmorrhage. In this case, owing to the condensed state of the tissues, there was some little difficulty in securing the vessels. The edges of the wound were brought together with silver wire sutures, and some dry lint was applied to the stump. Mr. Spence said that he had thought it his duty to endeavour in the first place to save the man's limb, especially as this was done without in the slightest degree adding to the difficulty or the danger of the subsequent amputation, and he had no doubt the patient would do well.

MEDICAL ANNOTATIONS.

MEDICAL OFFICERS OF HEALTH AND THEIR MASTERS.

The contemptible figure cut by the Medical Officers of Health in their relations with those whom they are theoretically supposed to warn and to advise, was never more strongly exemplified than in a late discussion held in the St. Pancras Vestry, on the occasion of a report on the sanitary condition of that parish, by Dr. Hillier. In that report, Dr. Hillier adverts to the threatened approach of cholera to this country, and he very properly advises the local authorities to be on their guard against the insidious enemy; and he tells them that the parish of St. Pancras, which is one of the most populous in the metropolis, ought to be in the van of sanitary science, whereas it is actually in many respects in the rear. The indignation of the parochial bumbles at this report appears to have been almost without bounds, and not only was it pronounced to be "wordy and meaningless," and Dr. Hillier censured for needlessly alarming the public mind, but Dr. Lankester was anathematised as that "wretch of a coroner" who was bringing the vestries into contempt. This treatment of Dr. Hillier ought, under a proper system of sanitary supervision on the part of the Government, to have been simply impossible The report is a remarkably able and temperate one, and if it had been otherwise, Dr. Hillier might have been made responsible to some superior authority capable of forming an opinion on the matters at issue; but that a learned and conscientious professional gentleman should be visited with vulgar abuse because he has done his duty, is one of the anomalies of our free institutions which we have considerable difficulty in comprehending.

RETROSPECT OF THE JOURNALS.

From the *Medical Times and Gazette* we learn that a good deal of excitement has been caused by Dr. Lankester, who held an inquest on the body of a young person who died of fever in the parish of Marylebone. The parochial surgeon had attended twenty-five such cases in one small neighbourhood, and gave it as his opinion that they were in the main due to defective drainage and water supply. For daring to do so the coroner was attacked by the vestry, as he seemed to throw all the blame on them for their want of energy, but by none was he assailed so vehemently as by a member of his own profession, a Dr. Collins.

At the inquest at St. Mary's on the patient who had died while under chloroform an attempt was made by the jury to censure the hospital staff for allowing a junior to administer chloroform. However, it was proved that the gentleman who gave it on this occasion had done so over 400 times; unfortunately, the patient's consent was not asked, and it was, as usual in the majority of such instances, used for what may be called a minor operation—removal of a toe-nail. We have invariably observed that those bear the anæsthetic better who lose some blood, probably by the unloading of the brain vessels.

However, the same coroner, Dr. L., has fallen foul of another medical gentleman, Mr. H. Hume, who was censured by a coroner's jury for refusing to go to a case. "Although he was not present nor asked to attend for the purpose of explanation, a vote of censure was passed. Certainly, to condemn a man unheard is contrary to the principles of English justice. We think there must be some mistake in the newspaper report. It is but just to Dr. Lankester, meanwhile, to direct attention to his tone at an inquest held on a man who had died at St. Mary's Hospital under the effects of chloroform. He distinctly protected the medical men from an imputation of want of care."

In speaking of the honour lately conferred on Sir Dominick Corrigan, the *Medical Times and Gazette* regrets that no such honour has been bestowed on any member of what it calls the "first medical corporation in the kingdom," the Royal College of Physicians.

It is curious, in the present state of the question as to the identity of small-pox and rinderpest, to learn that in 1776 Vicey d'Azur termed the plague *peste varioleuse*.

At the Metropolitan Association of Medical Officers of Health a very valuable paper by Dr. Montgomery of Madras (son of the late eminent Dublin obstetrician) on the origin and propagation of cholera in India by means of religious festivals and pilgrimages. One of the instances cited is as follows:—

"Situated at a distance of forty-five miles from Madras, and on the western boundary of the collectorate of Chingleput, is a native town called Conjeveram. 'It is large, pretty, and regularly built; the streets are broad, and planted with cocoa-nut trees, and a small stream runs along its western side. The soil is clayey from decomposition of felspar, which abounds in the granite, and proves very fertile; the river and surrounding tanks are favourable to cultivation. The inhabitants are chiefly ryots' (cultivators of the soil) 'and weavers. Many Brahmins reside here, and the large Pagoda or Temple at Conjeveram is greatly famed in heathen mythology. It is one of the strongholds of Hindooism in Southern India.'

"Here, then, we have an example of a sacred shrine, which in some respects is favourably influenced for the existence and maintenance of public health Many of the inhabitants, more especially those attached to the temples and also the leading cloth merchants of the place, are wealthy. It occupies a somewhat secluded position, and the mode of construction of the town, with a view to the passage of large processions along its leading streets, is favourable to ventilation. The occupations of the people are healthful, much of the weaving (which might seem an unhealthy occupation) is carried on out of doors, and the general health of the people is satisfactory. The festival is comparatively of short duration, and held in the month of May, which is a hot weather month, and not unhealthy, in this part of India. Yet, with all its advantages, the annual feast at Conjeveram is almost as regularly the means of introducing cholera into Madras. Scarcely a year up to 1863 passed without an outburst of cholera during, or immediately subsequent to, the festival, and its appearance in Madras a few days subsequently was directly traced, in many instances, to the visitors returned from Conjeveram."

In reports of hospital practice we have related some interesting cases of contracted mitral valve, where there were pre-systolic or auricular-systolic murmurs over the left side of the heart. We also find Sir William Fergusson's case of traumatic aneurism involving the aorta and commencement of the arteria innominata. The lesion was produced by the sharp projection of a fractured clavicle.

In the *British Medical Journal* a leading article is devoted to the consideration of Dr. Johnson's new work and theory as to choleraic collapse

In regard to the mortality in Lying-in-Hospitals, Dr. Hervieux of La Maternité, says:—

"1. Moral and physical distress, primiparity, protracted labour, difficult labour, obstetrical manœuvres, merely act as predisposing causes of puerperal epidemics.

"2. Infection and contagion are, *par excellence*, the efficient causes and propagators of these epidemics.

"3. The vitiation of the air by the morbid or physiological secretions of women recently confined, the permanent occupation and the overcrowding of lying-in wards, are the causes which give rise to the infecting principle.

"4. Confinement at their own homes, although only feasible in very few of the cases which come to hospitals, ought to be practised wherever it is possible.

"5. The first measure to be taken in an epidemic is the complete evacuation of the lying-in establishment.

"6. The prophylaxis of these epidemics comprises, amongst others, the following measures. The alternate occupation of wards and beds, a large space given to the beds, the employment of natural and artificial ventilation, the suppression of curtains, the frequent renewal of mattresses, the washing of the walls with chlorine water, &c.

"7. Lying-in hospitals should be of small size."

Dr. Paterson of Glasgow, has raised an action of damages against the *Glasgow Morning Journal*, for a letter which appeared in its columns in reference to the Pritchard case.

There seems to be a great dearth of naval medical officers on the West Coast of Africa.

We learn that of all amputations Syme's amputation at the ankle joint was attended by the smallest mortality.

A very interesting case of black cataract, under the care of Mr. H. Walton, is described. It would be an impossibility without the ophthalmoscope to diagnose between such a case and amaurosis.

In the *Australian Medical Journal* Mr. Malcolm relates a case of empyema of the left pleural cavity, in which a novel method of cure was adopted. A communication was discovered between the upper part of the cavity and the pulmonary tubes at the apex of the lung. The patient every night and morning was turned upside down, by allowing his head and body to hang over the bed, when the pus was readily discharged by the mouth.

THE RESOLUTIONS OF THE IRISH MEDICAL ASSOCIATION.

A most important series of Resolutions will be found in our Advertising Sheet expressive of the opinion of the Provincial Medical men of Ireland on questions, many of which are of as much interest to our English and Scotch readers as to the gentlemen from whom they emanate. The profession at large have never been fully informed on the topics which have for so many years been under discussion by nearly two thousand of their brethren in Ireland, and we imagine that such matters will not be read with less interest in Great Britain than the *desagremens* of the English Poor-law Medical Service are regarded in Ireland.

VACCINATION AND THE CATTLE PLAGUE.—FAILURE OF VACCINATION.

We announced in our last number the death of two of the cattle whose supposed immunity from the rinderpest had formed the basis of Mr. Tollemache's communication to the *Times*, and we are now enabled to publish in the letters of Mr. Balfour the earliest official information as to the failure of the same agency to protect cattle against the disease now raging in Scotland. It remains now to be shown whether vaccination may not afford partial protection, although it fails to secure absolute immunity.

Military Surgery in America.—The Surgeon-General of the United States has published a report, which shows that over 87,000 cases of wounds and 17,000 surgical operations were recorded up to September, 1865. In comparing the numbers of cases of gunshot fractures of the femur, it is found that in the French Crimean army there were 459 such injuries, and in the English army 194, while over 5000 such cases were reported in America. Of excision of the head of the humerus, the Crimean returns give 16 in the British and 38 in the French army, but the American registers contain the detailed histories of 575 such operations.

Cholera Conference.— A Constantinople despatch informs us that the nomination of the members has been completed. Its constitution will be entirely diplomatic. The conference is expected to meet in the first week of February.

Medical News.

ROYAL COLLEGE OF SURGEONS, ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 23rd inst.:—

Bousfield, Edward, Mansfield, Notts.
Chambers, Frederic Evans, Camden-town.
Chiappini, Antonio Lorenzo, Cape of Good Hope.
Earle, Frederick, Edgeware, Middlesex.
Edgelow, George, Kensington-square.
Ennals, Charles Thomas, St. Neots.
Ewen, Algernon, Long Sutton.
Haslam, James, Reading, Berks.
Horne, Edward, Isleworth.
Legg, John Wickham, Alverstoke, Hants.
Lloyd, Ridgway Robert Syers Christian Codner, Bury St. Edmunds.
Major, Napoleon Bisdee, Hungerford.
Manby, Frederic Edward, East Rudham, Norfolk.
Melson, John Waller, Birmingham.
Molyneaux, John Lea, Wigan.
Muriel, George John, Ely.
Plaister, William Henry, Bristol.
Shaw, Henry Lissmore, South Mimms.
Wood, Herbert, Ashton-under-Lyne.

The following gentlemen were admitted members on the 24th inst.:—

Ackroyd, George, Leeds.
Bradshawe, Paris.
Eaton, John Chamberlin, Ancaster.
Ellis, William Henry, Willingham, Cambridgeshire.
Farr, Arthur John, Newport, Monmouthshire.
Hewetson, Richard, Bayswater.
Hunt, Frederick Everard, Shortlands, Kent.
Jackson, Arthur, Sheffield.
Lawrence, John, Clifton.
Mountain, William John, Leeds.
McWilliams, Joseph McCarogher, Omagh.
Nolan, William, Athbay.
Percival, Thomas, Leeds.
Ransford, James Inglis, Sydenham.
Ridley, Herbert, Newcastle.
Royds, William Alexander Slater, Bedford.
Simpson, Thomas Henry, Fore-street.
Smith, Henry Cecil, Bayswater.
Taylor, George Christopher, Trowbridge.
Wadd, Frederick John, Kilburn.
Ward, John Bywater, Leeds.
Wright, William Evatt, Brixton.

NEW FELLOWS.—At a meeting of the Council of the Royal College of Surgeons on the 11th inst., the following gentlemen, having been elected Fellows at previous meetings of the council, were admitted as such:—

Allard, William, Tewkesbury; diploma of membership dated April 12th, 1839.
Taylor, Henry Sharp, Guildford; June 12th, 1840.

APOTHECARIES' HALL.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise on the 18th inst:—

Gowing, Benjamin Chasten, Lowestoft.

TRINITY COLLEGE DUBLIN: MICHAELMAS TERM EXAMINATION FOR M.B.—List issued by the examiners for medical degrees, December, 1865:—

Swanzy, H. R., B.A. Dub., Dublin Hospitals.
Comptom, T.A., B.A. Camb., St. Bartholomew's.
Benson, J.H., B.A. Dub., Dublin Hospitals.
Mayo, C., M.A Oxon., St. Bartholomew's.
Keough, E., M.A. Dub., Dublin Hospitals.
Greene, F. W., B.A. Dub., Dublin Hospitals.
Gamble, S.B., C.B. Dub., Dublin Hospitals.
Higginson, F. W., S.F. Dub., Dublin Hospitals.
Candidates, 10. Unsuccessful, 2.

THE CHOLERA IN PARIS.—There has been no fatal case of cholera in Paris since the 14th inst.

PROFESSOR HUXLEY, F.R.S., will commence his course of lectures at the Royal College of Surgeons on Friday, the 2nd proximo.

PHARMACEUTICAL ETHICS.—Mr. Joseph Ince has been requested by the British Pharmaceutical Conference to write an essay on Pharmaceutical Ethics.

THERE was a crowded audience on Sunday week at St. Martin's Hall to hear Dr. Carpenter lecture on "The Antiquity of Man." Dr. Carpenter spoke for about an hour and a half, and then there was a performance of sacred music.

A STRONG feeling exists in Paris (says the *Abeille Médicale*) in favour of making the studies and examination of students more practical then they are at the present time.

THERE were 1569 deaths in London last week, or seventy-two below the computed average. Typhus and whooping-cough appear to be the most fatal causes of mortality.

AMONG the donations by workmen in aid of the Bristol Royal Infirmary acknowledged last week is one of £115 9s. 9d., contributed by the workpeople in the employ of Messrs. Derham, Brothers, whole ale shoe manufacturers of Bristol. Last year the amount thus given was almost as large.

THE cattle disease is spreading in all parts of Holland, notwithstanding the precautions taken by the authorities to prevent the admission of diseased cattle into the country. The regulations issued by the Government on the subject are but little adhered to, and in some places active resistance is made to the officials who attempt to enforce them. At Hagesteu the peasants rose against the troops, and were only put down by the arrival of reinforcements.

THE sum of £20,000 has been presented to the Middlesex Hospital, by an anonymous donor.

GLASGOW POLICE BOARD.—The usual fortnightly meeting of the Glasgow Police Board was held on Tuesday—Bailie Raeburn presiding. A report by Dr. Gairdner, medical officer, was read, showing that during the past fortnight the occurrence of 193 cases of fever had been reported, as against 228 cases during the previous two weeks. Mr. Ure, in moving the adoption of the report, said that at the same period last year the number of cases reported was 371, as against 193 this year.

THE CATTLE DISEASE—SPURIOUS VACCINE.—A writer in the *Times* says the sudden and great demand for vaccine as a protection for cattle against cattle plague, has led to the manufacture of a spurious material made from colli dion and croton oil and tartar emetic. The eruption produced by this stuff is very different from the vaccine.

DR. PETER MACKENZIE, one of the oldest physicians practising in Liverpool, died suddenly on Friday whilst paying a visit to a patient. Mr. Hutchinson of Liverpool, was present at the time. Heart disease was the cause, Dr. Mackenzie having been a sufferer from this for some years.

THREE numbers of Dr. Lankester's *Journal of Social Science* have appeared, and one may judge from their contents of the character which the work is likely to bear Dr. Lankester evidently, aims at being useful. "Cholera," "Cattle Plague," "Infant Mortality," "Neglected Children," "Crimes and Punishments," "The Office of Coroner," "Martial Law," are some of the subjects analysed at length by competent writers. Those who desire the latest information on these serious topics know where to to find it.

RINDERPEST AND COW-POX.—An interesting fact is published in the *Fifeshire Journal* of Thursday last, which proves that an attack of rinderpest does not protect cows from cow-pox. It would appear that two dairy cows were seized with rinderpest and were treated by an experienced veterinary surgeon, under whose care they both recovered. But two weeks afterwards they were attacked with cow-pox. Another fact is stated which proves that an attack of cow-pox does not confer immunity from rinderpest. Of five cows which had cow-pox last summer three have just died of the plague.

DR. FORBES WINSLOW.—The Profession and public in general will be glad to learn that this distinguished physiologist, who has been for some time past suffering from severe illness, caused by a fall from his horse, has sufficiently recovered from the effects of the accident to resume his professional duties. We also learn that Dr. Winslow is preparing for publication a raw edition of his work on "Obscure Diseases of the Brain and Mind".

DR. JOHN BROWNE, has been appointed one of the Commissioners on Education for Scotland.

POOR-LAW MEDICAL REFORM.—Mr. Griffin request us to state he has received the following subscriptions towards the funds of the Association:—J. Davison, Boston, 5s.; I.

Johnson, Newark, 5s.; G. McMaster, Portsea Island, 5s.; P. Frank, M.D., late 80th Regiment, Mentone £3; G. Bury, Whetstone, 1s.; B. Hands, Edmonton, 10s.; A. T. Brett, Watford, 10s.; H. Terry, junr. Hardingstone, 5s.; E. Dudley, Hardingstone, 5s.; W Percival, Northampton, 5s.; J. M. Bryan, Northampton, 5s.· T. H. Willis, Tavistock, 5s. Mr. Prowse of Amersham, has received the following: R. Brent, St. Thomas, £1; H Kelly, Uxbridge, 10s.; P. Dickenson, Chelsea, 21s.; R Kerswill, St. Germans, 5s; E. M. Wrench, Bakewell, 5s.; H. Brooks, Bridgewater, 10s; J. Burton, Walsall, £1; N. Buckley, Rochdale, £1; W. Wilson, Chesterfield, £2 2s.; Wright and Allen, Bashford, 5s.; J. Hembrough, Caistor, 10s.; E. Buckell, Winchester, 10s.; W. H. Griffith, Henckley, 10s. 6d.; G. G., 10s.; Dr. Bell, Cockermouth, 10s.; R. Bryden, Tiverton, 5s.; C. E. Claremont, St. Pancras, 10s.

NOTICES TO CORRESPONDENTS.

Mr. Griffin's letter is inserted.

Dr. Letheby's Report on the Cattle Plague has been received.

Dr. B.—The law of the case stands thus:—A Fellow of a College of Physicians cannot recover his fees in an action at law if the College to which he belongs has passed a bye-law to that effect. All other members of the profession may sue for reasonable charges. The jury, however, will decide upon the reasonableness or otherwise of the demand made.

Expers.—We are not aware of the exitence of any Inebriate Asylums in England.

THE GRIFFIN TESTIMONIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The following subscriptions have been further received on behalf of the above fund:—

Heynes Hardwicke, Esq., Hempnall	£0	5	0
Amount previously announced	132	14	3
Received at "Lancet" office	9	9	0

Yours obediently,

Robert Fowler, M.D., Treasurer and Hon. Sec.

145, Bishopsgate-street, Jap. 24, 1865.

MEDICAL DIARY OF THE WEEK.

THURSDAY, FEB. 1.

Royal Institution.—3 p.m. Professor Tyndall, "On Heat."

Chemical Society.—8 p.m. Dr. Gilbert, "On the Utilization of Town Sewage."

Harvrian Society of London.—8½ p.m. Mr. Victor de Mérie, "On Syphilization."

FRIDAY, FEB. 2

Westminster Ophthalmic Hospital.—Operations, 1½ p.m.

Royal College of Surgeons of England.—4 p.m. Prof Huxley, "On the Classification and Structure of the Mammalia."

Archæological Institute of Great Britain and Ireland.—4 p.m.

Royal Institution.—8 p.m. Earl Stanhope, "On the Influence of Arabic Philosophy in Mediæval Europe."

Western Medical and Suegical Society.—8 p.m. Mr. C. Hunter, "A Case of Stricture of the Œsophagus; with Remarks."

SATURDAY, FEB. 3.

St. Thomas's Hospital.—Operations, 9½ p.m.

St. Bartholomew's Hospital.—Operations, 1½ p.m.

King's College Hospital.—Operations, 1½ p.m.

Royal Free Hospital.—Operations, 1½ p.m.

Charing-cross Hospital.—Operations, 2 p.m.

Royal Institution.—3 p.m. Prof. Westmacott, "On Art Education, and how to Observe in Fine Arts."

MEDICAL APPOINTMENTS.

ENGLAND.

W. F. Butt, M.R.C.S.E., has been elected Resident Surgeon to St. Pancras Workhouse and Infirmary, vice J. Roberts, L.R.C.P.L., deceased.

C. F. Fussell, M.B., M.R.C.P.L., has been appointed Physician to the Brighton Dispensary.

H. C. Hilliard, L.R.C.P.L., has been elected House-Surgeon to the Surrey County Hospital at Guildford.

R. W. Soper, M.R.C.S.E., has been elected Resident House-Surgeon to the South Devon and East Cornwall Hospital, Plymouth, vice Geo. Miles, M.R.C.S.E., resigned.

T. J. Webster, M.R.C.S.E., has been appointed Assistant Medical Officer to the Bridge-street Workhouse, Manchester, vice A. Philipps, M.R.C.S.E., resigned.

Alfred G. Canton, M.R.C.S.Eng., has been appointed Assistant Dental Surgeon to the Dental Hospital of London, Soho-square.

William Hoffmeister, M.D., has been elected one of the Surgeons to the Cowes Dispensary.

W. L. Hopkinson, M.D., has been appointed Consulting Physician to the Stamford and Rutland Infirmary.

William Newman, M.D.Lond., has been appointed Surgeon to the Stamford and Rutland Infirmary.

C. F. Oxley, L.R.C.P.Edin., has been appointed Resident House Physician to the Westminster Hospital.

T. H. Redwood, L.R.C.P.Lond., has been appointed Senior Assistant-Surgeon to the Rhymney Iron Works, Monmouthshire.

Frederick T. Roberts, M.B.Lond., has been appointed Lecturer on Comparative Anatomy and Zoology at the Liverpool Royal Infirmary School of Medicine.

O. Bohun Shore, M.D.Edin., has been appointed Physician to the Stamford and Rutland Infirmary.

IRELAND.

R. Boxwell, L.K.Q.C.P.I., has been elected Medical Officer to the Workhouse Infirmary and Fever Hospital of the Gorey Union, county Wexford, vice J. Symes, L.K.Q.C.P.I., resigned.

H. Wilson, F.R.C.S.I., has been admitted a Member of the Royal Irish Academy.

Joseph Clarke, L.K.Q.C.P.I., has been appointed Surgeon to the Constabulary, Bailieborough, county Cavan.

Dr. John Foster Rowan, has been elected Medical Officer of the Cragaknock Dispensary District, Kilrush Union.

Dr. Patrick W. Dillon, has been elected Medical Officer of the Carrigaholt Dispensary District, Kilrush Union.

SCOTLAND.

Alexander D. Anderson, M.D.Edin., has been nominated a Director of the Glasgow Royal Lunatic Asylum.

William Lyon, M.D.Glasg., has been nominated a Director of the Glasgow Royal Lunatic Asylum.

John Pagan, M.D.Edin., has been re-elected a Director of the Glasgow Royal Lunatic Asylum.

POOR-LAW VACANCIES.

Chesterfield Union.—Bolsoever District; area 10,366; population 2402; salary £20 per annum.

Dewsbury Union.—Mirfield District; area 3548; population 9263; salary £30 per annum.

Haslingden Union.—Edenfield District; area 5259; population 4723; salary £12 10s. per annum.

Leominster Union.—First District; area 36,641; population 10,740 and the Workhouse; salary £200 per annum.

Neath Union.—First Central District; population 12,935; salary £65 per annum. Also the Workhouse; salary £30 per annum.

Stoke-upon-Trent Parish.—Longton District; area 1369; population 16,742; salary £35 per annum.

Watford Union.—Rickmansworth District; salary £35 per annum.

Witney Union.—Eynsham District; area 16,618; population 5237; salary £113 per annum.

BIRTHS.

On the 5th inst., at Sibford-Ferris, Banbury, Oxfordshire, the wife of C. F. Knight, M.R.C.S.E., of a daughter.

On the 18th inst., at Stanley-terrace, Kensington-park-gardens, the wife of J. Waggett, M.D., of a son.

On the 24th inst., at Everton-road, Liverpool, the wife of Dr. A. F. Graham, of a daughter.

On January 18, at Eastwood, Notts, the wife of Edward A. Browne, M.D., of a daughter.

On January 14, at 104, Lansdowne-road, Kensington-park, W., the wife of Dr. A. Campbell, late of Darjeeling, of a daughter.

On January 22, at 83, Gower-street, the wife of Dr. A. Duncan, of a son.

On January 18, at Bracknell Lodge, Hartley-row, Hants, the wife of Thomas A. Freeman, M.R.C.S.Eng., of a son.

On January 23, at Mitcham, Surrey, the wife of Edward Marshall, M.R.C.S.Eng., of a daughter.

On January 13, at Stockwell, the wife of William Soper, M.R.C.S.Eng., of a daughter.

On the 18th inst., at Castle-terrace, Edinburgh, the wife of J. Bell, M.D., of a daughter.

On January 5, Mansion House-road, Grange, Edinburgh, the wife of N. Bethune, M.D., of a daughter.

On January 10, at Charlotte-square, Edinburgh, the wife of J. B. Tuke, M.D., of a son.

On January 11, at Calder-bank, Midcalder, the wife of W. Watson, M.D., of a son.

On the 25th inst., at Hawkins-street, Londonderry, the wife of Edward Smith, M.B., Assistant-Surgeon Londonderry Light Infantry, of a daughter.

January 21st, at Castleblayney, the wife of Isaac Ashe, Esq., M.B. T.C.D., of a son.

MARRIAGES.

On January 22, at Christchurch, Clapham, James V. Bell, M.D., F.R.C.S., to Susannah Charlotte, youngest daughter of the late E. M. Sparkes, Esq.

On January 28, at St. George's, Bloomsbury, W. Spencer Watson, F.R.C.S.Eng., to Georgiana Mary Jane, eldest daughter of G. J. J. Mair, Esq.

December 23, 1865, at the Cathedral, Calcutta, Whitley Stokes, Esq., Secretary to the Legislative Council, eldest son of Wm. Stokes, M.D., 5, Merrion-square, to Eliza Mary, only daughter of the late Colonel F. R. Bazeley, Bengal Artillery.

NEW WORKS PUBLISHED FROM THE 1ST TO THE 16TH OF JANUARY.

(From the Publisher's Circular.)

Blake (John A., M.P.)—The Moral Treatment of Insanity. Post 8vo. sewed, 1s. (Churchill.)

Brodie (Sir Benjamin C.)—Autobiography. 2nd edit. 12mo. pp. 188, cloth, 4s. 6d. (Longman.)

Cockle (John M.D.)—On Intra-Thoracic Cancer. Part 2, Contributions to the Pathology of the Disease. 8vo. sewed, 5s. (Churchill.)

Edwards (E., B.A.)—Photographs of Eminent Medieal Men. Part 6, 3s. (Churchill.)

Half-Yearly Abstract of the Medical Sciences, July to December, 1865. Post 8vo. pp. 370, cloth, 6s. 6d. (Churchill.)

Hugman (William Curtis)—On Hip-joint Disease. 2nd edit. 8vo. pp. 80, cloth, 3s. 6d. (Churchill.)

Owen (Richard)—On the Anatomy of Vertebrates. Vol. 1, Fishes and Reptiles. 8vo. pp. 693, cloth, 21s. (Longmans.)

Treasury of Botany: a Popular Dictionary of the Vegetable Kingdom; with which is incorporated a Glossary of Botanical Terms. Edited by J. Lindley and Thomas Moore. Illustrated by numerous Woodcuts. Two Parts, 12mo. pp. 1254, cloth, 20s. (Longmans.)

Erratum.—In our Hospital Report of cases in the London Surgical Home, Dr. Barratt is said to have stated that the tumour in Case 3 was composed of "five hundred cysts;" it should have been "five or six cysts."

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

LECTURES
ON THE
NATURE, CAUSES, AND TREATMENT OF DYSPEPSIA.

DELIVERED AT THE QUEEN'S HOSPITAL, BIRMINGHAM.

By BALTHAZAR W. FOSTER, M.D., F.L.S.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE QUEEN'S HOSPITAL AND PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, AND OF THERAPEUTICS AND MATERIA MEDICA IN SYDENHAM COLLEGE, BIRMINGHAM.

LECTURE III.

GENTLEMEN,—In errors of diet we have before us a number of conditions which are generally and truly recognised as the frequent causes of disordered digestion. In order that we should appreciate these errors and understand their part in the production of disease, we must first have some knowledge of the physiological value and action of the various substances which we include under the term "Food." You have doubtless heard much on this subject in the course of lectures on physiology. I need therefore only recall to your minds certain main facts which are necessary to be kept in view. The food of man consists of materials of two kinds, the organic and the inorganic. The organic materials only are commonly looked upon as nutrients, yet each is essential. An animal deprived of the seemingly insignificant inorganic matters which enter into all food soon shows signs of the unnatural deficiency. We need not, however, in classifying foods, make a distinct class of these inorganic or mineral constituents. Modern research has shown that they (and water) are essential ingredients of all dietaries, but as they are present in the necessary proportions in the organic foods, we shall proceed to the classification of the latter without further observation. We may divide food, then, into the following classes: the Saccharine, the Proteinous, and the Oleaginous. The first class includes the various vegetable substances (consisting of C. H. and O. alone) analogous in composition to Sugar, and capable of being converted into it—*e. g.*, starch, gum, cellulose, &c. The second contains all those substances allied to albumen, be they vegetable or animal in their origin, and composed of C. H. N. and O.—*e. g.*, Fibrin, Albumen, Casein, Gelatine, &c.

The third group, derived from both the animal and vegetable kingdoms. is characterised by the great excess of C. and H. in their composition and the absence of N.—*e. g.*, Oils, Fat, Butter, &c.

Any one of the groups cannot, taken alone, support life, but on a proper proportion of the three classes must nutrition depend. These forms of food will, as to quantity, vary in accordance with the special needs of the system.

In the active, in whom there is a large amount of muscular exertion, the proteinous class must be supplied in a larger proportion. This is best afforded by an increase of animal food, for while the vegetable kingdom can supply this form of aliment, yet the tendency of an exclusively vegetable diet is to lower the proportion of the red corpuscles of the blood; that of an animal diet to increase them. The Oleaginous are required in larger proportion under the influence of a low external temperature, while in the opposite conditions the Saccharine are advantageously substituted. A relative excess in the use of any of these forms of food above the requirements of the system is not only productive of gastric difficulty, but is also powerful in the development of certain diatheses—*e. g.*, the rheumatic due to excess in starchy food, the strumous to deficiency of oleaginous matter, &c. We cannot, however, lay down laws as to the quantity of food required for the maintenance of the body in health, for this varies much with age, sex, habits, and constitution. It is especially important for us, viewing this matter from the pathological point of view, to bear in mind this fact; and while physiologists may form average estimates of the necessities of the economy, we must be guided by individual peculiarities; we must also recollect that the digestibility of the various forms of food is a matter of great importance, and that on this as a quality depends for us the nutritive value of many a substance. A good dietary should possess these two great qualifications:—1. It should be adequate to the perfect nutrition of the body; and 2. It should consist of material easy of digestion. Bearing this in mind, we shall consider diet with reference to

(a) The influence of food.
(b) The influence of drinks.
(c) The frequency of meals.

(A) The quantity of the food taken may err either by excess or by defect; when taken in excess of the real wants of the system symptoms are not long wanting to point out the error. A sense of satiety and fulness soon tells us that we have exceeded the limits of a just repast, and have taken more than the system demands. The appetite should not be followed as the sole guide, as the digestive power should be consulted, and in the agreement of these two the physiological law may be found. Eating beyond that period which is marked by a sense of ease and satisfaction is eating to excess, while the effects of a constant custom of feeding to repletion are too frequently met with by the physician, even in the nineteenth century. The habit of eating too quickly is often the real cause of this, as I shall have occasion to point out hereafter when speaking of mastication. A single error in this direction is usually followed by a slight attack of what we have termed accidental dyspepsia, but the habit of eating more than is necessary is followed by the graver ills of chronic dyspepsia. You have occasionally seen in the hospital wards examples of the effects of deficiency in the quantity of food, and you have remarked in such cases an irritability and want of power in the digestive organs, which, with other symptoms, have told us that we had to deal with veritable cases of starvation. In the out-patient room we often see cases where the deficiency of the more nutritious forms of food, and the long use of a diet in itself not fully competent to supply the necessary materials for the support of the body, have brought about various functional derangements of the stomach.

Dyspepsias, however, arising from a deficiency of food are much less common than those which depend upon excess. Food by its quality may be a cause of disordered digestion, as, for example, when the climatic conditions and the changes in diet thereby necessitated, to which I have before alluded, are disregarded. But more commonly we find that the quality of the aliment produces dyspepsia by virtue either of its indigestibility or its want of nutritive value. The digestibility of the various edible substances used by us differs, as you know very much, and Dr. Beaumont has drawn us up a well-known table where we can see many kinds of food arranged in their order of merit. This table I have often alluded to, and you will find it useful to consult. Dr. Beaumont's almost unrivalled opportunities of investigating this point has, thanks to his industry and the docility of his patient, much increased our knowledge of the physiology and pathology of the stomach. Food may be indigestible either by its nature or by its bad preparation. The poor are exposed to both

these forms; their food, often in itself difficult to digest, has none of these asperities toned down by a careful preparation (which is, as has been well said, the commencement of digestion), and thus passes through the alimentary tract, affording not only little nourishment, but also causing no small irritation. The nutritive value of food is often very defective, and soon becomes a source of gastric trouble. The use of a diet consisting almost exclusively of starchy and fatty matters by certain classes of our poor, whereby the system is insufficiently nourished and the digestive organs disturbed by the want of that variety of material which is necessary for their normal working, is a case in point. This we might almost call with Dr. Brinton, "starchy dyspepsia," and we might point to another form prevalent among the upper classes, which might equally well be termed the "*proteinous*." For as I have already shown it is only by that diet which insures the admixture of the various constituents of our food in their proper proportions, that we can hope to escape digestive difficulty. In early life, the bad preparation and the indigestibility of food is certainly one of the commonest causes of disease.

Before leaving the subject of food, let me add this, that meat should be in a wholesome and undecomposing state. It has been suggested* that many of the cases which crowd our hospitals during the warmer months, owe their maladies to this cause, and the prevalence of disorders of the digestive organs among people who indulge habitually on decaying flesh has been well described by Dr. Panum.†

(B). The action of liquids in reference to the digestive process we may consider to be two-fold; in the first place, taken with moderation they materially assist the work of the stomach by softening and dissolving many of the ingesta; and in the second place, they add to the nutrition of the system by the nutritive materials they contain.

As I have previously mentioned, water is an essential constituent of the animal economy (forming indeed nearly 4-5ths of its weight), and therefore eminently necessary to nutrition, but we must also recollect that through its solvent properties many mineral substances are introduced into the system. The quantity of fluids necessary to be taken each day cannot be strictly defined, as it varies with many conditions—*e. g.*, temperature, exertion, &c.; but we have authority for supposing that at least 6lbs. are required daily. The beverages taken at meals chiefly interest us on this occasion, and we can easily understand that these may be found injurious, either by their quantity or their quality. In moderate quantities they excite the secretion of the saliva and gastric juice, and assist in promoting the changes of the food. Taken in excess, they dilute the digestive fluids, and thus impede the transformation of the food. On the other hand, those who drink too little at meals deprive their digestive organs of a natural assistance, and thus retard their functions. In referring to the qualities of the drinks taken during meals we enter on a subject full of interest, but which must not delay us long.

The liquids taken in this country at meals consist of water, wine, beer, spirits, tea, coffee, &c. Of these water is the natural beverage, and when pure can impede the digestive process only when taken in excess, or when taken too cold. Not content often with taking a quantity of cold drink with our meals, we often commit the additional error of eating, after a full repast, ices. More or less retardation of the digestive process inevitably follows, for one of the essential conditions for digestion is the maintenance of an uniform temperature in the stomach of about 100° F. Dr. Beaumont tells us an experiment in point. Into the stomach of Alexis St. Martin during digestion he injected a single gill of water at 50°, this lowered the temperature 30°, and half an hour elapsed before the normal temperature was regained. The natives of some other lands are wiser in this respect than we ourselves, and carefully eschew at their repasts the use of liquids that have not received a slight addition to their temperature. And we ourselves endeavour as a rule to neutralize the ill effects of the cold potations taken at dinner by the warmth of a cup of tea or coffee taken soon after. Fluids containing alcohol are injurious in proportion to the amount of alcohol. As I have already told you the direct action of alcohol on food undergoing digestion is to retard its transformation, and it does so in proportion to its concentration. The lighter wines taken at meals have very little injurious action on the assimilative process, the heavier wines and ardent spirits interfere more with the digestive act. But we must not let another consideration escape us, that these agents in many cases favour digestion (even as condiments) by stimulating the secretion of gastric juice. This effect they may produce either by their direct action on the stomach, or by their secondary action through the nervous centres. In certain cases they are useful in this way, but this treatment of imperfect digestion is one very apt to have ill results in the hands of our patients. For the abuse of liquids taken to this end and of condiments is fraught with most serious consequences. These beverages have also another claim to our attention on account of the nutritive matters they hold in solution. The various kinds of beer and porter contain most nutriment, and we consider them more justly entitled to be termed foods then either wine or ardent spirits. Some, however, contain a large quantity of alcohol in addition and thus become injurious to digestion. The lighter varieties or bitter ales containing some 5 per cent. of alcohol are best suited to the digestive organs. Cider and acid drinks favour the production of dyspepsia, and the same may be said of ærated waters taken habitually. Tea and coffee may be ranked together as the supplanters of the milk which once formed the general drink of our population. As nutrients they are much inferior in value, but they possess other properties which have rendered them more popular. On digestion, tea, and to a less extent coffee, exercise a favourable influence, and at the same time they quicken the vital processes. Coffee from the quantity of milk taken with it, is less suited as a beverage after the principal meal, its action when strong has also occasionally unpleasant effects on the intestinal canal. The tea taken by the poorer classes is a fruitful source of dyspepsia, as it is taken before or in the absence of food rather than after it, and also on account of the tannin which is extracted from it by faulty preparation. Tea is essentially a beverage suited to a *well-fed* people.

(C.) The arrangement of meals is often found to be a cause of digestive maladies. Due regard is not paid to this subject, and frequently you will find attention to this point will enable you to relieve obstinate cases. The frequency with which food is required varies with age. In infancy the rapidly growing tissues demand a very constant supply of nutriment, in childhood the demand is less; it becomes least frequent in old age. In the upper classes the meals are too much crowded into the later hours of the day, and in consequence long fasts are too often incurred between breakfast and dinner, whereby in some cases the digestive power is weakened and the appetite destroyed, and in others the sensation of hunger prompts to excess, and the hours for repose arrive long before the stomach has completed its labours. This is not favourable to healthy action, and the habit of taking a substantial luncheon between breakfast and dinner is often injurious. For by this means, on the arrival of the second meal, the first has often not been completely digested, and though an appetite is wanting food is taken partly by habit and partly from a conviction that it is necessary, and a troubled digestion follows. The hours of meals should be regulated with care, so that no one digestive act should interfere with the succeeding, and so that the stomach should have an intervening period of rest. The observance of this rule would prevent a crowd of dyspepsias.

* Vide Report of Committee of Metropolitan Association of Medical Officers of Health, quoted in Carpenter's "Human Physiology," 6th edition.

† Vide Observations on the Epidemic of Measles in the Faröe Islands, quoted in *Brit. and For. Med.-Chir. Rev.*

ON AMPUTATION BY FLAPS IN THE LEG.

By W. B. McKINLAY, M.D., F.R.S.E, &c.,
SURGEON, INFIRMARY, PAISLEY.

Even at the risk of being accused of having an infatuation, I cannot by any means agree to Mr. Glascott R. Symes' condemnation of the flap amputation in the leg, and more especially when he blames that method as being more liable to secondary hæmorrhage than the circular. I am and have been in the habit of constantly amputating by the flap method, and never considered it more liable than the circular to hæmorrhage; however, I should mention that I constantly use acupressure, and the first time I used that method was in a case where I had very great difficulty in using the ligature, indeed the artery could not be laid hold of, I even sawed a small portion off the tibia and fibula a second time, but even then it could not be caught until I procured a common darning needle, with which I pressed the artery against the bone But to consider the *pros* and *cons.* with regard to the flap.

1st. With the flap there is generally less hæmorrhage, the amputation taking up less time.

2nd. There is a much better cushion formed at the end of the stump.

With regard to the first of these, I may state, in passing, that I never use a tourniquet, but depend solely upon an assistant for the restraining of the hæmorrhage by compression with his fingers, and a most excellent one I have in my friend Dr. Richmond. It is very much more easily accomplished, indeed it never requires the knife to be raised from the limb until the cutting is finished, or rather it only requires after a very small cut between the bones. With regard to the slicing of the arteries any risk from that is easily overcome by the needles. Indeed amputation by the flap when acupressure is used may be completely finished with only one assistant, that is he who compresses the artery, as I accomplished in a case I had.

With regard to the second, it assuredly forms a much better cushion, and in these days of conservative surgery, when we amputate as far from the centre of the body as is consistent with the safety of the patient, we are oftener likely to get a sufficient amount of tissue for a flap where we would not get a good circular—at least I have generally found it so. I always make it a point of operating even at the very edge of sound tissue.

With regard to the objections, I do question very much whether there is more raw surface exposed in a flap than in a circular. There is a certain amount of surface to be covered; now does it matter whether that is done by one piece or by an edging all around. A well-adjusted flap calculated for the end of the limb amputated will, I am sure, measure as little superficially as the circular edge of the circular amputation, so to speak.

Another objection is the redundancy of the muscle; this in very muscular subjects can easily be avoided by using Skey's method, that is, taking the posterior flap from only a portion of the calf, and dividing the rest transversely. In ordinary subjects I have not found very much inconvenience from it; in one old woman, aged sixty-five, I had union by first intention, at least the whole of the flap adhered, and there was only a line of purulent matter round the edges for a short time, and even although muscular tissue becomes absorbed, it leaves a firm tissue which assists as a most excellent covering of the bones.

With regard to the slicing of the vessels and the difficulty of applying a ligature when the artery is cut obliquely across, I can only recommend the use of acupressure. In not one single instance have I ever had secondary hæmorrhage when I used the acupressure needles, and I have now done so for at least two years almost in every case of amputation and operation requiring the arrestment of arterial hæmorrhage, for the last year I should say at least in thirty different instances, notwithstanding what Mr. Symes states—viz., that secondary hæmorrhage is very likely to occur when acupressure is had resort to with the ligature. I have had repeatedly secondary hæmorrhage, but never with the needle. Another great matter in their favour is the facility with which they can be applied, one hand being able to do it, whereas with the ligature two pairs of hands are required. Again, I remove the needles in from forty-eight to sixty hours in amputations of the leg, and I have not seen even a drop of blood following their removal. I hope that Mr. Symes and other hospital surgeons will not altogether cease from performing amputation by flap, but as ligatures have failed try it in conjunction with acupressure, when I am sure they will be equally as fortunate as I have hitherto been.

TEMPERATURE OF THE BODY IN FEVER.

No. II.

By THOMAS WRIGLEY GRIMSHAW, A.B, M.B.Dub.,
PHYSICIAN TO CORK-STREET FEVER HOSPITAL, LECTURER ON MATERIA MEDICA IN STEEVENS' HOSPITAL.

(Continued from page 74.)

Case 12.—Ellen B., admitted December 23, 1865; eight days ill before admission; delirious; maculated.

	Pulse.	Temperature Fahr.
1865—December 23	140	103·50
,, 24	120	103·50
,, 25	120	102·50
,, 26	144	103·00
,, 27	132	102·00
,, 28	120	102·50
,, 29	120	101·00
,, 20	126	99·00
,, 31	104	99·00
1866—January 1	120	98·50
,, 2	112	98·50
,, 3	108	99·25
,, 4	108	98·50
,, 5	84	99·25
,, 6	84	99·00
,, 7	76	99·50
,, 8	84	99·00
,, 9	90	98·75
,, 10	96	98·50
,, 11	96	98·50
,, 12	84	98·75
,, 13	96	98·50
,, 14	75	99·50
		Convalescent.

This case is remarkable on account of the long continuance of a temperature above natural, although the patient appeared quite well. On the day on which she was sufficiently well to be considered convalescent, the temperature was still above 98 deg.

Case 13.—Mary McG., age 19 years; admitted January 1st, 1866; five days ill before admission, nursing a child five months old; maculated.

	Pulse.	Temperature Fahr.
January 1	136	104·00
,, 2	144	104·00
,, 3	144	102·50
,, 4	144	103·00
,, 5	144	103·75
,, 6	130	104·00
,, 7	120	102·00
,, 8	120	102·75
,, 9	108	99·00
,, 10	96	99·00
,, 11	96	100·00
,, 12	120	99·25
,, 13	108	99·50
,, 14	108	99·00
,, 15	96	98·25
,, 16	84	99·75
,, 17	110	99·00
,, 18	96	99·00
,, 19	120	99·00
,, 20	96	98·25
		Convalescent.

This was an ordinary case of severe typhus, without complication. It may be remarked that the rise of temperature on January 11th was followed by a severe pain in the left ear, on the 12th.

Case 14.—Daniel B., age 47, admitted January 4, 1866; eight days ill before admission; tongue brown in centre, with white band on either side, and red at the edges.

	Pulse.	Respiration.	Temperature Fahr.
January 5	96	30	102·25
„ 6	Not taken.	Not taken.	Not taken.
„ 7	84	20	97·50
„ 8	80	22	98·75
„ 9	108	20	101·00
„ 10	70	20	100·50
„ 11	96	20	99·00
„ 12	72	18	98·25
„ 13	84	20	98·50
„ 14	98	20	98·00
			Convalescent.

This case it was thought would prove one of typhus, but did not, the patient being discharged quite well on January 15th.

Case 15.—James C., age 40, admitted January 8th; eight days ill before admission; mottled.

	Pulse.	Respiration.	Temperature Fahr.
January 9	120	28	101·00
„ 10	120	24	104·25
„ 11	120	24	104·75
„ 12	132	26	104·75
„ 13	120	36	101·50
„ 14	150	50	102·00
			Died at two p.m. on 14th.

This patient was a heavily-built man, a very bad subject for typhus. He was maculated with large dark, but not numerous, spots.

Case 16.—Alexander McK., age 44 years, admitted January 11th, 1866; five days ill before admission; maculated.

	Pulse.	Respiration.	Temperature Fahr.
January 11	120	24	101·50
„ 12	144	30	101·50
„ 13	120	24	100·50
„ 14	150	24	101·00
„ 15	144	40	100·25
„ 16	135	36	101·00
„ 17			Died.

This case is remarkable as having a comparatively low range of temperature; the patient's brain was scarcely affected, never being delirious, and scarcely even stupid; so little so, that the day before his death he offered to hold the thermometer himself while I went to the other end of the ward.

Case 17.—Michael B., age 14 years, admitted January 13th, 1866; maculated.

	Pulse.	Respiration.	Temperature Fahr.
1866—Jan. 13	135	24	103·25
„ 14	144	36	103·50
„ 15	120	24	102·00
„ 16	120	36	101·75
„ 17	108	24	100·75
„ 18	81	24	98·50
„ 19	84	20	98·00
„ 20	90	16	97·00
„ 21	80	20	97·00
			Convalescent.

This was quite a typical case of typhus, without complication.

Case 18.—Julia M., age 12 years, admitted January 13th, 1866; ill seven days before admission.

	Pulse.	Respiration.	Temperature Fahr.
January 13	144	25	103·50
„ 14	130	24	102·00
„ 15	120	24	102·75
„ 16	150	24	103·25
„ 17	120	26	102·25
„ 18	125	60	104·25
„ 19	120	32	104·50
„ 20	120	40	102·50
„ 21	108	40	102·75
„ 22	120	30	103·50
„ 23	108	24	101·60
„ 24	84	24	99·80
„ 25	100 (?)	22	99·00
„ 26	80	24	99·00
			Convalescent.

This was quite a typical case of typhus *without* spots, as is of frequent occurrence at such an age.

Case 19.—Catherine C., age 36 years, admitted January 15th, 1866; densely maculated.

	Pulse.	Respiration.	Temperature Fahr.
January 15	98	19	100·50
„ 16	110	20	103·50
„ 17	100	18	102·50
„ 18	120	20	104·00
„ 19	108	20	102·50
„ 20	96	24	102·25
„ 21	100	20	97·00
„ 22	95	22	97·75
„ 23	90	24	97·75
„ 24	84	20	98·00
„ 25	75	18	98·00
			Convalescent.

An ordinary case of typhus. In this case there was a sudden fall of temperature on January 21st, after which the patient rapidly recovered.

Case 20.—Mary H., age 19, admitted January 16th, 1866; eleven days ill before admission; densely maculated.

	Pulse.	Respiration.	Temperature Fahr.
January 16	120	60	104·50
„ 17	120	24	103·00
„ 18	132	50	103·75
„ 19	120	45	101·50
„ 20	96	32	100·40
„ 21	95	24	99·25
„ 22	96	25	97·80
„ 23	96	24	98·00
„ 24	84	28	99·00
„ 25	84	20	98·80
„ 26	75	18	98·00
			Convalescent.

The only complication in this case, which was one of pure typhus, was slight bronchitis.

Case 21.—Mary K., age 14 years, admitted January 16, 1866; maculated.

	Pulse.	Respiration.	Temperature Fahr.
January 16	130	60	104·00
„ 17	132	34	102·25
„ 18	120	42	102·25
„ 19	150	44	103·75
„ 20	144	45	103·75
„ 21	120	36	102·50
„ 22	90	36	98·25
„ 23	96	30	98·50
„ 24	84	22	98·25
„ 25	80	24	98·25
„ 26	72	20	98·00
A usual typhus case.			Convalescent.

Case 22.—James S., age 26 years, admitted January 19th, 1866; maculated; bronchitis.

	Pulse.	Respiration.	Temperature Fahr.
January 19	120	28	103·00
„ 20	104	21	102·50
„ 21	120	24	101·75
„ 22	130	28	101·50
„ 23	120	24	100·50
„ 24	108	24	100·75
„ 25	98	25	100·75
„ 26	110	28	99·00
„ 27	100	24	98·50
„ 28	150	40	96·50
			Died.

It is to be remarked that in this case the patient had recovered his usual temperature, when a fall, accompanied by a great rise in the rate of the pulse and respiration, preceded death.

Case 23.—Ann C., age 25, admitted January 22, 1866; eight days ill before admission; densely maculated.

	Pulse.	Respiration.	Temperature Fahr.
January 22	140	38	104·00
„ 23	144	36	104·00
„ 24	130	46	103·50
„ 25	150	60	104·00
			Died.

This case had severe chest complication, which was the chief cause of her death.

(To be continued.)

Proceedings of Societies.

HARVEIAN SOCIETY OF LONDON.

JANUARY 18, 1866.

Dr. TYLER SMITH, President.

MR. BALMANNO SQUIRE exhibited

SPECIMENS OF THE SKIN-ERUPTION OF THE CATTLE PLAGUE.

The specimens were taken from a cow dead of the cattle plague on the seventh day of the disease. The one, which was the udder of the cow, exhibited near the roots of the teats several well-marked crusts about the size and thickness of a split pea, distinct from one another, of a brown colour, of a cheesy consistence, and of a greasy character; in fact, exhibiting all the characters of the berry-like crusts produced by small-pox on the human subject.

Portions of the erythematous skin in the neighbourhood of them were the seat of a flaky desquamation.

The other specimen was a portion of the skin off the belly of the same cow. This skin, which was slightly reddened, was the seat of a diffused mealy desquamation, and exhibited several more deeply reddened patches of the area of a split pea, on which the desquamation was much scantier than elsewhere.

The red spots were scattered over the surface at intervals of from half an inch to two inches.

Mr. Squire stated that in several plague-stricken cattle that he had examined, the eruption presented similar characters, and that no human skin disease that he had yet seen resembled the skin eruption of the cattle plague on the udder so closely as the eruption of small-pox. He pointed out the great similarity in consistence and suppleness of the human skin to the skin of the cow's udder, and remarked that it was in this situation that it would be most fair to compare the bovine with the human eruption.

A paper was read by Dr. CHARLES DRYSDALE

ON THE MEDICAL ASPECTS OF PROSTITUTION.

I have had my attention, said the author, lately directed towards the subject of prostitution by conversation with Professor Boeck of Christiania. It is, I think, an important subject, and one scarcely frequently enough discussed among medical men, perhaps the only class as yet able to speak intelligibly on the matter, familiar as they are with the details.

I define a prostitute to be a woman, who habitually, and with scarcely any distinction of persons, save for their power of paying her, gives for hire her bodily functions, which other women only give for affection or desire. It is most important, in my opinion, to keep to this definition in discussing the question, and not, as Wardlaw and others have done, to call the first connexion of an unmarried woman prostitution. Such definitions only confuse and render discussion impossible. There are said by authorities to be about 4000 of *such* prostitutes generally in Paris, and about 12,000 in London.

The *causes* of this phenomenon are partly *physiological*, and partly *social*. Thus, the appetite for sex is, of course, the prime mover of prostitution. This appetite is, like gravitation, a constant force, tending to produce certain results, unless counteracted. The sex-appetite, however, is not alone sufficient to account for the fact of prostitution, as above defined, were it not for other concomitant causes. Among these are enumerated vanity, or the desire of glittering in fine clothes, idleness, domestic sorrows, and the unkindness of parents or step-parents, want of education and poverty, stringent marriage laws, and, lastly, spirit-drinking.

Vanity, or the desire of living in splendour, is, doubtless, one of the chief causes of prostitution among a certain class of women. This cause works most among the most refined of them, and is said to be a common cause in Paris, London, and large towns, where there are many wealthy persons.

Puritanism sometimes forces women into prostitution, especially in America, from the harsh measures dealt out to the first yielding of the young girl.

The habit of *spirit-drinking* is a cause, as it is a cause of so many other misfortunes to the human race.

Want of education has been found to be a most frequent antecedent of prostitution. Thus, of 4470 prostitutes, natives of Paris, 2332 could not sign their names—a circumstance which, in Paris, where education is gratuitous, shows how careless their parents had been and how little their children had to thank them for. This want of education among prostitutes is common to most towns, except Edinburgh (Tait).

Idleness, or the desire of living without industry, is the antecedent of much prostitution. It must, however, be remembered that the idleness of many women resembles that of the Irish cottier, who is lazy in Ireland, where his labour is badly paid, but industrious in America, where his services are valuable.

Poverty.—Duchâtelet says: "Of all the causes of prostitution, particularly at Paris, there is none more active than want of work and poverty, unavoidable consequences of insufficient wages." In London and other large towns in this country the same cause is a well-known antecedent. Women's wages are very low. In a report by Dr. Edward Smith to the Privy Council, we find the wages of needlewomen, "the lowest class included in my inquiries. Their average income is 3s. 11¼d. per adult per week." This low remuneration of labour is caused by over-population, and the paucity of employments for women. If any person should say that the appetite for sex is more conducive to prostitution than is poverty, I reply, that this appetite, if women were in good circumstances, might lead to licentiousness in many cases, but not to prostitution, as defined on setting out.

Decrease of marriage and stringent marriage laws.—It is well known that the proportion of marriages to population has of late years been decreasing, partly from the fear of over-population where families are so large, partly from the stringent laws of marriage which prevent divorce, except for disgraceful conduct. From 1796 to 1805 there were 1716 marriages in 10,000 women, and in 1836–45 there were 1533 to 10,000. This holds for Paris, Hamburgh, and other towns. Paris is said to have 1 illegitimate birth to 3 legitimate. Sir W. Wyld tells us that Munich, in 1838, had 270 more illegitimate than legitimate births. If divorce were more facile, probably marriages might become more numerous and even happier than they are on the average at present. In Prussia they are frequent.

Diseases of prostitutes.—The evidence of Duchâtelet, Acton, Lippert, Baré of Nantes, and others, shows incontestably that the health of prostitutes is above that of women in general. The only two diseases which infect them peculiarly being syphilis and scabies. Mr. Acton says of the girls in London that they are "picked lives," that they lead a dissipated life for two, three, or four years, and then marry, or take up some other occupation; about one-fourth, he calculates, of their number leaves the trade every year. The same story is told by other observers. Duchâtelet speaks of the "iron health" and stoutness of the majority of the girls, compared with that of many poor mothers of families or seamstresses, who toil from morning till night to get a bare existence.

As to the details of their diseases, *hoarseness* is frequently observed, and is attributed in general to their exposure to the cold, when insufficiently clothed, to spirit-drinking—a common cause in this country, and sometimes to syphilitic affections of the vocal cords.

Obesity is frequently remarked, and is attributed to the lazy life led by the majority of them, and the abundance of food they consume.

Diseases of the anus are not unfrequently found in Paris

and Italy, although uncommon in London, and recto-vaginal fistula, especially in those of a scrofulous constitution. Tumours and abscesses of the labia majora are frequent. In most cases, however, the aspect of the genitalia of prostitutes would not distinguish them from married women: a few cases are on record where they have been mistaken for virgins.

Sterility.—The sterility of prostitutes is a marked and important feature in the phenomenon of prostitution. Were this not the case there could scarcely exist such a trade as prostitution, since, if prostitutes were frequently pregnant, the poorhouses would become crowded by abandoned infants. It appears, according to Duchâtelet, that there was not much more than one child per thousand prostitutes per annum in Paris, when he made inquiries. The cause of this sterility cannot be said fully to have been made out. It would appear that excessive sexual intercourse produces in the female sex, as it does in the male, imperfect elaboration of the secretions necessary for impregnation. In addition to this, probably ovaritis and inflammation of the uterus. The mortality of the children of prostitutes is enormous.

Cancer of the womb is rare among prostitutes. Lippert of Hamburgh had not seen a case in eleven years among them: but as this is a rare disease among women, and usually comes on at the menopause, this is not so remarkable. Some persons have said that cancer of the womb is more common in old maids than in prostitutes, but this is not clear. Prolapse of the womb is uncommon among the class.

Hysteria is extremely rare among prostitutes. Lippert says they have scarcely a trace of it. Duchâtelet and others endorse this observation. This absence from nervous disorder is probably explicable by the fact that restrained sexual emotions are undoubtedly a very frequent cause of hysteria. I agree with what Mr. Holmes Coote is reported to have said in the Medico-Chirurgical Society, February, 1859—viz.: "No doubt incontinence was a great sin; but the evils connected with abstinence were productive of far greater misery to society; any person could bear witness to this who had experience in the wards of lunatic asylums." Sir B. Brodie also is reported to have said in the Birmingham Social Science Meeting that "the evils of celibacy were so great that he would not mention them: but that they quite equalled those of prostitution." I think that Dr. Carpenter's views that "the development of the individual is opposed to the reproduction of the species," is a physiological law which does not hold for the larger animals, however it may for the insect tribe. Many animals become rabid if deprived of sexual congress. Of course excesses are most injurious, but they are not nearly so common as the effects of abstinence as seen in Europe. We all know—*e. g.*, what hosts of unmarried women there are.

Venereal diseases are connected with prostitution just as lead colic is with the painter's trade. These diseases are very important, both become frequently the cause of death in the male sex, and also from the amount of time lost and mental distress they occasion to the adult population of this and other countries. It has been calculated that there are about one and a half millions of such cases in Great Britain annually (Holland), and 50,000 cases are supposed to be seen in London hospitals yearly. One in five of the troops, one in three of the merchant service, are said to be affected annually (Acton), also half the surgical out-patients at some hospitals. The same story holds for New York (Sanger). As to the fatality of these diseases, there were in 1854, thirty-four deaths in the Midi Hospital for men in Paris; only two of these deaths was from stricture of the urethra—a complaint which proves frequently fatal in non-venereal hospitals. Prostitutes, however, very rarely die of venereal diseases. Thus, in 1854, in the Lourcine Venereal Hospital in Paris, with 276 beds, not a single death among the female patients was attributable to venereal disease. The French plan of regulating prostitution has very much lessened the extent and gravity of there diseases in some continental towns. Thus, in the town of Nantes, Dr. Baré says, that syphilis is extremely mild, tertiary symptoms are not seen, secondary symptoms are rare. In Belgium, out of 30,000 troops, there were in 1855 only 200 cases of venereal disease. In Hamburgh, Dr. Lippert reports the disease as extremely mild. All this is attributable to weekly inspection of the prostitutes in these towns, also to their not being in the habit of drinking spirits. In Paris, there are ten physicians and two assistant-physicians appointed to examine the women, and in 1854 no less than 155,807 examinations were made. Great care is taken that girls under sixteen should be removed from the streets. This disgraceful negligence of society is often found in the towns of Great Britain. In Hamburgh, with 180,000 inhabitants, three medical men examine all the prostitutes weekly. They are under police control.

Various arguments have been used for and against the toleration system of the Continent and the examination of the women. Most continental writers deny the right of the woman to spread contagious disease, or to walk openly in the streets for prostitution. Writers in England and America again see the other side of the question more clearly. They observe that the liberty of the female sex is already too restrained, and that men are not interfered with under similar circumstances. They, therefore, deny the right of the Corporation or State to do anything more than prevent violation of decency and order. For my own part, I incline to the latter opinion, as being, on the whole, the less of two evils. While, however, opposed to the Continental custom of *police* supervision and regulation of prostitutes, I think that a great effort should be made to lessen the frequency of these pests of mankind, venereal diseases, so common in this country.

To accomplish this it might be possible to appoint a number of medical officers in each of our large towns to examine all public prostitutes who *voluntarily* presented themselves at certain offices or dispensaries for the purpose, to send the diseased to hospitals, where, on entering, they should be obliged to sign a declaration that they will not leave until declared free from contagion, and to give a certificate of health to the healthy. These officers, I think, should be appointed by the different town corporations. About thirty would be required for London. Mr. Acton has done much to facilitate the introduction of such a measure, and Mr. Holmes Coote has justly observed (debate above cited) that the manner in which venereal diseases are spread abroad in London is "disgraceful to the Legislature." This opinion, however, is by no means universal in this country, unfortunately for the health of its unmarried population, now so numerous. Thus Mr. Solly is reported to have said, in the above cited debate, that, "Far from considering syphilis as an evil, he looked upon it, on the contrary, as a blessing; and believed that it was inflicted by the Almighty to act as a restraint upon the indulgence of evil passions." Such is indeed the opinion of a large number of individuals in this country and America. Venereal diseases are regarded by such persons as a means of driving the young into matrimony. In Ireland the effect of such early marriages has been to pauperize the whole country, and to render it a bye-word throughout Europe for misery and human degradation. The agricultural counties of England are not in much better case. There we hear of labourers with eight, ten, or twelve shillings a week, with large families. Can we wonder their daughters are obliged to sew for 4s. 11¼d. a week and die of consumption (Ed. Smith), or to become prostitutes for a living. This is the end of such advice as thoughtless and ignorant societarians are apt to give. The blame for becoming a prostitute should rest with such parents and those who give them no better advice; yet, as is observed by Mr. J. S. Mill, in his "Principles of Political Economy," "Whilst a man who is intemperate in drink is discountenanced and despised by all who profess to be moral people, it is one of the chief

grounds made use of in appeals to the benevolent that the applicant has a large family, and is unable to support them. Little advance in morality can be expectsd until the production of large families is looked upon in the same light as drunkenness." There is no doubt that, as Sir Benjamin Brodie remarked at the Birmingham Social Science Meeting, the remedy for prostitution lies chiefly in early marriages; but it is only in France that the poorer classes marry young and yet have small families. Here, and especially in Ireland, they have as many as they can, and consequently starve. Probably, however, were divorce easily obtainable, as in Prussia or in Indiana, U.S., in which latter place six months' notice of incompatibility of temper is all that is required, persons would hesitate before bringing so many unfortunate children into existence, to struggle, as they do now, for a bare and joyless living. As we have seen, a most important cause of prostitution is the lowness of women's wages. They have far too few employments. They ought therefore to be encouraged, as well as permitted, to attempt any trade or profession they have a mind for. Should they fail in such attempts, it will be time enough to say that women are fit for nothing but to be wives and mothers. Both of these, it is to be hoped, all may have the chance of being; but life is long, and they have plenty of time for industrial pursuits before and after they give birth to one or two or three children, which is all that the over-peopled condition of this and other countries similarly situated renders advisable they should have. Again, some women have no children, and many have admirable intellects, and could carry on trades or professions or business with great advantage to themselves and to society. Poorer women might learn trades or businesses, and the upper classes of women professions or businesses. Doubtless many would fail in such professions; but they would also sometimes succeed well in both law and medicine. A surgeon might then take a partner for life who would be able to coöperate in his efforts. Any other view of the question than this is, in my opinion, when stripped of declamatory phrases, only a way of getting woman's services cheaply, as they are obtained at present, and forcing them to be, through civil disabilities, the servants of men—a branch of the old tyrannical views of human society, which is dying off, *pari passu*, with the abolition of slavery and the decay of aristocratic ideas, throughout Europe and America.

Mr. Dunne said—I have listened with great pleasure to the able paper of Dr. Drysdale on this most important subject. Amongst the causes of prostitution I think the author has omitted one—viz., seduction. This is certainly in a great many cases the first step towards prostitution, for there are in this as well as every other large city a certain class of men who make a boast of how many girls they have seduced. For this class of men no kind of punishment can be too great; the law might compel them either to marry or allow the unfortunate girl enough money to live in a respectable manner, and if they refused to do this, some other severe punishment should be inflicted upon them. Society even might do much to remedy this evil—*e. g.*, refuse to admit within its circle any man who could be proved to be a seducer. He agreed completely with the author, that the scarcity of employment for women and the low rate of wages was another cause for prostitution, particularly in this country, where there are so few trades and professions open to women, and there being a large excess of female population, causing the supply to exceed the demand. To remedy this would be easy, throw open all trades and professions to women and encourage their employment as much as possible; also encourage emigration as much as possible to those countries where there is an excess of male population. Another cause is, I think, "Nymphomania." Again, a great many women take to this calling as a mere matter of business, from the fact of seeing others walk the streets, dressed as these women are, whilst they, as respectable women can scarcely obtain food upon the miserable pittance they earn. Take as an illustration, a poor woman who has been sewing as fast as her fingers and strength will allow at shirts or mantles, earning perhaps a shilling or a little more a day, returning home at night completely worn out with fatigue, and seeing these gay flaunting creatures in their fine dresses, whilst she poor girl, in her well worn gown and boots, is perhaps suffering the pangs of hunger. She may perhaps hear at the same time of the fabulous sums of money earned by these women through prostitution, more pounds in a day, than they earn shillings in a week. Is not this a temptation which many of us would find difficult to resist? Are we not all more or less envious of our neighbours? The only plan would be to try to reduce the wages for the time of prostitutes, and let the women of England refuse to admit into their society men who are the associates of prostitutes. In London there are, according to Dr. Drysdale's account, 12,000 prostitutes—I think that number underrated; but let us now examine what amount of hospital accommodation there is in this large metropolis for these most unfortunate women. I believe I overstate the amount when I say there are only in all the hospitals in London—"Lock Hospital" included—200 beds. Is this accommodation sufficient? What is the consequence, if one of these unfortunate 12,000 women become diseased—if she is very fortunate, she may be able to get into the hospital; but if the beds are full what is she to do? She must either go into the workhouse or become an out-door patient at one of the hospitals or dispensaries, or she might perhaps be able to afford to go to some private medical man; but this class of women as a rule are very improvident, and therefore cannot afford the latter. How are they then to live during the time they are diseased? Can they obtain employment of any kind? They are still obliged to follow their old calling, and by so doing propagate the disease to a most fearful extent. If they do not do this, their only alternative is to starve, beg, or steal. Any man who has visited the out-patient department of any large hospital or dispensary must be struck with the large number of venereal cases he sees—I think I might say that every other one is venereal. I know that at the dispensary I am connected with, the number of cases I see yearly of this disease are very great, and it constantly occurs to my mind how this evil can be remedied. The only way I can propose is (yet not liking to interfere with the liberty of the subject) that all prostitutes should be placed under police control for some years to come, at least until the present numerous venereal cases are diminished in this country. I agree with Dr. Drysdale that medical men should be appointed in any large city to examine women, but I differ from him in thinking that instead of such an examination being voluntary, that every woman should be compelled by law to present herself for examination at least once in ten days, and if at any time she should find there was anything the matter with her she ought immediately to go to the medical officer of the district to be examined. If, upon examination, there was found any venereal or contagious disease, she should be sent immediately to the Lock Hospital, each district to have its own Lock Hospital, and the medical man who examines the women in the district to be the medical officer of the hospital. The woman ought to be compelled to remain in the hospital until she is quite well, and during her residence, then would be the time to try to reform her, everything should be tried to wean them from their former mode of life. A trade or profession should be taught, and those that cannot read or write to be taught to do so. When they are well enough to leave the hospital try to find them some employment, so as to prevent them having the necessity of falling back upon their old mode of obtaining a livelihood. By these means, I think, much good might be done, this dreadful scourge of syphilis might be diminished in this country, and what an amount of happiness this would produce in very many families, also what a saving to the country, and how many unfortunate new-born infants might be saved from an early death, or a life of misery!

Dr. Tilbury Fox—Mr. President, reference has been made by Dr. Drysdale in his paper to a statement supposed to have been made by Dr. Lankester, to the effect that of every 30 women met with in London streets one had committed infanticide. This Dr. Lankester has told me was wrongly reported by the newspapers, and that he simply quoted the observations of a French Abbé, who wrote on the subject.

Mr. Holmes Coote—I acknowledge that I made use of the expressions which I am reported to have uttered at the Medico-Chirurgical Society on the occasion referred to, and I still entertain the opinion that there are worse evils appertaining to human weaknesses than prostitution. I happen to possess opportunities of witnessing the fact, that among the young there is no cause of insanity more common than indulgence in habits which I will not further particularize even in a medical society, but which are known to result in the most complete bodily and mental prostration. Idleness and vanity may rank among the causes of prostitution in women, but occupation alone will not suffice to prevent it. There is a peculiar condition of the mind when the passions become excited, and women thus affected seek the opportunities of going astray. After a period of repose in a proper asylum the mind recovers its equilibrium. and the patient returns to society; but she is liable to a relapse. This condition I have seen both among the married and the unmarried. With regard to the question of trying to check the spread of the venereal disease, I say here that which I said before the Venereal Commission—namely, that in my opinion legislative enactments *are* required. Women should not be allowed to quit the hospitals partly cured. It is known that at Portsmouth and other naval stations they leave their wards and crowd down, still diseased, to meet the seamen of a ship just paid off. In the London hospitals they leave the wards at certain periods of the year, such as Christmas, for purposes of festivity. With reference to men, it is impossible to institute an system of inspection. Even in the public services, such an order would lead to discontent, breaches of discipline, and concealment. Moreover, what classes are to be included in such inspections. Is it to comprise officers? But I quite approve of the inspection of all houses where prostitutes dwell, and of the examination and registration of such women. The spread of the venereal disease is a very grave evil. It makes its appearance, unhappily, in homes where it never should be known, and falls upon the innocent young mother and her offspring. I am glad that this subject has been so fairly discussed before this learned Society, and that the members have the moral courage and philanthropy to grapple with this evil. My opinions are the same as those which I expressed at the Medico-Chirurgical Society in 1859, where, however, I heard from one or two of the mmbers some sentiments on that occasion of an opposite character, which, to say the least, were startling.

Mr. Acton—Mr. President, it gives me great pleasure to find that the author of the paper has taken up the subject of prostitution. It marks a great progress in this question, since a few years ago it would not have been possible to bring this question before such a society as the Harveian Society of London. One of the recommendations I gave to the members of the Venereal Diseases Commission, when examined by them, was that they should not attempt to go too fast. They should, I think, commence by attempting to render the army and navy less overrun by venereal diseases before they attempt any measures to restrain the disease in civil life. If this suggestion be carried out in the army and navy, I trust it will be done well, not negligently; for if carried out well it cannot fail greatly to lessen the amount of these diseases in the service. With regard to examinations in civil life, I am not an advocate for indiscriminate examinations, such as those practised in Paris. For example, were such a case to happen in London as I am about to relate, there can be no doubt that the puritan party, who are most opposed to any such prevention of venereal diseases, would raise such an outcry that in all probability the practice would have to be given up. When in Paris some years ago I visited the *Dispensary*, and was admitted to the examination of the prostitutes, which, as you know, is carried on to an immense extent. One of the patients examined was pronounced sound by the examiner. I said to him, "Don't you think that girl is a virgin?" He replied, "It is possible; but that is not our business." It turned out from inquiries I made that this girl had quarrelled with her mother, and had gone straight to be enrolled as a prostitute and examined. Now, it almost seemed as if Government sanctioned the girl in taking up prostitution for a livelihood. I do not know what became of her. She may have married a duke or some person in high life for anything I know; but I repeat that such a case occurring in London could not fail to excite the zeal of that portion of the religious party who are at present sulkily acquiescent, but may easily be roused. Two or three questions have been mooted this evening with regard to prostitution which I cannot quite coincide in. I cannot think that want of education alone or poverty can be such frequent causes of it as has been supposed. Thus it is not low wages that causes prostitution so much as the desire of getting money easily—a failing which I think is common in men as well as women. When a half-starved or ill-regulated woman sees that by prostitution she can make twenty guineas a day and wear fine clothes, I think there is not much wonder that she often prefers it to working. It appears that in the streets of Melbourne, where every woman that wishes it can earn a good living, prostitution is even more rampant than in London; and with regard to emigration, many of the women who have been sent to Australia do not like work. It is a well-ascertained fact, too, that in Paris the students do not so much take mistresses who are idle; they prefer those who can earn good wages, in order to have less trouble with them. It is the temptation of living easily in most cases that conduces to prostitution, and also, as Mr. Coote truly observes, in some cases the sexual passion is very strong in women. Whatever the virtuous portion of society may wish, prostitution will go on. Mr. Dunne has spoken of seduction being a great crime, and no doubt this is true; but how are you to punish the man for this? I remember when young in my medical career, accompanying a deputation composed chiefly of clergymen on the subject of prostitution to Lord Brougham. On one of the party proposing to the noble lord that a still more stringent law should be passed punishing the seducer, he asked, "But are you sure, gentlemen, that it is always the *man* who seduces the *woman?*" I quite agree that no sin can be greater than that which men about town are known to boast of—viz., the sedately setting down to seduce as many girls as they can. Some men have seduced many girls. Would Mr. Dunne or others have them marry them all? I am afraid punishment for such persons does not come in this life. The old parish law ought to be remodelled. A far greater sum should be exacted from the father of an illegitimate child, and the parish should be empowered to recover the sum from the father. My opinions are to be found in the *Journal of the Statistical Society* (1860).

The President—The author of the paper has asked what is the pathological reason of the sterility of prostitutes. It is, I believe, as follows:—Prostitutes are subject to amenorrhœa and dysmenorrhœa caused by frequent sexual connexion. The same symptoms are noticed in other women who practise masturbation. In post-mortem examinations of prostitutes there has been observed thickening of the indusium of the ovaries. There is also a spasmodic closure of the os and cervix uteri from the repetition of the orgasm which opposes the entrance of the male secretions into the uterus. Such is the explanation of their sterility. Although not

closely related to the question, I may mention that I have once seen an unbroken hymen in a prostitute. She was a well-known woman and lived in great splendour. In this case the hymen was quite elastic, and the appearance of the genitalia was that of a virgin. The subject of prostitution cannot be too often discussed. I believe that, although this is not one of the large societies, much good may result from this evening's debate.

SURGICAL SOCIETY OF IRELAND.

Dr. WILMOT, President of the College, in the Chair.

THE Society met on Friday evening, the 19th of January.

FOREIGN BODY IN THE KNEE-JOINT.

Dr. BENSON read the following paper by Dr. Wilkinson of Limerick on the removal a foreign body from the knee-joint:—

October 5, 1865: John Dwyer, aged 65 years, admitted into the County Limerick Infirmary this day; has enlargement of the right knee for the last six months.

For several years past, he has felt something in the joint which he was able to move from the inside to the outside of the knee, but which did not interfere with either his walking or his work until last June. Previous to admission he had repeated blisters applied to the knee by the advice of country practitioners. On examination, a foreign body could be felt in the joint, which was movable from the inside to the outside, but which could not be fixed for any length of time in one position without giving acute and intolerable pain.

An attempt was made to remove it from the joint by subcutaneous section, which failed from the size and irregularity of the foreign body. On the withdrawal of the knife a large portion of the fluid of the joint escaped, after which the size of the foreign body could be more distinctly ascertained at the outside of the knee.

It was then thought advisable to cut down by simple incision on the foreign body and remove it. The incision was made at the posterior edge of the vastus externus tendon, between it and the tendons forming the external hamstrings.

The foreign body was $2\frac{1}{4}$ inches in length, $1\frac{1}{4}$ inches in breadth, $\frac{3}{4}$ of an inch in thickness, of a flat irregular surface, and weighed four drachms and ten grains.

After the operation a compress and bandage, wet with cold water, were applied to the knee, and he was ordered pulv Doveri and hydrargyrum c. cretâ, with the view of preventing inflammation of the joint. On the third day after the operation the knee was as large as before it, and was quite soft and fluctuating and free from redness, pain, or inflammation; after that, the enlargement began to decline, and a free watery discharge came from the wound.

The enlargement of the knee was formed by a soft fluctuating fulness at each side of the tendon of the rectus muscle; and also a small fluctuating tumour, about the size of a pigeon's egg at the posterior and inferior part of the inner condyle, which could be reduced by pressure, and which has entirely disappeared since the operation. The inner condyle of this femur *is much larger* than that of the other leg, and the knee is bent inwards.

October 18th: He has been walking about the wards for several days, the wound not healed, but looking well, and a thin watery discharge coming from it. He left the Infirmary on the 18th without notice, having heard of the dangerous illness of his sister.

Dr. BENSON said that as the patient had left the hospital before the results were known he had written to Dr. Wilkinson to inquire if he had heard anything since of the man. It appeared that the patient had fallen under the observation of Dr. Riordan, to whom Dr. Wilkinson wrote on the subject, and from whom he received the following reply:—

"Bruff, Jan. 14, 1866.

"MY DEAR DOCTOR,—I would have answered your letter before this about Dwyer, but was unable to ascertain all particulars about him until yesterday. For some time after he left the hospital he placed himself under the care of a quack who applied all sorts of ointments. Finding that he did not succeed, I was requested to visit him about the end of November. I found a large abscess occupying the entire ham, which I opened, and which continues still discharging. The sinus through which the foreign body was extracted continued open until about a week since. There was great redness and pain inside the knee, during the entire month of December. After that all pain ceased; the knee is now bent and incapable of being straightened. His health is much improved, and he has been able to sit up for the last week. When I first saw him the entire leg was very much swollen and required to be bandaged. Any further information about his case I will be able to give you, as he is living with his son in my district.—Believe me, very sincerely yours, "D. RIORDAN, M.D."

Mr. PORTER believed the practice usually adopted by the surgeons of Dublin was not to meddle with these foreign bodies unless they produced a great deal of inconvenience. When they were very small, they tried to bind them in a place where they would not produce much inconvenience, but when they had grown to a large size they must remove them. He never removed but one, and he then adopted the plan of Mr. Fergusson. He removed the skin to one side, and then cut down on the foreign body and removed it at once. Others might approve of the mode adopted by Syme and Liston—viz., to enter a knife at some distance from the synovial pouch, then having opened the latter subcutaneously allow the foreign body to pass into the areolar tissue, and there to remain until the wound has healed. A great deal depended on the after-treatment of the patient. If the joint could be kept at rest and the inflammation subdued, in many of these cases he believed no bad result would follow.

Mr. TUFNELL said he had removed foreign bodies in two cases of this kind, but the bodies were different in appearance from the specimen presented. They were cartilaginous and smooth on one surface, having an irregular nodulation on the other resembling greatly the mouth of the ray. In each of these cases the foreign body was like an oblong half chestnut, and was removed by a free valvular incision, slipping out the foreign body at once. Treatment was adopted previously as well as afterwards—viz., the individual was confined to bed for a considerable time before hand, and kept on low diet, and everything was done to favour the avoidance of inflammatory action afterwards. In both cases the wound healed by the first intention. He subsequently kept the patients a long time in bed after the operation before he let them get up, fearing that the action of walking might cause the recently united surfaces to open.

Mr. B. W. RICHARDSON said that he assisted his colleague, Dr. Walsh, in removing from the knee-joint of a young woman in the Adelaide Hospital, a foreign body similar to, although smaller than the present specimen. It was, like it, very nodulated over the whole surface. As to who was entitled to priority for the removal of foreign bodies by the subcutaneous method, it was clearly proved by Mr. Adams of London, that M. Dupresse Chassaigne anticipated both M. Goyrand and Messrs. Liston and Syme. M. Goyrand's first operation was performed on the 14th of September, 1840, whereas M. Chassaigne did his in May of the same year. Although Goyrand gives the credit of the idea of the operation to M. Guèrin, the latter gentleman himself does not claim it, for he mentions that Dupresse Chassaigne is entitled to the honour. Chassaigne's operation was similar to the procedure with which Mr. Liston's name was subsequently associated. After Chassaigne had fixed the loose body between the index finger and thumb, he thrust a fine cataract needle under the skin, tore the capsule round the foreign body, withdrew the instrument, and fixed the parts with sticking-plaster in the situation in which he put them, and which he tightened round the foreign body covered by the skin. He then bandaged the limb from the foot to the knee, kept it extended, and left

it so for eight days, at the end of which time the body was found to be adherent where he had fixed it. The Society will perceive that this operation of Chassaigne's was similar to the one which both Mr. Syme and Mr. Liston claimed credit for originating, although it was performed many months prior to their operation. I need scarcely remind the Society that M. Guérin's operation consisted in removing the foreign body at once, whereas M. Goyrand left it under the skin for several days, and then removed it.

Dr. Benson said the same operation was attempted here, but from the great size of the foreign body it was not carried out.

Mr. Richardson said that in the case of Dr. Walsh, which he alluded to, Goyrand's operation was the one had recourse to. The case did remarkably well. The foreign body was decidedly in the joint, and presented that nodulated and irregular appearance occasionally observed. Sometimes, however, they were very smooth.

Dr. Fleming said that these bodies, when removed from the knee-joint, usually presented features such as were described by Mr. Tufnell.

Dr. Grimshaw asked if the chemical constitution of the specimen had been ascertained?

Dr. Benson replied that he had asked Dr. Benson, junior, and Dr. John Barker to examine it that day, and they found that it consisted of phosphate of lime, with carbonate of lime, and an animal basis very similar to that of bone.

Dr. Fleming said that when he saw this specimen on the preceding day it occurred to him that he had a curious calcareous deposit which presented several of the characteristics of the present specimen. He had therefore brought the preparation with him, consisting, as they would observe, of a very considerable calcareous deposit, which was removed from the bladder of a woman who was admitted into the Richmond Hospital labouring under all the signs of stone in a most aggravated form. When the woman applied at the hospital she had a portion of the substance in her hand, which he thought was a piece of bone. He did not credit the statement which she made when she applied for admission, but was rather inclined to think that she was one of those persons with a morbid taste, and had herself introduced this substance into the vagina. On sounding her it was found that there was within the bladder a solid resonant body, which communicated to the sound, the signs a stone would give. She was examined by the late Mr. Hutton and Dr. McClintock. The ordinary operation was performed—viz., dilatation and section of the wall of the urethra. This not sufficing, he next employed a strong lithotrite, but eventually the bladder had to be opened above the pubes, and they then found within it a very large amount of this remarkable deposit.

Dr. Benson asked if it was like the specimen now before the Society.

Dr. Fleming replied that its composition was like what Dr. Benson had described the present specimen to be; but there were scattered through it some portions of oxalate of lime.

Dr. Grimshaw said he had examined the specimen produced by Dr. Fleming, and found it to consist of phosphate of lime and animal matter. Some London gentlemen had expressed an opinion that it was more like bone than he considered it to be. He went over it six times, and in every instance he got oxalate of lime, but all in different proportions. Some parts contained a great, others very little, and it was possible that the portions given to the London gentlemen contained none at all.

Mr. Richardson observed that Mr. Redfern had got chrystals of oxalate of lime in diseased joints.

Dr. Grimshaw—There are some portions of the calculus that resemble the concretion which Dr. Benson has shown much more than others.

Mr. Porter thought from what Dr. Grimshaw said, it appeared that it contained oxalate of lime. Now, a mixture of phosphate of lime and oxalate of lime was an unknown form of calculus, and they should therefore feel much indebted to Dr. Fleming for allowing them to see such a strange specimen.

Dr. Fleming said that he constantly met with combinations of phosphate of lime and oxalate of lime in certain conditions of the bladder and kidneys.

Mr. Porter knew that when oxalate of lime lay in a diseased bladder it became coated with phosphate, but he repeated that it was an unusual form of calculus to find it mixed up in the way in which it appeared to have been in the specimen which Dr. Fleming exhibited.

Mr. B. Wills Richardson then read the following communication

ON THE REAL SHORTENING OF THE LIMB IN THE THIRD STAGE OF HIP-JOINT DISEASE.

The preparation I exhibit to the Society this evening illustrates a pathological condition of the hip, which is one of the causes of the shortening of the limb in the third or advanced stage of morbus coxæ, a symptom that has given rise to some discrepancy of opinion. I shall here observe that I exclude from my observations any notice of chronic rheumatic arthritis, a totally different disease from the one before us.

In the work of Sir Benjamin Brodie on diseases of the joints, where he describes the symptoms of morbus coxæ, it is stated that in the very advanced stages of the disease when the head of the femur has been completely destroyed by ulceration, there is nothing to prevent the muscles from pulling the bone upwards. This kind of case he compares to a case of fractured neck of the thigh bone. The foot may be rotated inwards, but, if left to itself, it generally is turned outwards. Of course, if the head of the bone has been completely destroyed, there is nothing, as Sir Benjamin Brodie observes, to prevent the muscles from drawing the thigh bone upwards; but I would remind the Society that several examples of another description of case, have been recorded, in which the head of the bone was not completely destroyed, although much reduced in size, by caries, and which diminution in its calibre was coexistent with elongation of the acetabulum in the upward direction, apparently the result of the combined influence of pressure of the head of the bone and disintegration of that cavity. Now in cases like these, there is likewise real shortening of the limb, and the foot may be either inverted or everted. The specimen that I present to the Society is not similar to the first description of case alluded to by Brodie in the observation I have referred to, because in it the head of the bone retains its normal rotundity and shape, although much altered in its internal structure, the disease concentrated its action on the bones forming the acetabulum, leaving scarcely a vestige of its brim, the absence of which permitted the head of the femur to pass upwards on the dorsum ilii, to just above the sciatic notch, where it was finally lodged.

In other cases Brodie further remarks, "the limb is shortened; the thigh is bent forwards; the toes are turned inwards; and there is every symptom of a dislocation of the hip upwards and outwards." I believe the general impression at one time was, that the real shortening of the limb in the third or advanced stage of morbus coxæ most frequently depended upon dislocation; but the opinion seems to be prevalent now, that luxation is not the most frequent cause of the real shortening of the limb in hip-joint disease. Our College Museum only affords three specimens, and it has been stated that there are not many specimens of this displacement in the large museums of London. We might be led, however, into error by such negative evidence, because, when museums contain a few specimens similar in their nature, economy of museum space forbids the mounting of other preparations of the same kind, so that many duplicate specimens are frequently rejected by curators.

The question regarding the real shortening of the limb having been reopened within the last few years,

I thought myself justified in taking advantage of the specimen before you to draw the attention of the Society to the point, and which I am sure will be considered a very legitimate subject for discussion.

It is not my intention to weary the meeting by reading the day-to-day reports of the patient's case, and I shall, therefore, merely confine myself to a short outline of her clinical history.

N. W———, a pale, thin, emaciated girl, was admitted into the Adelaide Hospital on the 1st of March, 1864, for disease of the right hip-joint. The right lower limb was shortened about an inch and a-half, and the foot and leg were advanced, the toes turned inwards, and the limb partially crossed over the opposite one. It was much wasted. There were no symptoms to lead us to think that abscesses then existed.

Our attention was next given to the state of the chest. Unfortunately it afforded indications of disease, percussion having elicited dulness under the left collar bone, where the respiration was more bronchial than natural.

She suffered much from pain in the hip. Her pulse was exceedingly rapid, and she had occasional diarrhœa.

She was put upon an extra, but carefully regulated, diet, and had a liberal allowance of wine. Medicinally she was given, whenever there were no contraindications, cod-liver oil with syrup of iodide of iron, and occasionally the liquor of the pernitrate of iron, bismuth, &c.

Under the mode of management pursued in the case, notwithstanding its unfavourable nature, she improved so much in a few weeks that she was able to get up and move about with the assistance of a crutch, and in a little further time she was allowed home to the country. We heard nothing more of her for some weeks, when at last she applied to the hospital for readmission. This was on the 11th January, 1865. Wretched as her condition was when she was first admitted, she was now in a much worse one; she had lost the little flesh she gained when she was formerly with us, and was again extremely emaciated, greatly blanched, and suffered much agony from the hip, where the great trochanter protruded through a large opening in the soft parts, and which also exposed a considerable portion of the outside of the shaft of the femur. Through this opening pus constantly oozed. Matter also burrowed down the outside of the thigh reaching almost half way to the knee-joint. The knee was semiflexed, and it and the foot were turned inwards. The shortening of the limb was about two inches.

She had a troublesome cough and sometimes diarrhœa. There were the physical signs of a cavity in the left lung: and dulness on percussion and crepitus were well-marked under the right clavicle.

I will not occupy your time with the daily notes of the progress of the case to its fatal termination; suffice to say, that we tried various remedies for her thoracic and abdominal symptoms, and gave her whatever stimulants we thought she required. As I have just mentioned, matter had reached half way down the thigh. If possible, to prevent further burrowing I passed a piece of drainage tube into the lowest part of the abscess, and brought the end through the opening at the trochanter. Pus drained freely through the tube, apparently almost as fast as it was formed.

With such a complication of disease her tenacity of life was extraordinary, the vital powers, however, were unable to sustain her longer than the 3rd July, 1865, when she died worn out by the suppuration at the hip, as well as by the thoracic disease.

The post-mortem was made the next day. Cavities existed in the apices of both lungs. The hip was then examined. The acetabulum, as the preparation shows, was completely destroyed by caries, scarcely any trace of its brim remaining. There was nothing, therefore, to prevent the head of the thigh bone from passing upwards to the dorsum of the ilium, where it is lodged just above the sciatic notch. The head of the bone retains its globular form and original size, although it is much altered in its interior, the cancelli being to a great extent destroyed, their place being occupied by a sizy looking substance.

In addition to external abscesses, suppuration had taken place internally, corresponding to the pelvic surface of the acetabulum and the bone above it, to near the brim of the true pelvis. Although there was no direct communication between the external abscesses and this deep one, it is possible they may have indirectly communicated through the diseased bone which is much rarified by caries. To the naked eye, however, an opening was not apparent. Surgeons, however, are aware that cases have been recorded proving that suppuration may occur corresponding to the pelvic surface of a diseased hip-joint without any communication whatsoever externally, a deeply interesting practical fact, when excision of the hip-joint is in contemplation.

I now come, Sir, to the question, and the one which has induced me to bring this specimen under your notice—What is the most frequent cause of the real shortening of the limb in the advanced stage of morbus coxæ? Does it in the majority of cases depend, as it was until a comparatively recent period thought to do, upon dislocation of the head of the bone upon the dorsum ilii, or does it more frequently arise from elongation of the acetabulum in the upward direction, coexistent with disintegration and consequent diminution of the head of the bone, the latter still remaining in the altered cavity: or is it most usual to find it the result of an alteration similar to the first description of case alluded to by Brodie? This is the question I am anxious to have the opinion of the Society upon. It has been reopened, as I have already mentioned, within the last few years, and it is desirable that statistical evidence bearing upon the point should be collected. It is to be hoped that the hospital surgeons present will give us the results of their necroscopic examinations of the fatal hip-joint cases which came under their notice, and in which there was real shortening of the limb. Post-mortem examination is peculiarly necessary in such cases, because we may be deceived by measurements, for the shortening of the limb may decrease as the case progresses, owing to the absence of the head of the bone from the acetabulum, allowing the pelvis to descend further than it otherwise would do. Before I sit down I shall again observe, that this case gives us a useful warning regarding excision of the hip, and the caution necessary for endeavouring to ascertain if there is any internal pelvic mischief before the operation is had recourse to. In it not only was the acetabulum diseased, but the disease also extended through the whole depth of the bone corresponding to the cavity, as well as to the adjoining bone, giving rise to suppuration internally. It is scarcely necesssary to say that excision with such a complication present, would further jeopardise the life of the patient.

Mr. Croly said he had more than one case of morbus coxæ, not in the early stage, under his observation, where the eversion was well marked, and he had often been puzzled to account for how that eversion occurred.

Mr. Richardson—The point we want to decide is, what is the cause of the real shortening of the limb in the majority of cases?

Mr. Tufnell said that in an operation he had seen where the head of the bone had been removed by excision it was found upon the dorsum of the ilium.

Mr. Porter could verify what Mr. Tufnell had stated. His colleague, Mr. Collis, had excised the head of the femur in a case of morbus coxæ, and on that occasion it was dislocated on the dorsum of the ilium.

Mr. Stapleton saw that case, and his impression of it was different.

Mr. Porter said he saw the case before the operation, and as far as they could then judge, the head of the bone was lying on the dorsum of the ilium.

Mr. Stapleton said he had sometimes found that the trochanter went upwards, and sometimes a remnant of the bead of the bone was found lying in the acetabulum. Sometimes the amount of disease was not so great in the

acetabulum as might have been expected, while in other cases the acetabulum was greatly affected. He considered it was very rare to find a dislocation like that on the dorsum. His experience was, that it was an exception to have the foot turned in; it was more frequently turned outwards.

Dr. MACALISTER said that in most of the cases he had seen in the dissecting-room the acetabulum, was elongated upwards, and the neck of the femur was absorbed. In one case the head of the bone was lying in the acetabulum dissevered from the neck, and the neck was displaced on the dorsum of the ilium, and all the external signs in that case were precisely similar to dislocation on the dorsum, and in that case the ligamentum teres was quite perfect.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.

TUESDAY, JAN. 23, 1866.

Dr. ALDERSON, F.R.S., President.

A CASE OF ACUTE UNCOMPLICATED MYOCARDITIS, IN WHICH THE DISEASE WAS DIAGNOSED DURING LIFE.

By C. B. RADCLIFFE, M.D., F.R.C.P.,
PHYSICIAN TO WESTMINSTER HOSPITAL AND TO THE NATIONAL HOSPITAL FOR PARALYSIS AND EPILEPSY.

THE case which forms the subject of this article is an example of a grave affection, of which there is little, if any, certain knowledge; acute uncomplicated myocarditis, or in other words acute inflammation of the muscular structure of the heart, without any inflammation of the endocardium or pericardium.

The patient was a fine, stout, strong, married man, middle-aged, a varnish maker by occupation. For six weeks he had had occasional attacks of sharp pain at the pit of the stomach, and shooting thence into the left arm—attacks evidently of the nature of angina pectoris. In other respects he thought himself well in health, and he was well enough to follow his daily work, and to get about with little or no discomfort up to the day before his death.

When seen for the first time (July 27th, 1865), the indications of the disorder evidently pointed to a very weak heart. The pulse was extremely feeble, and somewhat slow, but not irregular. The hands were cold and clammy—remarkably so. The first sound of the heart was absent. The cardiac impulse against the walls of the chest could not be felt. The second sound of the heart could be heard, but faintly only, and several times (in an examination extending over several minutes) it was distinctly reduplicated. There were no morbid sounds of any kind whatever. In the attempt to detect the cardiac impulse the patient winced more than once, and complained of feeling sore and tender at the part. There was no arcus senilis; the arteries were to all appearance free from atheromatous deposits, and, in short, the only indications of physical disorder were those which have been mentioned. The first attack of pain happened at a time of sudden and severe mental trouble. Previous to this the health had been in all respects excellent.

The patient was seen for the second time on the following day, and then he was dying. He was sitting awkwardly on the edge of a chair by the side of the bed, supported by his wife. On suggesting that his posture was a very uncomfortable one, he gasped out, "I must keep as I am—I dare not stir." He had been in this position for ten or twelve hours, literally without moving in the least." His face was pale and ghastly; large beads of sweat stood out on the forehead and went trickling down the face; his extremities, upper and lower, were clammy, and corpse-like as to paleness and coldness. The pulse at the wrist had failed altogether. His breathing was short, shallow, and gasping, and with it was a rattle, of which the significance could not be mistaken. His mind was clear and collected: he complained of sickness, and said he knew that he was dying.

The history given of this sudden change was this: that he got out of bed to pass urine in the middle of the night, after several hours' quiet sleep; and that while up for this purpose the pain at the pit of the stomach returned in an unusually severe form, with cold perspirations, and with a feeling of deadly faintness. For the next four hours this pain continued without intermission, even without alleviation, and then it ceased suddenly, and the condition as suddenly changed to that which has been described.

The post-mortem examination was made by Dr. Willis and Dr. Bazire twenty-four hours after death. In the cavity of the pericardium were nearly two ounces of serum, reddened by blood, but having no flakes of lymph in suspension. The pericardium itself presented no traces of inflammation, old or new; its visceral layer was intensely injected with ramifying capillaries filled with dark blood, but without ecchymoses, and elsewhere it was of the natural colour and character. The heart was dilated and flabby. The muscular structure of both ventricles, and in a lesser degree of both auricles also, was soft and friable, of a mulberry-juice colour, almost black in fact, contrasting in this respect, in a very marked manner, with the natural redness of the muscles of the chest-walls. It broke down readily under the finger like hepatized lung. As seen with the naked eye, it did not appear to be fatty; but there were considerable deposits of fat about the exterior of the heart. The endocardium and all the valves were quite healthy, and so also was the aorta. The left ventricle contained some loose, very dark clots of semi-coagulated blood; and in the right ventricle were some fibrinous, but not decolorized, clots adherent to the walls. Upon lifting up the heart by a portion of the right ventricle, the muscular structure broke down, and tore like wet paper by the weight of the heart itself. Unfortunately, no microscopic examination was practicable.

The grounds upon which the diagnosis was made were in the main these:—The history of the disease seemed to point to acute rather than to chronic disease—to begin suddenly in a way which suggested the idea of a "broken heart." There was no sufficient reason to suspect pericarditis or endocarditis, for there were none of the morbid sounds which mark the presence of these inflammations. So far seemed plain enough. It seemed, moreover, that the main symptoms were easily explainable on the supposition that the muscular structure of the heart had been attacked by inflammation. Inflammation of the muscular structure of the heart, as a matter of course, would weaken the muscular powers of the structure, and this weakening would account for that failure in the action of the heart which was the most prominent symptom. Moreover, the same weakening would carry along with it, if sufficient in degree, absence of the first cardiac sound, and absence likewise of the usual cardiac impulse. Nay, it seemed as if the symptoms present—sudden failure in the action of the heart, with loss of its first sound and of the impulse of the apex, with some tenderness on pressure in the intercostal spaces in the cardiac region, with some pain, but without the severe pain of pericarditis, without the morbid sounds of pericarditis or endocarditis, and without arcus senilis, atheromatous vessels, or other signs, good or bad, to point to common fatty heart—were all the symptoms and signs one had a right to expect in inflammation of the muscular structure of the heart. At any rate, it was on these grounds, be they sufficient or insufficient, that the diagnosis was made; and it was this diagnosis which led to the post-mortem examination, for if it had not been so, the body—such was the opposition of the friends—would have gone to the grave unexamined.

The PRESIDENT objected to the coinage of new words for cases of disease, and thought in the case just read carditis would have been a sufficiently distinct term.

Dr. RADCLIFFE referred to Dr. Stokes as his authority for the word he had used, "myocarditis."

The meeting then adjourned.

Reviews.

GUY'S HOSPITAL REPORTS.—Third Series, 1865.

The present number fully maintains the character of this record of practical Medicine and Surgery, and contains much interesting matter. Some additional cases of Supra-renal Disease, with practical observations, are communicated by Dr. Wilks, also cases of enlarged spleen, with an outline of the history of some operations for its removal. The opinion of Dr. Spencer Wells, there alluded to respecting the feasability of such a proceeding, has since been fully realized. A spleen weighing 6 lbs. 5 oz. having been recently removed by that enterprising surgeon, the patient surviving the operation six days.

The subject of Diseases of the Testicle in their clinical aspect is ably and clearly handled by Dr. Bryant, and the paper will amply repay the trouble of a careful perusal. We would, however, take exception to the departure from ancient landmarks in his definition of diffused hydrocele of the cord, which Dr. Bryant regards as contained within the funicular portion of the tunica vaginalis, the encysted variety occupying a portion only of that cavity. This distinction appears to us an unnecessary refinement, not required either by pathology or surgery, while the terms proposed by Pott and Scarpa *diffused hydrocele*, as applied to serous fluid, effused in the areolar tissue of the cord, and *encysted*, as applied to that contained in the funicular tunica vaginalis, whether occupying a part or the entire of that tube, have been generally accepted by the Profession, alteration of which may give rise to misconception and confusion.

In Mr. Towne's paper on the Stereoscope will be found a philosophic investigation of the phenomena produced by this instrument, which has given rise to so much discussion and controversy; it may, however, be questioned how far such topics fall within the province of Hospital Reports.

A paper by Dr. Habershon on Diseases of the Skin, as they have presented themselves at Guy's, is replete with sound information on a class of cases which, of all others, require careful clinical observation for their study and elucidation.

The ventilation and warming of the new wards, Hunt's House, Guy's Hospital, is the subject of a communication by Dr. Steele, illustrated by means of carefully-executed diagrams, which will be read with interest by those concerned in the construction or alteration of hospital buildings, in accordance with the modern advance of sanitary science. It appears questionable whether the hygienic advantages of the plan adopted are proportionate to cost of construction.

A Course of Clinical Lectures by Mr. Hilton, characterized by great force and yet simplicity of style, contain many valuable suggestions from one who has always been esteemed as a rational, pains-taking, and scientific surgeon. They embrace observations on various fractures, injuries of the head, hernia, and cannot fail to instruct the reader. The description given of the nature and treatment of the injury known as "Colles' fracture" is not strictly that which has been given to us by Mr. Colles himself. That eminent surgeon neither used nor advocated the apparatus known as the "pistol splint," which was introduced by M. Blandin, and adopted as a substitute for the "attele cubitale," proposed by M. Dupuytren.

The puerile system of christening accidents and diseases is very justly condemned by Mr. Hilton, a system which is also too prevalent with superficial anatomists, and leads to no beneficial result.

Some useful notes on Poisoning by Fungi are contributed from the able pen of Professor Taylor.

A Case of Ruptured Popliteal Aneurism, by Mr. Poland, with an illustration, and a number of cases of Acute Rheumatism, are quoted from the practice of Dr. Gull and Dr. Rees, in which the expectant treatment was adopted, apparently with as much success as any of the more heroic remedies which we occasionally hear extolled so highly, but which enjoy so ephemeral a reputation.

On the entire work we have to congratulate the Editor, Dr. Wilks, for the able manner in which it has been produced.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 7, 1866.

THE NEW PARLIAMENT AND THE SICK POOR.

After the excitement of the last twelve months or more on the subject of parochial mismanagement, there can be no doubt that the condition and the treatment of the poor will form prominent topics of discussion in the ensuing meeting of the Legislature. As Medical men, we have no desire to encroach on the province of matters foreign to our pursuits, and therefore we have no opinion to offer as to the treatment of the poor in general, or as to the hardships said to be endured by the vagrants and the "casuals." All these subjects must be discussed on the broad principles of ordinary law, justice, and humanity; but the Medical care of the sick poor, the adoption of hygienic measures in populous localities, and the enforcement of prophylactic rules—all these and other analogous duties now so strangely entrusted to and carried out by local Vestries and Boards of Guardians, are entirely within our jurisdiction, and it is our sacred duty to do all in our power to expose the evils of the present system, and earnestly to press on the Government and the Houses of Parliament the necessity of immediate amendment. Too long has the voice of scientific Medicine cried aloud in the wilderness, too long have sanitary reforms been shamefully and wilfully neglected, too long have the sick poor groaned under the infliction of workhouse tyranny; and it is now high time that the delinquents who have connived at, or openly defended, the existing abuses should be dismissed from the trust they have betrayed, and their places be filled by more competent and humane administrators.

We have not the slightest desire to press the case too hardly against the local authorities. We do not say that they are guilty of maliciously taking away the lives of their fellow-creatures, or of inflicting unnecessary sufferings upon the unfortunate sick inmates of the Workhouses; but we distinctly accuse them of wilfully neglecting, in very many instances, the adoption of sanitary measures, especially when their own interests are concerned in the movement, and we charge them with gross ignorance in nearly all matters connected with Medicine and those collateral subjects which bear

upon the public health. We charge them, moreover, with the most despicable meanness in nearly all their relations with the Medical Profession; with doing to our Medical brethren in a public capacity what they would have been ashamed to do, or legally prevented from doing, in a private one; and with making every other interest subservient to the pitiful object of saving some trumpery sum for the pockets of the ratepayers.

The class of persons from whom guardians and vestrymen are usually selected is that of parochial agitators and small shopkeepers, at least so far as the metropolitan districts are concerned, and although it is true that persons of intelligence and position in society are eligible and are sometimes chosen, yet the majority is composed of the materials we have described. When any of the better classes are elected into these heterogeneous assemblies, it is more than probable that after a very short probation of the vulgarity, violence, and ignorance of their colleagues, they refrain from attending the meetings, preferring very naturally the quiet of their own homes to the noisy discussions and coarse personalities of the Vestry Board. We once heard of a suburban vestry, who had a most momentous question presented to them, involving the health of many sick persons, and who, although comprising among their number several gentlemen of intelligence and respectability, delegated their functions entirely to three of the most ignorant and violent of the Board; one of the three being a publican and another a retail grocer. Such persons as these, having some little leisure, are the very persons who undertake the direction of sanitary measures, and if they can browbeat the doctor, call him offensive names, clip off his salary, or otherwise annoy him, so much the more sport is afforded to them, and so much the more triumph is expressed when they meet in conclave at their public-house clubs. The above is no fancy picture, and we appeal to many a Poor-law Medical Officer and Medical Officer of Health whether it is not represented in true colours.

The time has now arrived when the administration of sanitary measures should be entirely taken out of the hands of these local authorities. The time for doing so is opportune, because it happens that public indignation has been recently excited against the existing order of things, and an inquest on some neglected sick pauper, or a "night in a casual ward" passed by some literary amateur tramp, has produced more effect than could have been obtained from any efforts, however well meant, of any number of Poor-law Medical Officers even when backed by the Medical journals. Let the local authorities now be placed on their trial, and let the witnesses against them be protected from their malignity, and there can be no doubt of the verdict and the sentence. For the members of our own Profession, who have a long reckoning to make up with these unjust stewards, we ask no more than a clear stage and no favour. If Medical men have betrayed their trust or neglected their duties, let them by all means be censured and punished, but if they have only done their duty to the sick poor and to the interests of humanity, then the State is bound to protect them, whether their conduct is pleasing or not to the Vestry or the Guardians.

TOPICS OF THE WEEK.

RAINEY BODIES AND CATTLE PLAGUE.

The *Lancet* of last week contains a capital article from the pen of Dr. Cobbold on the so-called entozoa found in the muscles not only of rinderpest but healthy animals, and those of various kinds. It has yet to be disproved that these bodies are not very much more common in animals dying of the cattle plague. Microscopists affirm that in healthy muscle they are difficult to find, but that in diseased rinderpest muscle they are readily and at once detected. This is an important point to note. There still would seem to be a very considerable degree of uncertainty as to their exact nature, whether animal or vegetable. Dr. Cobbold rather shifts from the position he took, perhaps somewhat hastily, in the non-medical journals, and now takes up a mid-position, regarding them as animal protozoa, not vegetable, nor, on the other hand, true entozoa. The arguments adducible as contra-indicating a vegetable nature, are their peculiar seat and habitat, the fact that movements have been observed in similar, if not identical, structures by Lindemann, their complex structure and contents, the presence of a ciliated (?) coat, and the effect of iodine and liquor potassæ; yet the matter is one of great profundity. They would seem to be closely related to Gregarina, the contained cells presenting the characters of "pseudo-naviculæ." Whatever they may turn out to be, they are certainly very definite bodies, and most proper subjects for close and attentive study at the hands of our microscopic authorities.

THE WORKHOUSE QUESTION.

The issues of the present excitement in regard to the condition of Workhouses, ought to be most beneficial to the whole community at large, and undoubtedly the present is essentially the right time to ventilate the many questions which, in so far especially as the Medical Profession is concerned, affect the well-being of our poorer brethren. All classes are on the tip-toe of attention, and for the moment seem fully inclined to enter heart and soul into any really reasonable plan of amelioration. Already in London the recent disclosures have stirred men into activity. Meetings of various kind have been held with the view of carrying out sanitary operations, instituting better attention to the wants of inmates of infirmaries, and the establishment of some scheme whereby the poor at large shall be better housed; and we are, we believe, correct in affirming that the various guardians of different parishes are meeting in conclave to devise some definite plan of reform. Now, this movement must be a national one, if it is to meet with any success, and we earnestly hope that no effort will be spared to agitate the question without a moment's delay. Unusual interest generally degenerates into a lukewarm sympathy.

We would especially counsel our Medical friends to rally round the champion of Poor-law Reform, Mr. Griffin; the cause in which they are interested must be discussed, and even those who hold no official appointment under

the most inefficient of all inefficients—the Poor-law Board—are bound in common honesty to give a helping hand to the cause. But there is another view of the matter, whilst we aid in any endeavour to secure to the poor man a better home in his old age, better Medical care, and for ourselves a fair return for honest services (and lately we have many notable examples of sacrifice of life at the shrine of duty from wholly unrequited hard wrought work), it must be recollected that Workhouses would furnish a great deal of knowledge in the cause of Medical education. One of the largest channels of clinical instruction to pupils might be hereby supplied; there are many eminent men in our profession who owe very much as regards the groundwork of their original elementary and even subsequent knowledge to the observations made in early days in workhouses. The Medical man has to bear the brunt of much trickery and red-tapeism, and it is essential to the full efficiency of workhouse managment that he occupy a position more independent of caprice, and that he also have more power than is his lot at present.

VACCINATION AND THE CATTLE PLAGUE.

It is now definitely announced that vaccination offers no protection against the cattle plague, and that the arguments in favour of this treatment are fallacious. It will be recollected that we expressed our own doubts as to the close resemblance, if not identity, said to exist between the cattle plague and the small-pox, but still we desired that the experiments relating to this point should be fully and fairly conducted, and we hoped that our misgivings would turn out to be unfounded. But the experiments have now been so extensively carried out, and the results have been so unsuccessful, that even Dr. Murchison, who proposed the plan, has very gracefully acknowledged his mistake, and thus prevented any further waste of time in useless operations. The candour thus shown by a legitimate member of the Profession is favourably contrasted with the conduct of the homœopathic quacks, who, after utterly failing to cure or modify the cattle disease by the administration of their infinitesimal globules, make a ridiculous attempt to cover their failure by mendacious pretences that fair opportunities have not been afforded to them, whereas they had every facility granted to them consistent with honesty and truth. Still, we cannot help thinking that Dr. Murchison jumped too rapidly to his conclusions, and that one at least of our Medical contemporaries was in too great a hurry to announce to the public almost as a great and important discovery, a plan of treatment which, after all, rested on a very shadowy basis, and which is now shown to have no basis at all. In connexion with this subject, we received, a few days since, a communication from Broughton-in-Furness, in Lancashire, announcing to us that some Medical men in that district had prepared to appoint lay vaccinators of cattle at two pence a-head for each successful operation. As the vaccination of cattle is now at an end, it is unnecessary for us at present to allude further to this proposition, which however, we conceive to have been derogatory to the character of the Medical Profession.

SYPHILISATION.

At the recent meeting of the Harveian Society last Thursday, the subject of syphilisation was introduced by Mr. Victor de Méric, who is an avowed opponent of the practice, and who read a paper denouncing it in the strongest manner. He did not, however, adduce any facts in support of his own side of the question, but argued against the advocates of syphilisation on the ground of its immorality, its painfulness, and its tediousness. He showed that in France where it was introduced by Augias de Turenne it is now abandoned and denounced, and that the only places where it is still practised are Turin, under the auspices of Sperino, and Christiania, under the influence of Professor Boeck. Mr. de Méric admitted the great merit and perfect honesty of Dr. Boeck, and still he believed that the results did not justify the introduction of the new treatment. In reply to Mr. de Méric, Mr. J. R. Lane and Mr. Gaskoin (under whose superintendence the experiments on syphilisation at the Lock Hospital in London have lately been conducted) spoke in terms of modified approval of the practice, but stated that a sufficient period of time had not yet elapsed to enable them to form a definite judgment. The great point to be determined is whether syphilisation is really a more efficient method of curing the venereal disease than the administration of mercury or the expectant treatment, and also whether relapses are more or less frequent after syphilisation. Dr. Boeck's statistics affirm most positively that relapses are far less frequent under this treatment, but as the introduction of the practice in this country is still recent, it is only fair to wait a few months longer before either accepting or condemning the views advocated by the learned Professor of Christiania.

MANSLAUGHTER BY AN ASSISTANT.

An inquest was held last week at Stockton on the body of a man who had died of extravasation of urine from rupture of the bladder caused by overloading of the bladder. The man suffered from a close stricture, and the use of the catheter had been omitted by the assistant until too late, although the man begged repeatedly to be relieved. The jury returned a verdict:—"That the death of the deceased was caused through the want of competent skill and proper caution on the part of Mr. Simpson (the Assistant), and it is to be regretted that Dr. Richardson (the Medical Officer) did not see the deceased earlier."

We are sorry to say that the verdict appears to have been perfectly justified, and that the grossest neglect was evinced by the Assistant. Medical officers who employ unqualified persons to discharge their duties, cannot be held free of responsibility and blame, any more than a master can be acquitted for the fault of a negligent servant whom he has retained in service, knowing him to be so.

THE VENEREAL DISEASES COMMISSION.

We understand that the Lords of the Admiralty have just received the report of the important Commission on the prevalence of venereal diseases in the Navy, and when it is laid before Parliament we believe that very energetic and stringent measures will be proposed for the abatement of the evil.

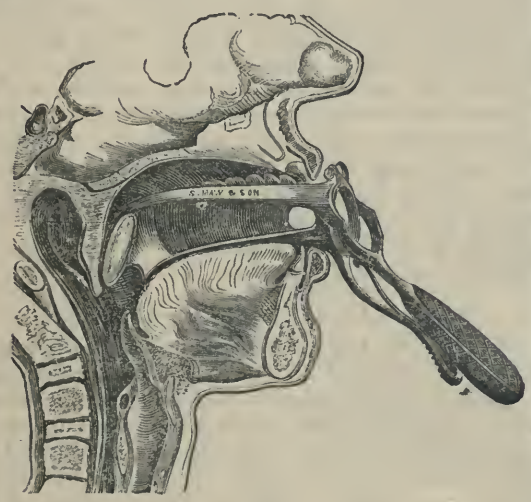
Venesection in Italy.—In giving an account of the death of the late Sir Charles Eastlake, President of the Royal Academy, the *Reader* says that, like the late Count Cavour, Sir Charles would seem to have fallen a victim to profsssional ignorance and prejudice in the adoption of a merciless course of blood-letting, which so completely prostrated him as to destroy the power of taking nourishment.

NEW INVENTIONS.

NEW BIVALVE SPECULUM FOR EXAMINING THE LARYNX,

Messrs. Maw and Son of Aldersgate-street, London, have obtained licence from the patentee, Dr. Labordette of Lisieux, for the manufacture of a new instrument for laryngoscopic purposes, which appears to be a valuable adjunct to those at present in use. It is a bivalve speculum, combined with a reflecting mirror.

The accompanying woodcut shows the manner of using the instrument, the posterior blade of which is curved to fit closely the back of the mouth, and descends more or less deeply into the pharynx; the inferior blade, which is shorter, penetrates as far as the base of the tongue, which it depresses by means of the lever spring fixed to the handle.



The instrument, introduced into the mouth, is pushed as far back as possible, the posterior blade being in the pharynx serves as a *point d'appui*. The tongue is then immediately depressed in the manner before described, by means of the lever spring acting upon the anterior blade, and exposes the orifice of the larynx reflected in the mirror.

In affections of a croupy nature, the diseased parts can be seen with ease, and caustic or the probang applied without any difficulty.

There are two sizes; one for children, and one for adults.

The price of the instrument is 31s.

Correspondence.

ON TRACHEOTOMY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—I ask permission to insert in your excellent journal the following observations.—Yours faithfully,

T. G. Geoghegan.

During the discussion at a late meeting of the Surgical Society on Mr. Tufnell's "Case of Tumour filling the entire Mouth and Fauces,"* Dr. Croly observed that, as house-surgeon, he was about to tracheotomize a patient of mine, in which urgent difficulty of breathing existed, but that I having meanwhile arrived, performed the operation, and that the case was one in which it was impossible that the patient could live if the tube were introduced, that it would have been perfectly useless, and would have choked him.* Dr. Croly must have spoken from imperfect recollection of the case. The operation performed was *laryngotomy*, and the double canula was introduced (as I find by reference to my notes, taken immediately afterwards) by Dr. Croly himself.

The case (the details and dissection of which are given at large in The Medical Press for November 21, 1860) was one of dilatation of the arch of the aorta, with an ingrafted aneurism. A fit of more than usually intense laryngeal dyspnœa† having seized the patient, the procedure just alluded to became at once imperative. I selected laryngotomy, both from the much greater rapidity with which it may be safely effected, and also in contemplation of the fact that an aneurism lay in dangerous proximity to the termination of the trachea, and that the scalpel or the canula might, under such circumstances, have become a source of danger, immediate or prospective, had tracheotomy been resorted to.‡

I quite concur in Mr. Fleming's judicious observation as to the greater eligibility of *laryngotomy* in cases such as that which formed the basis of discussion on the occasion alluded to. Its much greater safety and usual facility of execution, especially when time is of consequence, its comparative exemption from the more immediate dangers so often attendant upon tracheotomy (including in certain cases the possible admission of air into the venous system), and more remotely, as respects ease of expectoration, all concur in recommending it to the acceptance of the practical surgeon in various instances hitherto made the subject of tracheotomy. Within the last five years I have had thrice to perform laryngotomy at a moment's notice. In one case in the wards of the City of Dublin Hospital, a patient had attempted to bolt a mass of meat one ounce in weight. Owing

* The explanation about to be given should more properly have been offered at the meeting of the Society; as, however, the council (either of the Society or of the College) appears to consider an atmosphere containing, probably, some 10 per cent. of hot carbonic acid, &c., to be the indispensable vehicle for the conveyance of surgical information, those members who nobly prefer science to life and health, alone venture to attend. It must be matter of surprise that the City Officer of Health, who is also Professor of Hygiene to the College (apparently under the influence of an amiable lenity) appears never to have inspected the meeting-room of the Society in the discharge of his important functions.—"Quis custodiet custodes ipsos?"

† In the present case, the laryngeal spasm, which, I apprehend, was the main cause of the sudden and most urgent dyspnœa, was doubtless enhanced by an attack of bronchitis of the larger tubes, and of tracheitis acting on and producing spasm in certain muscles of an organ whose physiological equilibrium had been already disturbed by interrupted nervous influence, the result of pressure and irritation. "The left recurrent nerve (Report November 21, 1860) was adherent to and firmly imbedded in the parietes of the aneurism; it was atrophied, and its neurilemma injected. The left posterior crico-arytenoid muscle was much atrophied, its tawny colour strongly contrasting with that of the right; the other true laryngeal muscles of the same side were also atrophied, though to a much less degree. The left crico-arytenoid and all the laryngeal muscles of the right side were unchanged." Whilst, therefore, there existed paralysis of a muscular laryngeal group at the left side, a portion of the arytenoid (compound muscle) was doubtless in a state of spasm, the sympathetic result of bronchial and tracheal irritation. The singular barking or yelping cough (the true physiological significance and anatomico-pathological cause of which were, I believe, first pointed out by my friend Dr. Robert MacDonnell of this city) was very remarkable in the present instance.

‡ Many years since I had under observation a young woman, who, having for a considerable time worn a tracheal tube for chronic obstructive disease of the larynx (but who was otherwise healthy, well nourished, and free from indications of pulmonary disease), perished suddenly from hæmorrhage through the wound, I conclude from ulceration of the innominata, produced by pressure of the end of the canula through an ulcerated trachea.

to closure of the mouth (as Mr. Stapleton practically remarks) it was impossible to use instruments for the removal of the foreign body; suffocation was imminent. The relief afforded by the operation was immediate and complete; the wound healed readily and speedily. It is worthy of remark, that on the admission of air the jaw at once relaxed, and the morsel was forced upwards by an anti-peristaltic action of the muscular coat of the pharynx.

The second instance was a remarkable one. The patient had been admitted for abscess beneath the upper part of the cervical fascia, the result of a preëxistent subacute glossitis. The abscess having been opened, the patient requested a drink of water previously to lying down. On attempting to swallow it, he was immediately seized with such violent and persistent laryngeal spasm that to save life I was obliged to open the crico-thyroid space forthwith. The venous hæmorrhage, which was abundant, ceased at once on the revival of breathing. The latter was immediate. The wound healed in a week.

The experience of many cases which have been operated on by myself and others forces upon me the conviction that death more frequently follows from failure of the process of expectoration (owing to the nature, size, and situation of the artificial opening) than from the effects of the operation in admitting insufficient air, and thus inducing bronchitis. The artificial opening (especially the usually larger one of tracheotomy), unlike that of the true glottis, is destitute of the power of accommodating itself to the conditions required for successful expectoration. It cannot contract at the moment of the expiratory effort, and hence the air current loses the requisite continuity and velocity.

Thus in the case of a young lady upon whom I performed tracheotomy for the extraction of a dog's tooth from the windpipe (and in which it was found necessary to enlarge the wound upwards through the median line of the cricoid cartilage), everything went well for more than a week, when she was suddenly asphyxiated (during my absence) by the resorption of a mass of viscid mucus into the bronchial bifurcation, and its impaction there after an unsuccessful attempt at expectoration. Peculiar conditions of the matter to be expectorated such as unusual solidity may also lead to a fatal issue, even where there is no artificial opening. An interesting case of this nature occurred many years ago under my observation, and formed the subject of an inquest in this city. A child died suddenly in convulsions shortly after taking a dose of pectoral mixture. A careful inspection of the cavities afforded no clue to the precise cause of death, and the inspector was about to terminate his researches, when, fortunately, it occurred to him to inspect the *larynx* and *trachea*. It was then found that a mass of semi-solid tubercular matter had become detached from a cavity in one of the lung summits. Cough failed to expel it, when, enveloped in a mass of mucus, it was drawn back into the bronchial bifurcation, thus causing asphyxial death. Had the windpipe not been examined, and had the cough mixture been found on analysis to contain a notable quantity of hydrocyanic acid, a very unfounded inference might have been the result. The uncouth and repulsive operation of oral suction alluded to in my case of laryngotomy, becomes occasionally necessary, owing to the difficulty of laying hands on a perfectly true-fitting syringe in perfect working order at the moment when an instant's delay may be fatal. Humanity and decorum here come into collision, and with Irish surgeons the former always triumphs. I was lately obliged to repeat this procedure in a case which I laryngotomized for diphtheria extending to the windpipe, in which the dyspnœa was most urgent and alarming, threatening immediate death; in this case I had the advantage of the assistance of the President of the College. The venous hæmorrhage was troublesome and blood had entered the larynx. In such a case, as late events in this city have shown, the proceeding of suction es is not exempt from danger to the operator. I was amply rewarded for the risk by the prolonged respiratory calm which succeeded to the operation, and to the removal of the blood which had trickled into the windpipe. After due explanation of the chances of success—so slight in such a case—the friends acceded to, indeed demanded, the operation.

It is a matter of practical note, that membranous casts* of the larger bronchial tubes in considerable quantity were both expectorated by the patient (a boy of some five years), and sucked out by my intelligent and assiduous assistant, Mr. Ohanessian Kevork, L.R.C.S.

The remarkable temporary effects of an artificial opening in cases of laryngeal diphtheria, I believe in croup, and in cases of scalding of the glottis (but not of the glottis only) by the vapour of boiling water, suggests the important inference that in these cases the respiratory distress is in a preponderating measure due to spasm of the laryngeal muscles rather than to swelling of the lining membrane of the larynx as a cause of diminished area of the glottis and its belongings. Hence the necessity of explicit warning of the friends where operation is contemplated, for, although the relief of spasm is immediate, the progress of the essential disease goes on unchecked. As, however, it would be evidently impossible to predicate with certainty in any given case that the operation *must* fail, or, in other words, to determine that the false membrane will pursue its usual route to the bronchial passages unimpeded, it appears to me that where absolute suffocation stares us in the face, and where the short duration of the disease (*quoad* the larynx) forbids the belief that the lungs have become hopelessly congested, and the smaller tubes consequently incumbered by mucous secretions or semi-serous exhalations (or by both), the surgeon is quite justified, nay, perhaps, called on, to afford his patient the chance of recovery, however remote. Should his efforts be crowned with success in but one out of a thousand cases, he will reap his reward. I am clearly of opinion that in such cases laryngotomy is the proper procedure.

Finally, even in children, foreign bodies of some volume, such as peas, &c., may be extracted by laryngotomy, the incision in the crico-thyroid space being rendered crucial, and the angles of the fibrous flap, if necessary, being removed by the scissors.

Parenthetically, I may relate that I had proposed to myself some time since to laryngotomize a young man into whose larynx a fourpenny-piece had entered (and who failed for some days to expel it), as, preparatory to Sir Benjamin Brodie's plan of inversion of the body, whilst, however, the carpenter (true to the traditional procrastination of Irish workmen) was preparing the plank—Nature—that stern and wholesome monitress of intending operators—interposed and expelled the fourpence with—a cough, the patient dismissing myself with a good-humoured sneer. The man when seized with cough had been stooping in the act of washing a carriage. If more space be demanded, I have advantageously employed division of the cricoid cartilage strictly in the median line a vertical slice also may, if necessary, be removed. This method will probably, answer, in children only. The division of the isthmus of the thyroid body, in the young subject at least, is exempt from danger, or, if thought fit, it may be slightly dissected from the cartilages of the upper tracheal rings, &c. and pushed downwards preparatory to division of the latter.

In laryngotomy, hæmorrhage is sometimes troublesome. It is usually venous, and ceases shortly after that the admission of air has dispelled venous congestion of the cervical system. Sometimes, however, the laryngeal branch of the superior thyroid artery which passes across the crico-thyroid membrane, bleeds smartly, but is readily checked by a slight collar of lint around the neck of the canula, or by scraping or torsion.

The difficulties of laryngotomy are, of course, greater in children and in females, both from the restlessness of the former, and in both from the absence of that saliency of the central crest of the thyroid cartilage which forms so satis-

* The specimens have been placed in the College Museum.

factory a landmark in the adult male. For comfortable laryngotomy it is of much moment to steady the larynx with the finger and thumb, to practise an ample external incision, and, lastly, to observe strictly the median line. If gum elastics are to be used, it would be well to provide them with a coller, the other end being truncated as usual, but having edge rounded off by the instrument maker, and the interior also varnished.

GANGLION OF THE WRIST.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR—In your number for November 15th, 1865, I have read a paper on "Ganglion of the Wrist," taken from the *Journal of Practical Medicine and Surgery*, in which I think an unnecessarily severe and dangerous treatment is recommended—viz., the excision of the enlarged bursa.

My treatment of this disease strictly corresponds with that recommended by Dr. Burnett in your paper of November 22nd, 1865, and I have never seen a case resist subcutaneous division of the sac expressive of its contents snd subsequent application of pressure. Treated in this way ganglion of the wrist is a mild and easily cured affection, but it is often confounded with a very serious disease that requires very formidable treatment, and which is thus described by Baron Dupuytren under the head of "Hydatid Tumours of the Wrist," in the twentieth vol. of *Johnson's Journal*:—

"Encysted tumours, containing a number of small hydatidic bodies, of the size of pear-seeds, form occasionally on the palmar aspect of the wrist, under the aponeurosis, which exists at this part, and among the sheaths of the flexor tendons. Their nature is not unfrequently mistaken, and troublesome consequences have occurred from an injudicious treatment.

"*Case* 1.—A manservant, aged 30, having one of these tumours, was admitted into the hospital. It had existed for two years, and extended from about two inches above to the same distance below the wrist-joint. It was somewhat flattened on its surface, and felt like those large sub-pericranial wens, which used to be called talpæ, only that instead of being uniform it swelled out at the two ends, and was girt tight about the middle by the palmar ligament, thus resembling a double-pouched wallet. The skin at the part was not at all affected in colour. The hand could not be bent upon the forearm, and the movements of the fingers upon the hand were also impeded. Severe lancinating pains extended along the whole palmar extent of the forearm and deprived the patient of sleep. They were not, however, increased by pressure upon the tumour; but when this was done a sort of crepitation was perceptible, just as when we pat a leather pouch, containing some very small leaden bullets; besides, the movement of the small bodies from one end to the other could be felt in this way, and either end might be made to swell out by compression upon the other. Experience having shown that any other mode of treatment but free incision of these tumours, or amputation of the forearm (as some have recommended in all cases), is not only useless, but possibly very dangerous, it was determined in the present instance to cut fairly through the sac, empty its contents, and induce a suppurative granulation from its interior. The operation was performed thus:—While an assistant pressed firmly upon the palmar ligament, so as to prevent the discharge of the fluid from the whole cyst, a transverse incision was made through the integuments and walls of one of its lobules, care being taken to avoid wounding the annular ligament of the wrist. An innumerable quantity of small, white, hard, oval or rounded bodies immediately escaped; the other lobule was then cut open and a similar discharge flowed out. The sac was thus entirely emptied. A small portion of its walls was pulled out of the wounds and snipped off with a scissors; it was found to be firm and fibrous, like wet parchment. A piece of lint was pushed into each orifice, so as to prevent them healing outwardly, and a light dressing laid over it. The strictest antiphlogistic treatment was enforced, the patient being bled, leeched, &c., and the arm kept suspended and constantly wet with a cooling wash.

"On the third day the wounds were examined; their edges were so puffy and swollen that the pieces of lint had been forced out and the openings were almost closed; the hand and forearm were red and inflamed, and so exquisitely tender that the slightest motion caused great pain. The lips of the wound were gently separated, and pressure made so as to squeeze out any contained matter; the dossils of lint were then replaced and the member enveloped in emollient fomentations.

"Every unfavourable symptom gradually abated; granulations sprung up from the bottom, and on the fifteenth day the cure was assured.

"Great care was taken each day to empty the pouch of any pus which might be confined. Within the month the wounds were completely healed. The use of the local baths was ordered to be continued, for the purpose of relaxing the joint and facilitating its movements."

I was myself the subject of this disease for several years and was ultimately cured by the accidental rupture of the sac.

The history of my case is given in a number of THE MEDICAL PRESS for August 11th, 1841. In that article I offered the following explanation of the pathology of this affection:—

"Notwithstanding that Dupuytren's practice is judicious and successful, his pathology of these tumours is decidedly wrong, and may lead to an inert and temporising mode of treating these affections. Were the small bodies, hydatids, enjoying a distinct organisation and existence, as Dupuytren regards them, incision of the sac would be a proceeding fraught with danger. I have, however, examined them with the greatest attention, and am convinced that they are merely particles of lymph detached by the action of the tendons from the false membrane poured out during the process of inflammation on the synovial surface of the sheath; and further, that they form in joints where they are exposed to the influence of pressure, the nuclei of loose cartilages so frequently found in the knee and other articulations of the body. To this opinion I was led by having extracted from the knee of a man, on whom I lately operated for loose cartilages, a large number of these bodies, in every stage of formation, from small particles of plastic lymph to large and firm cartilages, formed by a cohesion of the small bodies, and rendered hard by the compression to which they were subjected."

In forming this opinion as to the nature of these bodies, I had the presumption to differ with Baron Dupuytren, who regarded them as organised and living beings; from Drumerie who considered them totally inorganic, and from Professors Pebrunti and Ragnetta, who pronounce them to be detached aneurisms or varices of the lymphatic vessels. There is another form of ganglion described by M. Chassaignac as sub-arterial tumour of the wrist, which sometimes leads to very serious error by being mistaken for radial aneurism. The best means of forming a correct diagnosis is by forcibly bending the hand upon the forearm, which by displacing the artery from its position over the cyst removes the intervention of a pulsating vessel and allows the tumour to be accurately examined. I have never seen this disease myself, but learn from the writings of Chassaignac that it is easily cured by iodine friction, but does not admit of treatment by incision, subcutaneous puncture or pressure, as in these cases the tumour communicates with the radio-carpal articulation.—I have the honour to be, your obedient servant,

Skibbereen, Dec. 22, 1865. DANIEL DONOVAN, M.D.

THE SALE OF VACCINE LYMPH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As spurious vaccine lymph is being sent into circulation, and the result of such a fearfully wicked fraud is calculated to lead to much uneasiness to those who have used genuine vaccine lymph, and have either failed to produce any result or have not obtained the proper one, I trust you will allow me to remark that, for the last seven years, with but one exception, and that for a short time, I have been the only person who has advertised the sale of vaccine lymph in the *Lancet*, *Medical Times and Gazette*, *Medical Circular*, *Dublin Medical Press*, and other Medical publications. One gentlemen of undoubted respectability has also advertised lymph from the cow.

I beg to say that on no occasion has any but pure vaccine

lymph been collected or sent out by me, and I am sure my numerous correspondents, many of whom have been most successful in their operations lately on cattle, will kindly vouch for the truth of what I state. Surely those who state that spurious vaccine lymph is in circulation can also give the name and address of the persons from whom it was obtained, and thus set the general public on their guard against the imposition.

I am directed to ask you to allow this to appear, as I am receiving so many letters asking if I will guarantee the purity of the lymph supplied by me.—Your obedient servant,

W. Faulkner, M.R.C.S.

40, Endell-street, W.C., and 12, Rosebury Villas, W.

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I shall feel obliged by your giving insertion to the annexed list of names of gentlemen who have forwarded their subscriptions towards the funds of the Association. I would willingly at once apply to the Poor-law Board and ask their consent to receive a deputation, but I fear the reply might be, "there is no proof now that any great body of the present Medical Officers are dissatisfied with their position."

If, however, 500 medical men should answer the appeal which Mr. Prowse has made to them, then I should feel justified in at once taking active measures either by a deputation to the Poor-law Board or by a Bill in Parliament.

List of subscriptions sent to Mr. Prowse of Amersham:—J. Blackshaw, Stockport, 5s.; W. A. Brice, Eton, 5s.; W. F. Brooks, Wye, 10s.; John Bowes, Blean, 10s. 6d.; W. Clark, Epsom, 10s. 6d.; J. Wilton, Ash, 10s. 6d.; R. O. Blythman, Rotherham, 10s.; W. C. Arnison, Hexham, 7s. 6d.; W. Montgomery, Haltwhistle, 5s.;—Hewitson, Hexham, 7s. 6d.; J. Chapman, Brentford, £1; Brodie, Bellingham, &c., 5s.; B. E. 10s. To Mr. Griffin:—E. C. Buckoll, Radford, 5s.; F. Turtle, St. George-in-the East, 5s.; J. Taylor, Banbury. 5s,; G. M. Ashworth, Oakham, 5s.; P. Wreken, Ashby de la Zouch, 5s.; T. O. Walker, Towcester, 5s.—Yours, &c. Richard Griffin.

STATE MEDICINE: AMENDMENT OF THE SANITARY LAWS.

MEETING OF THE METROPOLITAN COUNTIES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

At a meeting of this Branch held on Friday, the 26th ult., Dr. Sieveking in the chair, Dr. Druitt, president of the Association of Medical Officers of Health, opened a discussion on Amendment in the Sanitary Laws. He said that more vigorous legislative powers were required for dealing with the everyday zymotic diseases, scarlet fever, typhus, diphtheria, small-pox, &c. He approved of the principle on which the existing machinery for carrying out the law was based—that of local self-government—but thought that the powers of vestries ought to be enlarged. If the powers of a vestryman were as great as those of a justice of the peace, the position would be as honourable and as much sought after. The vestries delegated their powers to the sanitary committees, which could not act on complaints without referring back to the vestry. If owners of property were recalcitrant the interference of the police magistrate must be sought. And the legal mind seemed to have no faith in sanitary measures, and sympathised usually with the defendant rather than the prosecutors in such cases. The law gave no power for removing or isolating infected persons in crowded tenements; and three weeks or a month was consumed by legal processes before any order to cleanse or disinfect premises could be carried out. It was very difficult to ascertain who was the owner of the house. The gist of the remedies which he proposed was, the consolidation of the Sanitary Acts. The local authorities should be invested with powers of removal and isolation in the cases referred to, and of compelling the interment of the dead; and they should have greater summary powers.

Mr. Jabez Hogg, and Mr. Smith of Eltham, generally agreed with Dr. Druitt. Mr. Smith, however, stated that rural vestries could not safely be trusted with the proposed powers. What was really needed was a central authority—a State department to take cognizance of all matters relating to the public health. Dr. Webster of Dulwich, Dr. Chowne, and Mr. Lord of Hampstead, spoke in the same sense.

Dr. Sibson moved 'That it be referred to the Council of the Branch to consider whether any and what steps may be taken for the purpose of securing a recognition of a Board of State Medicine as an integral part of the Legislature, and also what means may be adopted for obtaining a consolidation of the sanitary laws."

At the suggestion of Dr. A. P. Stewart, who seconded the resolution, it was amended, by remitting to the Council the task of considering also the measures to be taken for amending the sanitary laws.

Dr. Headlam Greenhow saw great difficulties in the way of the proposals mooted. It was idle to talk of giving to the vestries the powers proposed by Dr. Druitt. Such a proposal would never be sanctioned by the Legislature. However it might be in London, rural vestrymen were mostly ill-educated persons, who could not be trusted with such extensive powers. The consolidation of sanitary law was desirable, but could not be carried out to the extent apparently implied. The association must beware that it did not do mischief in asking again for a separate ministry of health, which had once existed, but had been swept away. The Vice-President of the Council was now charged with the subject of public health, and was responsible to Parliament: it was necessary to educate the public as to sanitary conditions before endeavouring to secure a more powerful position in the State for State Medicine.

After a few words from Dr. Druitt, the resolution was put and carried *nem. con.*

RETROSPECT OF THE JOURNALS.

The *Lancet* hopes that during the present Session of Parliament efforts will be made to replace that time-honoured and useful institution, the *Dreadnought* Floating Hospital, by utilizing Greenwich Hospital, which has now become, as far as its inmates and objects are concerned, one of the things of the past. The floating hospital must be dreadfully inconvenient, and now, in these days of wholesale sanitary reform, its arrangements are sadly defective.

The formation of separate ophthalmic departments attached to general hospitals is urged. Some years ago, when the requirements of the Medical Department of the East India Company demanded special attendance on the wards of an ophthalmic hospital, several of the Dublin hospitals made arrangements for the purpose by devoting some beds to the care of some gentleman who had made ophthalmology a special study. The plan was found to work admirably.

The examinations of the Colleges of Surgeons and Colleges of Physicians are contrasted; that of the former is considered too limited.

A good deal of attention has been directed lately to the examinations of the London University, which by the majority are looked on as too severe, especially as regards the collateral branches, such as botany and zoology. Many good and sound men are prevented from taking the degree of M.B. through fear of the ordeal. We may expect some reform from the agitation going on at the other side of the Channel, but in Ireland any agitation seems to be fated to meet with increased opposition on the part of the governing bodies of the Colleges.

It seems probable that the Medical Officers of the Army will gain little by the Committee which has lately taken their grievances into consideration. The Indian Medical Ser-

vice is likely to get all the good men. Their *confrères* in the Navy have been more fortunate, and are likely to be placed in a better position.

In the discussion attending the publication of Dr. Waters's views on pneumonia, Dr. H. Kennedy of Dublin alludes to the fact that puerile respiration in the diseased lung during the earlier stage of the disease was first noticed by Dr. Stokes.

The failure of vaccination as a preventative against rinderpest has been complete.

We have an interesting lecture from Deputy-Inspector McClean of Netley, reviewing the different modes of treatment for cholera. He refers especially to Dr. Chapman's treatment by applying ice along the spine, but the idea is as yet young. Most assuredly it is to old Indian and China Medical Officers that we must look for the most perfect knowledge on the subject.

Mr. Hulme, one of the Medical Officers attached to the Manchester Royal Infirmary, has died from malignant typhus caught from the wards.

We find the fourth of Mr. Lane's valuable papers, "On the Surgery of the Rectum," in the *Lancet*. In this communication he takes up the treatment of rectocele—a bulging of the rectum into the vagina, and presenting externally through the vulva—generally due to lacerated perineum. We cannot do better than give his own words as to the operation, but in the original paper his description is supplemented by plates:—

"The principle is that of the quill suture, but in several of its details it will, I venture to think, be found an improvement on the methods in ordinary use. The patient being placed in the lithotomy position, a portion of skin and mucous membrane is dissected off on each side of the lower half of the vulva, so as to form a raw surface, which should be about an inch and a half in length on each side, the right and left portions being continuous with each other below across the median line. It should be an inch or more in depth antero-posteriorly at the lower part next the anus, but may diminish to about half an inch in depth towards its upper part. It is better first to mark the outline of this raw surface by incision with the scalpel, and then to dissect off the mucous membrane, the thinnest possible layer of which should be removed; but it should be taken away in one piece, and not in small fragments. I much prefer this plan to transfixing the part with the knife, and cutting a sort of flap from within outwards; in the latter way a larger amount of tissue is removed, which is objectionable, and vessels of larger size are likely to be wounded. By proceeding in the way above described I have never had occasion to place a ligature on a bleeding vessel, nor have I ever met with bleeding sufficient to cause inconvenience, either at the time of the operation or subsequently. Care should be taken that the denuded surface is not situated too far outwards upon the buttock or too far inwards towards the vagina, but just where the opposite sides would naturally and readily come in contact. The deep sutures, which are to hold the quills, are next to be inserted. For this purpose I am in the habit of using a strong needle of rectangular shape, set in a handle, and with an eye near the point. This should be entered unarmed, on the left side (the terms right and left refer to the patient, not to the operator), a full inch external to the anterior border of the cut surface; it should be passed deeply to take hold of as much tissue as possible, and brought out close to the posterior edge of the raw surface. It should then be thrust onwards through the tissues on the right side at a corresponding depth, and made to penetrate the skin at a point corresponding to that of its entry on the left. The eye near its point is now threaded with the wire suture, and the needle is withdrawn, carrying the suture with it. The needle should be bent at a right angle about three inches and a half from the point, and should be slightly curved from the angle to the point. The sutures are then secured by being passed through the perforations in two ivory bars resembling the quill suture."

At University College Hospital a patient who had his leg amputated above the ankle died of pyæmia. There was sloughing and secondary hæmorrhage. The vessels were secured by acupressure. At the West London Hospital another patient who had his leg amputated in the same place died of gangrene. He was very old.

Dr. Day of Geelong gives an account of an easy method of obtaining ozone for sanitary purposes, by merely smearing the inside of a glass jar with a particular kind of old sulphuric ether.

From the *Medical Times and Gazette* we learn that there has been gross neglect on the part of some person or other as regards the sanitary arrangements affecting the removal of troops in India and China. We have reason to believe that the Medical Department from time to time protested against many of the orders, the compliance with which subsequent experience proved to be highly injurious. At any rate, there has been a great loss of life and detriment to the public service.

The assistant of a Poor-law Officer in the Stockton Union has been committed for trial on a charge of manslaughter. A patient died of urinary extravasation from stricture; no attempt was made to pass the catheter until the patient was *in extremis*.

M. Gounod's "Tobias" is to be performed for the first time for the benefit of University College Hospital. The celebrated "Messiah" of Handel was performed in Dublin for a similar purpose.

From abroad a Stornatoscope is noticed, by which the jaw can be rendered transparent and caries discovered.

Dr. Davies contributes some cases of acute rheumatism successfully treated by blistering.

Dr. H. Jones' lectures on the pathology of nervous diseases are still continued.

Dr. B. W. Richardson contributes a paper on a new method of producing local anæsthesia. Although the subject is not yet fully elaborated, yet it deserves consideration. It consists in directing a stream of pulverized sulphuric ether on the part. This produces intense cold; the temperature can be reduced to four degrees below zero. It is, however, hard to imagine how the reaction can occur without producing the same pain as follows the return of circulation in a frozen part.

In the *British Medical Journal* there is detailed a case where a fistulous opening in the loins communicated with the duodenum and kidney. A mulberry calculus existed in the latter, which was reduced to a mere cyst. The patient lived for a considerable length of time.

Glasgow Lying-in Hospital.—The annual meeting of the subscribers to the Glasgow Lying-in Hospital was held in the Religious Institution Rooms, Robert Dalglish, Esq., M.P., in the chair. The report showed that the total number of cases treated in and out of the hospital, from 15th November, 1864, till the same period of 1865, was 650. The maternal deaths were 8. The children born alive in the hospital were 328; at their mother's houses, 298; still-born at full period, 18; premature, 17. In comparison with the report of last year, there has been an increase of 29 in the total number of women who have participated in the benefits which this excellent institution affords. Of that number six were indoor cases, and 23 received the necessary attendance at their own houses.

"LOOK UPON THIS PICTURE AND ON THIS."

The following remarks were lately made by the Judge sitting at the Old Bailey to a prisoner convicted of receiving money on false pretences, the pretence being that he was an attorney. The sum received was altogether only £47, and the prisoner obtained it by pretending that he would conduct some Chancery business for the prosecutor. We reprint the Judge's speech as showing the severe manner in which our law punishes a man for pretending to be an attorney, while it does not punish him at all for pretending to be a Physician or a Surgeon. The law evidently supposes that it is a criminal act for a man to presume to conduct a law suit without possessing a legal qualification, but that it is quite immaterial for an unqualified man to pretend to cure diseases and to defraud the public of their money under this pretence. The quack attorney, it will be seen, is utterly ruined, his wife and children are reduced to beggary, and he is (as a lenient sentence) imprisoned and kept to hard labour for four calendar months; the quack doctor, under precisely similar circumstances, would have been triumphantly acquitted, under the direction of the judge, and on his retirement from the dock would have been, in all probability, received with shouts of acclamation by the multitude.

"Mr. Commissioner Kerr, in passing sentence, said—You have been convicted of the offence of obtaining money by false pretences. The prosecutor wanted an attorney to prosecute his claim in the Court of Chancery to some particular property. You represented yourself to be one, or the representative of one, and to you he paid several sums of money. Although you were only prosecuted for obtaining £10 from him under false pretences, there can be no doubt that little or nothing was done by you either for the £10 or for the £37 odd besides which you previously received from him. There is, also, no doubt that the prosecutor was exceedingly wrong in placing his case in the hands of a non-professional man. The rule holds good here, as it holds good always, that it is a most unwise thing to do anything irregular. Instead of recollecting that rule, the prosecutor threw himself into your hands, and was dragged by you through a long course of expensive litigation; but the folly of the prosecutor in intrusting himself to your hands, instead of decreasing, rather increases your offence. You seem to have got upon the door of your office a brass plate on which is engraved the name of a solicitor. We are told that such a thing as this is being done extensively. I hope this case will have the effect of calling the attention of the Law Association to a practice whereby people live by establishing offices to which unwary clients are induced to go. These offices are no more and no less than so many traps. The name of a man is engraved upon a brass plate and placed upon a door. The man whose name is so engraved knows enough of law to be able to deceive the silly people who come to him. At the present time, and for some time past, the superior courts, and particularly the criminal courts of the metropolis, are infested with touters, or with a number of persons who profess to be touters. The courts of law have done all they could to put that kind of thing down, but hitherto all such attempts have been unavailing. But that is not the complaint here. This is a direct case of obtaining money by false pretences, and I have consulted with my colleague anxiously to see how you ought to be dealt with. It is only because you have hitherto held a respectable position, and that you might have thought you could do the prosecutor some service in getting him his property, that you will now be lightly dealt with. You were in difficulties, and you applied his money to your own use, thinking you would be able to give him value for it afterwards. You have a wife and large family, but that only increases your offence, for you not only offend against society by the crime, but you bring a slur and a stain on your wife and children, whom the court will protect in every possible way. At the same time I do not omit from consideration that the effect of this sentence is that you must lose your situation, and that you will have a great struggle to begin the world again. I have a great desire therefore to modify your sentence. This, I believe, is the first case of the kind that has been prosecuted, and I hope, as I said before, that it will have a good effect in putting an end to a system which has been carried on to a large extent. It would not be fair, however, that you should be made the sufferer for the offences of others, but certainly something must be done to put down the prevalent system of persons practising as attorneys who are not attorneys. The sentence upon you is that you be imprisoned and kept to hard labour for four calendar months."

THE SANITARY STATE OF SOUTHAMPTON.

Dr. Edwin Hearne, who is at present residing at Aix-la-Chapelle for the improvement of his health, has written the following remarks in a letter to a Southampton paper:—

"Southampton possesses natural advantages which should ere this have made it a model town in a sanitary point of view. A mild, equable, genial atmosphere—well sheltered—a gravelly subsoil, which promotes rapid drying and a population greatly scattered, there being in the centre of the town about seventy acres of open laid out space, besides nearly 400 acres of public park within two miles. In my opinion the best parts of the town, at the present time, will bear comparison for salubrity with any town in the kingdom, and the people have only to be true to their own interests to make statistics demonstrate that as a whole no other place, with a population as large, can be shown to compare with it for healthfulness, independent of its other great advantages.

"What has been already done for the town will permit the remainder being accomplished at a comparatively trifling cost. Then why not have these necessary improvements been carried out sooner.

"I unhesitatingly answer because of the stolidity of the officials, and the incapacity of the Board of Health.

"Poor Cooper, on my remonstrating with him as often almost as we met, was in the habit of exclaiming, 'What can I do, whilst only two or three in the Council know anything about, much less take any interest in, sanitary matters?'

"The baker, the butcher, the brewer, the clothier, the coal merchant, &c., may be considered as well acquainted with their individual occupations, but without doing them an injustice, what do nine-tenths of the forty gentlemen who constitute the Board of Health know, or what can they be expected to know, of sanitary laws?

"Acts have answered for them.

"Deaths have resulted in consequence of the accumulation of filth, dependent on defective sanitary arrangements, in different localities. The ordinary certificate has been refused by the medical attendant, and juries have declared the cause of death unnatural, and the consequence of culpable neglect. Even these unusual proceedings have had little effect in rousing the authorities from their torpor to a proper sense of their responsibility. A temporary cleansing enforced; but the permanent measures to prevent a recurrence of such calamities are still in abeyance.

"It is in such places that fevers constantly find the alimentary substances upon which they subsist, and worse pestilences, as often as the atmosphere becomes favourable to their development.

"Much has been said by a few non-medical writers about the name of the disease which prevailed in Southampton during the past autumn. It has been asked, and, in their ignorance, even dogmatically answered, whether it was *Asiatic*, *English*, or *spasmodic cholera*. Both English and Asiatic *are spasmodic;* English is rarely fatal, and wanting in symptoms invariably present in Asiatic. Asiatic is fatal to a great extent, especially if neglected in its insidious and early stage. Both are produced by the same causes, but differ in degree, in proportion to the amount and quality of the poison imbibed.

"The question of quarantine has also been introduced. I have never entertained but one opinion, which is, that it is worse than useless. That it deranges commerce to an alarming extent, there can be no question, nor can it be shown that it has ever served a good purpose. Have plague, yellow fever, or cholera ever been arrested by quarantine regulations?—no. In the port of Southampton, small-pox, unquestionably a contagious disease, has been brought on shore

without hindrance, but not with impunity—whilst both cholera and yellow fever, unless I have been wrongly informed, have been subjected to what only exploded opinions could have tolerated. The arguments against the contagiousness of the above-named diseases are many, and, I think, indisputable. For the present I will adduce but one, which applies equally to both diseases. The most igid quarantine has been found powerless in arresting the progress of cholera. It would be superfluous to give examples, since the instances where the strictest quarantine has been enforced for fourteen or twenty-one days, or even longer, without producing the desired effect, are very numerous—whilst the rapidity with which individuals became affected after arriving at a locality where cholera existed militates strongly against the opinion that the disease admits of a long period of incubation.

"The importance of the subject has induced me to enter thus fully into general sanitary matters, and my long connexion with, and intimate knowledge of, Southampton, into its sanitary condition and wants, in particular. Of the suburbs I may be tempted to write on some future occasion. Although favourably situated, they are undoubtedly becoming more and more insalubrious, and the inhabitants will have but a short time to wait before they are taught, as those of other places have been, that Nature's laws cannot be set at defiance with impunity. Ignorance and selfishness combined may stop the way for a time, but the power of truth must prevail. I hope I have said enough to stimulate the authorities, urban and suburban, to vigorous and speedy action."

SCIENTIFIC SOCIETIES.

Royal.—January 18.—General Sabine, President, in the chair.—The following papers were read:—"Sixth Memoir on Radiation and Absorption,'" by Dr. Tyndall.—"On the Spectrum of Comet I., 1866," by Mr. W. Huggins.

Geographical.—January 22.—The Chairman announced that the Council had voted £200 in aid of the Leichhardt Search Expedition, which started from Melbourne in July last, and had been supported with large grants of money by the Legislatures of Queensland, Victoria, and South Australia. The expedition was under the command of Mr. D. McIntyre, a gentleman who, in a previous journey in search of new pastoral lands from Victoria to the Gulf of Carpentaria, had discovered traces of the lost explorer on the banks of the Flinders River. Mr. McIntyre's search would be continued as long as the means, subscribed from time to time by public bodies and private persons, were forthcoming; and it could not fail in adding very greatly to our knowledge of the interior of the continent, even though it did not succeed in its main object of discovering further remains, or surviving members, of Leichhardt's party.—"Description of the District of Cape York, Australia," by Mr. J. Jardine. The author gave also a most interesting description of the aborigines, of which four distinct tribes inhabit the district.—"Explorations in the Neighbourhood of the River Glenelg, in North-Western Australia," by Mr. J. Martin.

Numismatic.—January 18.—Mr. Evans exhibited two Danish bracteate ornaments in gold of the Iron period, with loops for suspension. Similar specimens have been found in Saxon interments in Kent. Mr. Freudenthal exhibited a pattern for a decimal coinage. Mr. G. Brooks exhibited seven groats of the reign of Edward IV., Richard III., and Henry VII.; also two Burgundian coins found in excavations in the neighbourhood of the Edgeware-road. Mr. Boyne exhibited an unpublished medallion, being the second brass coin of the Luinetia family, surrounded with four concentric rings. Mr. Evans read a paper communicated by George Finlay, Esq., LL.D., entitled, "Thoughts about the Coinage of the Achæan League"

Statistical.—January 16.—Mr. T. A. Welton read a paper "On French Population Statistics."

Linnæn.—January 18.—Dr. St. Brody exhibited a number of rare plants, collected by himself in the neighbourhood of Gloucester, and some of which he believed to be new to Britain. The following papers were read:—"Florula of Banda," by Mr. M. P. Edgeworth. "On some new British Polynoina," by Mr. Ray Lankester.

Entomological.—January 22.—*Annual General Meeting.*—The President announced that the Council had awarded a prize of the value of five guineas for an essay "On Ailanthiculture," the author of which proved to be Alexander Wallace, M.D., of Colchester. This valuable memoir, in which the writer, from personal experience, demonstrates the practicability of the cultivation in this country of the Ailanthus silk-worm (*Bombyx Cynthia*), will shortly be published by the Society. The President, before vacating the chair, read an address "On the Progress of Entomology during the Past Year."

Mathematical.—January 15.—*General Meeting.*—Prof. De Morgan, President, in the chair. An abstract of the proceedings during the past year having been read, the President made a few remarks upon the satisfactory state of the Society. He called attention to the novelty and importance of many of the papers, and remarked that this was the only Society in England where such papers could be received.

Chemical.—January 18.—Dr. Gladstone read a paper "On Pyrophosphotriamic Acid and its Salts," of which some are remarkable for their complex and anomalous constitution. Professor Wanklyn gave a preliminary account of his researches "On the Action of Carbonic Oxide upon Sodium-Ethyl," which furnishes a body named diethylated formic aldehyde, with extrusion of the metal sodium.

Society of Arts.—January 17.—The paper read was, "On Automatic Telegraphy," by Mr. A. Bain.

The Obstetrical Society.—The following papers are to be read at the next Obstetric Society meeting, Wednesday, February 7th, eight p.m.:—Dr. Snow Beck, "On Enlargement of Uterus," &c.; Dr. Sanson, "On the Anæsthetic Properties of Bichloride of Carbon," and other papers.

MEETINGS FOR THE ENSUING WEEK.

Wed.	Society of Arts, 8.—"Dwellings for the People," Mr. Biggs.	
Thurs.	Royal Institution, 3.—"Heat," Prof. Tyndall.	
—	Chemical, 8.—"Utilization of Town Sewage," Dr. Gilbert.	
—	Linnæn, 8.—"Anatomy of Echidna," Mr. St. G. Mivart.	
—	Anthropological, 8.—"The Negro," Captain Pim.	
—	Antiquaries, 8½.—"Murrain of 14th Century," Mr. Harrod.	
—	Royal, 8½.	
Fri.	Royal Institution, 8.—"Influence of Arabic Philosophy on Mediæval Europe," Earl Stanhope.	
—	Philological, 1.—"French Homonymus," Prof. Cassal.	
Sat.	Royal Institution, 3.—"Art Education: how Works of Art should be viewed," Prof. Westmacott.	

MEDICAL OBITUARY.

Death of Dr. Taggart, Antrim.—In our obituary of to-day will be found a notice of the decease of this most estimable gentleman from typhus fever, caught in the discharge of prosessional duty. About twelve days ago the first symptoms of the treacherous malady were observed; and, despite the skill and unremitting attention of Drs. Seaton Read (Belfast), and Spearing (Antrim), who were in attendance, their patient succumbed ere the crisis was reached. As a physician, Dr. Taggart stood high with his medical brethren, who always respected his sound judgment, patience, and honourable courtesy; and a wide circle of sorrowing friends throughout the community testifies to the esteem in which he was held by the general public. By marked liberality of sentiment, a candid and generous disposition, and a happy Christian consistency of life, the lamented gentleman had endeared himself to multitudes who never sought his professional skill. He has been cut off in the prime of life, and leaves a young widow and several children to mourn his loss.—*Northern Whig.*

This is the second Doctor within three years that is reported to have died from typhus in Antrim town. It is to be hoped that in the course of time the services of Medical men will be fairly appreciated, and that when they fall victims to disease, acquired in the performance of their sacred duties to the public, that the parishes that have benefited by their services will feel it to be *their duty* to give small *pensions* to the sorrowing widows, who are seldom provided for.

We learn also that Mr. Hume, Physician Assistant at the Manchester Royal Infirmary, has fallen a victim to an attack of virulent typhus, contracted in the discharge of his duties. The public should set a higher estimate than they do on the daily risk incurred by self-sacrificing Medical Officers in the discharge of their duties.

SIR JOHN McGREGOR, M.D., K.C.B.

Sir John McGregor was the second son of the late Mr. Duncan Macandrew of Culross, county Perth, N.B., by Mary, daughter of Mr. John McDermott of Perth. He was born October 20, 1791, and educated at the University of Edinburgh. Entered the medical department of the army 1809; served in the expedition to Walcheren 1809, and was present at the taking of that island and the forts of Terbeer and Ramakins; Present at the siege of Flushing, and served with part of the army in South Beveland, General the Earl of Chatham commanding; served in the Peninsula under his Grace the Duke of Wellington from 1811 to 1813, and was present at the siege of Badajos, and in all the cavalry actions against the French in Lord Hill's advance to Merida, and the retreat from Burgos, as well as in various other operations of the second division of the army in Spain and Portugal, was appointed surgeon to his Royal Highness the Duke of Sussex, 1st of February 1819; served in the Presidencies of Madras and Bombay, twice in Bengal and the island of Ceylon; was present at the capture of Fort Muora and the surrender of the town of Kurrachee in Lower Scinde; was senior medical officer of the army sent to the relief of the forces employed against the Fort of Kujjuck, Upper Scinde, 21st, 22nd, and 23rd of February, 1841; present during the investment of Kandahar, end of 1841, beginning of 1842; senior medical officer of the force sent under Brigadier Wymer for the relief of Kelat-i-Ghilzie, 1st of May to the 7th of June, 1842; present during the second Afghanistan campaign, 1842, and with an army on its return to the British provinces, through the Khoord, Cabool, and Khyber Passes, 1st of August to the 23rd of December, 1842, and was present at the following actions fought during the foregoing period—the battle of Kallee Shuck, 12th of January, 1842; present at the actions of Runga Duck, Pangwaria, and Zilla-Ostracy; 7th, 8th, 9th, and 10th of March, 1842; present at the battle of Baba Walla, 25th of March, 1842; battle of Gowine, 30th of August, 1842; at the capture of Ghuznee and the storming of the heights of Belleol, 5th and 6th of September; present at the affairs of Bene Bedam and Mydam 14th and 15th of September; present during the attack on the rear guard from Soorkab to Gundamuck (Khoord Cabool Pass), 10th of October; affair with the rear guard from Lundekama to Ali Musjid (Khyber Pass) 4th and 5th of November, 1842; was principal medical officer with the Kandahar field force during the whole of these operations under the command of Major-General Sir W. Nott; present and acted as principal medical officer of Queen's troops at the battle of Maharajpore, in the dominions of Scindia, 29th of December, 1843, General Lord Viscount Gough commanding; served a second time in the island of Ceylon, and was senior medical officer in the Kandian provinces during the rebellion in 1848. Was three years principal medical officer in Hongkong, China, 1850 to 1853; three years as deputy-inspector-general and principal medical officer at Madras, 1853 to 1856; one year and two months as inspector-general in Bengal, and travelled during the latter period in the performance of his duties 4162 miles. Served in the North-West Provinces of India during the mutiny of the Native Bengal army. Was present at the siege of Delhi, and the storming and capture of the city on the 14th of September, 1857. Sent as principal medical officer with the army proceeding to Lucknow under the command of Sir C. Campbell, and was present at the capture of the city in March, 1858. Recommended for promotion by Lieutenant Colonel Hibbert, commanding the 40th, and Major-General Sir W. Nott, for services performed as chief medical officer of the Kandahar field force in Beloochistan, Scinde, and Afghanistan. Recommended for promotion by his Excellency the Commander-in-Chief in India for services performed at the battle of Maharajpore, but was the only officer at the head of a department in Sir W. Nott's army not promoted on its return to India. As before stated, he entered the medical department, as hospital assistant June 27, 1809; became assistant-surgeon February 15, 1810; regimental surgeon April 30, 1822; staff surgeon July 7, 1846; deputy inspector-general, 1851; inspector-general, 1856. Sir John was made an honorary physician to Her Majesty in August. 1859, and was, in recognition of his eminent professional services, created a Knight Commander of the Bath the same year. In August, 1863, he assumed the name of McGregor instead of his patronymic, the family being descended from the McGregors of Rora, the name having been changed after the rebellion in Scotland in 1745. He died at Corstorphine-lodge, Ryde, Isle of Wight, on the 13th of January, 1856, at the age of 74. He was buried at the cemetery in that place.

Medical News.

Erythema Nodosum during January has been prevalent in and about Belfast. It has been confined chiefly to children, with, however, notable exceptions occasionally complicated with pneumonia, and in some cases with fever of a remittent character becoming intermittent. Nocturnal attacks of severe colic frequently attend the disease.

The libraries of our provincial hospitals and the libraries of several foreign universities have received from the Council of the Royal College of Surgeons of England upwards of 570 volumes of the illustrated Catalogue of the Museum of the College.

Dr. Forbes Winslow.—The profession and the public in general will be glad to learn that this distinguished psychologist, who has been for some time past suffering from severe illness, caused by a fall from his horse, has sufficiently recovered from the effects of the accident to resume his professional duties. We also learn that Dr. Winslow is preparing for publication a new edition of his work on "Obscure Diseases of the Brain and Mind."

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners on the 25th ult.:—

Budd, Herbert Goldingham, Worcester.
Buhot, William Ifill, M.D., Tobago, West Indies.
Bushell, Stephen Wootton, Brixton.
Diver, Thomas, M.D., London.
Gorden, Henry Pelham, Queensland.
Hussey, John Fraser, Salisbury.
La Mert, Israel John, Albemarle-street,

It is stated that of the fifty-six candidates who presented themselves for examination on the 23rd, 24th, and 25th, ult., only eight were referred back to their studies for six months.

Royal College of Surgeons of Ireland.—The following Gentlemen passed on February 3rd:—

Fellowship.

Mr. Edward Alfred Birch.
Mr. William Carter.
Mr. Arthur Croker.

Licentiates.

Mr. Patrick Thomas Lyster.
Mr. Joseph Kenny.

Naval Surgeons.—At a meeting of the Court of Examiners of the Royal College of Surgeons of England on the 25th ult. the following Assistant-Surgeons in the Royal Navy passed their examinations for full Surgeons in that department of the public service:—

Colquhoun, Archibald Grant, of the Royal Marine Infirmary, Woolwich; Diploma of membership of the College dated July 30, 1861.
McMorris, Robert James (half pay); member May 16, 1859.
Yarde, William, M.D., of H.M.S. *Industry*, Woolwich Dockyard; member July 3, 1857.
Curtis, George, of Haslar Hospital; Licentiate of the Royal College of Surgeons, Ireland, May 20, 1861.

Apothecaries' Hall.—The following gentleman passed his examination in the Science and Practice of Medicine, and received a certificate to practise on the 25th ult.;—

Pearson, Henry, Plymouth-grove, Manchester.

The following gentlemen also on the same day passed their first examination:—

Hall, Richard Strange, Manchester Hospital.
Thurston, William French, Guy's Hospital.

Of the thirty-two candidates who presented themselves for the Preliminary Examination in Arts on the 26th and 27th ult. the following passed, and received certificates of proficiency in general Education:—

William Atter, Edward E. A. Batchelor, J. H. Clark, G. K. Elphinstone, Wm. E. Fulford, Henry B. Harrison, Chas. Hamor Hill, Thos. Wood Hill, Wm. Hodgson, W. H. Johnson, John C. Keighley, Henry Medd, J. W. Moss, Alfred Blake Norman, Windham Randall, B. Steward Ringer, Wm. Sheard, H. H. Spratt, Thos. Unicume, Sam. Walker, Francis Warner, F. W. Willmore.

Cambridge University.—The following have obtained the Professor's Certificate in Comparative Anatomy:—

Blyth, L. G., Corpus College.
Fitzgerald, C. T., St. John's College.
Tucker, J. K., Magdalen College.

Aroma of Coffee.—The berries of coffee, once roasted, lose every hour somewhat of their aroma, in consequence of the influence of the oxygen of the air, which, owing to the porosity of the roasted berries, can easily penetrate. This pernicious change may best be avoided by strewing over the berries, when the roasting is completed, and while the vessel in which it has been done is still hot, some powdered white or brown sugar (half-an-ounce to one pound of coffee is sufficient). The sugar melts immediately, and by well shaking or turning the roaster quickly, it spreads over all the berries, and gives each one a fine glaze, impervious to the atmosphere. They have then a shining appearance, as

though covered with a varnish, and they in consequence lose their smell entirely, which, however, returns in a high degree as soon as they are ground. After this operation, they are to be shaken out rapidly from the roaster and spread on a cold plate of iron, so that they may cool as soon as possible. If the hot berries are allowed to remain heaped together, they begin to sweat, and when the quantity is large the heating process, by the influence of air, increases to such a degree that at last they take fire spontaneously. The roasted and glazed berries should be kept in a dry place, because the covering of sugar attracts moisture.—*Baron Liebig in "Popular Science Review."*

COMMITTEE ON CONTAGIOUS DISEASES.—The Committee on this important subject has just sent in a report of its lengthened sitting of upwards of a year to the Lords of the Admiralty, and it is understood that some very stringent measures are proposed with a view to diminish the great and predominant evil which has proved so great an injury to the men of the two services.

WILLIAM CARTE, Esq., Physician and Surgeon to the Royal Hospital, Kilmainham, has been appointed to the Commission of the Peace for the County and City of Dublin.

NOTICES TO CORRESPONDENTS.

Mr. Faulkner's letter, which arrived too late for our last week's number, is inserted.

Dr. Murray.—The notice is inserted.

Mr. Griffin's letter is received.

The Harveian Society.—The report is received.

A. B., Broughton-in-Furness, Lancashire.—The subject is noticed in another part of our present number.

Lector.—In cases of sudden and acute vascular protrusion of the eyeball, the ligature of the common carotid artery has been often attended with success. Mr. Nunneley of Leeds believes that this affection is sometimes due to pressure exerted on the ophthalmic vessels in the cavernous sinus.

A Student.—Greek is not compulsory at the Preliminary Examination mentioned by our Correspondent.

Quæro.—The physician in question is not at present in England. The report alluded to we believe to be unfounded.

Dr. L.—The newspaper has reached us, but we are unable to find the paragraph alluded to.

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, January 27, 1866, in the following large Towns:—

Boroughs, &c.	Estimated Population in middle of the Year 1866.	Persons to an Acre. (1866.)	Births registered during the week ending Jan. 27.	Deaths.* Corrected Average Weekly Number.	Deaths.* Registered during the week ending Jan. 27.	Temperature of Air (Fahr) Highest during the Week.	Temperature of Air (Fahr) Lowest during the Week.	Temperature of Air (Fahr) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2149	1400	1363	54·3	32·0	43·1	0·23	23
Bristol	163680	34·9	100	73	‡102	53·2	30·6	42·6	0·43	43
Birmingham	335798	42·9	288	163	166	52·5	33·4	42·8	0·15	15
Liverpool	484337	94·8	442	281	386	51·0	38·9	45·8	0·30	30
Manchester	358855	80·0	267	203	228	50·8	33·6	43·1	0·73	74
Salford	112901	21·8	90	57	74	50·5	35·6	43·9	0·64	65
Sheffield	218257	9·6	185	115	129	50·5	36·7	43·4	0·38	38
Leeds	228187	10·6	277	116	167	53·0	35·5	44·4	0·35	35
Hull	105233	29·5	80	49	52	49·0	30·0	39·6	0·34	34
Newcastle-on-Tyne	122271	22·9	104	65	77	50·0	36·0	43·5	0·00	0
Edinburgh	175128	39·6	120	84	93	56·0	32·0	43·5	0·30	30
Glasgow	432265	85·4	377	252	244	58·0	35·9	44·7	1·14	115
Dublin	358437	32·7	196	†156	162	52·2	37·0	44.9	0·14	14
Total of 13 large Towns	6122894	34·4	4681	3014	3243	58·7	30·0	43·5	0·39	39
					Week ending Jan. 20.	Week ending Jan. 20.				
Vienna	(1863) 560000	...	...	...	394.	...	...	§36·3	...	...

* The average weekly numbers of births and deaths in each of the above towns have been corrected for increase of population from the middle of the 10 years 1851-60 to the present time.

† Registration did not commence in Ireland till January 1, 1864; the average weekly number of births and deaths in Dublin are calculated therefore on the assumption that the birth-rate and death-rate in that city were the same as the averages of the rates in other towns.

‡ The deaths in Manchester and Bristol include those of paupers belonging to these cities who died in workhouses situated outside the municipal boundaries.

§ The mean temperature at Greenwich during the same week was 46·9 deg.

THE GRIFFIN TESTIMONIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following subscriptions have been further received on behalf of the above fund:—

Dr. John O'Reilly, Ware	£0 10 6
Amount previously announced	132 19 3
Received at "Lancet" office	9 9 0

Yours obediently,

ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate-street, Jan. 24, 1865.

NEW WORKS.

(From the Publisher's Circular.)

Duncan (P. Martin) and Millard (W.).—A Manual for the Classification, Training, and Education of the Feeble-minded, Imbecile, and Idiotic. Post 8vo. pp. 210, cloth, 5s. (Longmans.)

Johnson (George)—Notes on Cholera; its Nature and Treatment. 12mo. pp. 130, cloth, 3s. 6d. (Longmans.)

Organization of Nursing: An Account of the Liverpool Nurses' Training School—its foundation, progress, and operation in hospital, district, and private nursing. By a Member of the Home and Training School. With an Introduction and Notes by Florence Nightingale. 8vo. (Liverpool, Holden) pp. 104, cloth, 2s. 6d. (Longmans.)

Reports to the Lord Provost and Magistrates of the City of Edinburgh on the Cattle Plague. 4to. (Edinburgh, Maclachlan) pp. 50, sewed, 3s. 6d. (Simpkin.)

MEETINGS OF SOCIETIES FOR THE WEEK.

WEDNESDAY, FEB. 7.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Prof. Huxley, "On the Classification and Structure of the Mammalia."

HUNTERIAN SOCIETY.—7 p.m. Annual General Meeting.—8 p.m. Annual Oration by Mr. D. de Berdt Hovell.

OBSTETRICAL SOCIETY OF LONDON.—8 p.m. Dr. Snow Beck, "On Enlargements of Uterus," &c.—Dr. Sansom, "On the Anæsthetic Properties of Bichloride of Carbon;" and other Papers.

THURSDAY, FEB. 8.

ROYAL INSTITUTION.—3 p.m. Professor Tyndall, "On Heat."

KING'S COLLEGE MEDICAL SOCIETY.—8 p.m. Mr. Perrin, "On Syphilis."

FRIDAY, FEB. 9.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Prof. Huxley, "On the Classification and Structure of the Mammalia."

ROYAL INSTITUTION.—8 p.m. Mr. Archibald Smith, "On the Deviation of the Compass in Iron Ships."

SATURDAY, FEB. 10.

ROYAL INSTITUTION.—3 p.m. Prof. Westmacott, "On Art Education, and how Works of Art should be Viewed."

BIRTHS.

On the 25th of Nov., at Tien-Tsin, China. the wife of Thomas A. Ainslie, M.D., of a daughter.

On the 10th ult., the wife of R. Istance, M.R.C.S.E., of Risca, of a daughter.

On the 18th ult., at Milnthorpe, Westmoreland, the wife of Hanson Evison, M.R.C.S.E., of a son.

On the 21st ult., at Hillside Cottage, Chirnside, Berwickshire, the wife of C. Stuart, M.D., of a son.

On the 23rd ult., at South Penge-road, Penge, the wife of E. Diver, M.D., of a daughter.

On the 23rd ult., at Woodstock, Oxon, the wife of Dr. Frederic Taylor, of a son.

On the 24th ult., at Reigate, the wife of H. Harris, M.R.C.S.E., of a son.

On the 24th ult., at St Helens, Lancashire, the wife of E. P. Twyford, M.D., of a daughter.

On the 25th ult., at Springfield, near Tooting, the wife of J.S. Biggs, M.D., of a son.

On the 25th ult., at Manchester-square, the wife of W. H. Fuller, M.D., of a daughter.

On the 28th ult., at The Priory, Wrexham, the wife of T. Eyton Jones, M.R.C.S.E., of a daughter.

MARRIAGES.

On the 24th ult., at Hampstead, Charles Hammond, L.R.C.P.L., to Amelia, daughter of T. Hawkins, Esq., of Gloucester House, Hampstead.

On the 25th ult., at Edlington, Rowland Hills, M.R.C.S.E., of Conisbro, Doncaster, to Miss Harriet, daughter of Edward Parker, Esq., of Balley, near Doncaster.

On the 24th ult., at Aberdeen, G. Park, M.D., Army Medical Staff, to Christian, daughter of the late P. Williamson, Esq.

DEATHS.

On the 7th ult., at Acre House, Brixton, Mary Ann, wife of Benj. Evans, F.R.C.S.E., aged 50.

On the 18th ult., at Monkwearmouth, Andrew Monro, Surgeon, formerly of Ovingham, Northumberland, aged 77.

On the 19th ult., Peter Macintyre, M.D., of Canning-street, Liverpool, aged 68.

On the 23rd ult., at Hurst, near Manchester, after a short illness, Adriana Margaret, daughter of William and Adriana Harris, of Worthing, Sussex, aged 17.

On the 24th ult., at Wymondham, Norfolk, Thos. Edward Tawell Colman, Surgeon aged 58.

On the 24th ult., W. G. Walker, M.R.C.S.E., of Oxford, formerly of Brill, Bucks.

On the 25th., ult., R. J. Griffith, Surgeon, of Adelaide-road, South Hampstead, formerly Surgeon R.N., aged 79.

On the 25th ult., R. G. Mackee, M.R.C.S.E., of Husthwaite, Yorkshire, aged 29.

On the 28th ult., W. H. Evans, M.R.C.S.E., of St. Albans, aged 53.

On the 16th ult., James Leitch, L.R.C.S.Ed., Surgeon R.N., of Crieff, Perthshire, aged 84.

On the 28th ult., R. Laycock, L.R.C.P.L., of Bramley, Leeds, Yorkshire

On the 10th inst., at Chatham, J. B. Jardine L.R.C.S.Ed., Staff Assistant-Surgeon Army, aged 28.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

SOME REMARKS ON THE VALUE OF LARYNGOSCOPY.

Being a Reply to Dr. EBEN. WATSON,

By MORELL MACKENZIE, M.D.Lond,, M.R.C.P.,

PHYSICIAN TO THE HOSPITAL FOR DISEASES OF THE THROAT.

A PAPER of mine, which was published in the second number of THE LONDON MEDICAL PRESS AND CIRCULAR, has called forth an article from Dr. Ebenezer Watson, which necessitates my again craving the attention of the readers of this journal.

Dr. Eben. Watson's charges are so numerous that, lest any should be omitted, I must beg to answer them categorically.

1. Dr. Watson complains in a general way of my having misrepresented him, and of my having "attacked" in this journal papers which he published in the *Lancet* in June and July, 1865.* He considers that this was "not the proper course, because the readers of the two periodicals may be different," &c. Here I feel called upon to remark that the "attack" was commenced by Dr. Eben. Watson (in the *Lancet* of July 1st, 1865), and that I am only acting on the defensive. As regards "the proper course" to have taken, I may observe that whilst I did not think Dr. Ebenezer Watson's "Revelations" of laryngoscopy were sufficiently important to call forth a letter from me at the moment they were disclosed, I can see nothing improper in incidentally referring to them when writing at a later period on a subject connected with laryngoscopy. I had the less hesitation in referring to the subject in THE MEDICAL PRESS AND CIRCULAR, as Dr. George Johnson, writing on laryngoscopy in the *Lancet* of August 26th, 1865, had already called the attention of the readers of that journal to the antiquated notions of Dr. Eben. Watson. Dr. Johnson's remarks on the "Revelations" did not, however, evoke any reply from Dr. Eben. Watson. As regards the justice of the general charge of misrepresentation, those who read this communication will form their opinion.

2 Dr. Eben. Watson, whilst modestly placing himself side by side with Cheyne, Porter, Ryland, Trousseau, and Green, considers that I have depreciated the works of my predecessors. By referring to my paper, however, he will see that I expressly observed, in speaking of the first three of those eminent practitioners, that they "would doubtless have been only too glad to welcome the new mode of examination," had they not unfortunately "long passed away." Trousseau and Green, happily, are still among us, and have not, as far as I am aware, opposed the laryngoscope, as invented by Czermak.

Dr. Eben Watson, though associating his name with these practitioners, stands in a very different category.

3. Dr. Eben. Watson now says, "My experience in its application (that of laryngoscopy) to diagnosis is now considerable, and my faith in its results is very great." On both these points I congratulate Dr. Eben. Watson especially as regards the latter, as it shows such a manifest conversion since last July.

4. Dr. Eben. Watson next accused me specifically of misrepresentation. In my paper I said that he implied that laryngoscopy was almost superfluous in diagnosis, and certainly useless in practice. To this sentence Dr. Watson takes exception, and says that his words were "that the application of the laryngoscope to the investigation of the diseases of the larynx is a very welcome addition to our means of diagnosis. It gives another and entirely new source of evidence to judge from, and it is therefore fitted to make our opinions more correct and our treatment more definite than heretofore. Dr. Eben. Watson seems to forget that he also remarks that "in regard to the ordinary application of solutions to that organ (the larynx), he had found the laryngoscope *at once useless and unnecessary.*" Again he says, "In children it is quite impossible to make a good laryngoscopic examination." In respect to this statement I may observe, that two children, aged four and six, were brought by me before the Pathological Society during the progress of the cure or evulsion of warty growths with the aid of the laryngoscope and my laryngeal forceps. These *children* were examined with the laryngoscope by many of the Fellows present (see Transactions of the Pathological Society, vol. xvi., page 38). Again, whilst admitting that "cases of *special difficulty may arise in which some degree of uncertainty may be removed or diminished by laryngoscopy, in the great majority of cases he can, with sufficient certainty for all practical purposes, ascertain the nature of the affection without having recourse to the new diagnostic at all.*" So much for Dr. Eben. Watson's former faith in laryngoscopy for *diagnosis*. It would be easy to give numerous other instances of Dr. Eben. Watson's endeavour to "damn with faint praise." The whole tone of his articles showed that he was incapable of appreciating either the value of laryngoscopy or the labours of laryngoscopists. Thus, in speaking of laryngeal growths, which have been so repeatedly observed by eminent physicians, he observes, "I cannot repress the wish had these *strange visions* been given to them a little less frequently, *for it seems odd* that such cases do not occur to others," &c. &c. Though it is scarcely likely that laryngoscopists will control their observations so as to suit the "Revelations" of Dr. Ebenezer Watson, the readers of this journal will be somewhat surprised that these remarks came from a physician who calls upon others to be "fairer and more charitable to his fellow-labourers in the field of applied science."

5. Dr. Eben. Watson remarks in the "Revelations":— "Dr. Mackenzie mentions his having in several cases removed small, and apparently from the sketches given in the work already referred to, hair-like warts from the glottis by means of his forceps, guided by the laryngoscope. Now, this is rather a wonderful feat in surgery, for in such cases the operator has to manage the forceps with his right hand whilst he holds the mirror with his left," &c. &c. I can assure Dr. Eben. Watson that a large number of practitioners who have attended my demonstrations have learnt to perform the "wonderful feat" of introducing a brush into the larynx in this way after a few trials. The use of forceps and other instruments is, of course, more difficult, but, as Dr. Johnson said, "I should have thought that the number of well authenticated cases in which morbid growths in the larynx have been discovered and removed by the aid of the laryngoscope would suffice to convince even the most sceptical that growths in this situation are not uncommon, and that their removal by the aid of the mirror presents no insuperable difficulty. As regards the warts figured in my book being "hair-like," I may observe that anything more unlike "hairs" could scarcely be drawn. The excellence of the illustrations (for which I am indebted to Mr. Orrin Smith) has called forth the unanimous approbation of the medical press, and if these warty growths appear "hair-like" to Dr. Watson, I am not surprised that, in attempting to apply remedies to the larynx, he should trust rather to the sense of touch than that of sight.

6. As regards Dr. Eben. Watson's "not perceiving the advantages of my little inventions," I can only say how proud I feel that even one of my instruments should not

* These papers were entitled "Laryngoscopy and its Revelations."

meet with his unqualified condemnation. He formerly *said* that "he thought my laryngeal galvanizer was likely to be innocent but very inefficient."

Such an expression appearing in the "Revelations" of Dr. Eben. Watson amounted, as I foolishly imagined, to a "description," but I am now informed that, although thus "revealing" in the pages of the *Lancet*, Dr. Eben. Watson had actually never seen the instrument! Now, however, that he has seen it, he considers that it performs the office it was intended for. Though he is kind enough to promise a report on two cases he is at present treating with my instrument, I am not so sanguine as he as to the results—that is, if he introduces the instrument in his own peculiar way. I may mention, however, that, considering the number of cases already successfully treated, and especially those reported by Dr. George Johnson and myself in the second number of THE MEDICAL PRESS AND CIRCULAR, I scarcely await his report with that anxiety which, I have no doubt, I should otherwise feel.

7. As regards Dr. Eben. Watson's method of laryngoscopy, I am quite amazed to learn that "it is not essentially different from Czermak's." It appears now that, instead of using "a range of houses" as a reflector, it is the "plate glass windows" in the range of houses that he thus curiously employs. Does he still carry out his eccentric method of warming the laryngeal mirror—viz., by allowing the patient to *suck it?* or, as he delicately puts it, "making him take the mirror into his mouth for a minute or two, when it becomes of such a temperature," &c. &c.

The readers of this journal will now be in a position to judge as regards Dr. Eben. Watson's mode of examination, the value of his revelations, and the justice of my remarks upon them. I have to add, in conclusion, that having, since the publication of my paper, received numerous inquiries from medical men in different parts of Ireland, as to where my galvanizer can be obtained, its price, &c., I beg to be allowed to add that it is sold by Mayer, 59, Great Portland-street, by Krohne, 241, Whitechapel-road, and by most other instrument-makers. It can be used with any electric machine. The price is ten shillings.

13, Weymouth-street, Portland-place, February 6, 1866.

THE APPARENT CAUSES OF FEVER AND CHOLERA.

By CHARLES F. MOORE, M.D., F.R.C.S.I.,

ONE OF THE PHYSICIANS TO CORK-STREET FEVER HOSPITAL, ETC.

THE distinction between typhus and typhoid fever is not, as it appears to me, very much to be relied on either as to its line of demarcation or in regard to prognosis, inasmuch as the latter may, by an easy transition, as owing to some accidental circumstance, pass into the former; also a person in the course of, or convalescent from, typhus may very readily be attacked with typhoid symptoms. Dr. Murchison, in his valuable work on fever, insists on the distinction between the two, quoting many very eminent authors in support of his views, at the same time that he admits the large array of authors who regard the two diseases as identical: but in using the word identity he goes much farther than I would, so perhaps there is not so much difference among those who are said to hold opposite views on the subject, and as it is not my wish to occupy either my own time or that of my readers in the discussion, I will simply state, that I think the two forms of disease, though differing in many points, may be fairly embraced under one head "fever," as they are in the registration of deaths in Ireland.

While, however, saying this much, I would not for a moment avoid impressing the leading features of each form of the disease on the profession, especially on the younger branches of it, in the hope that attention to these points may more often than has heretofore been the case lead to inquiry into the causes of each, with a view to the adoption, wherever possible, of preventive measures. Perhaps if we divide the more important continued fevers of the United Kingdom into three classes, as my predecessor on the medical staff of Cork-street Fever Hospital (Dr. Hannah) did, we would form a more correct classification of the diseases under consideration.

Dr. Hannah designated fever as typhus, typhous, and typhoid, and it appears to me more true and comprehensive a nomenclature than that of typhus and typhoid—the intermediate expression, typhous, representing those cases presenting characters in common with typhus and typhoid. I have also been informed by another gentleman, whom I hope to quote at a future time, that in his experience the distinctions between typhus and typhoid are not generally well marked, and that in Dublin hospital practice he finds typhus the rule and typhoid the exception.

Before proceeding further I would very shortly premise that I regard typhus fever as generally the result of the overcrowding of persons whose antecedents of life, health, food, condition, &c., predisposed to it; whereas typhoid or pythogenic fever, as it has been called by Dr. Murchison, arises from what has usually been understood as malaria or miasm, the latter terms expressing a vitiated state of the air caused by the diffusion of gases, the result of putrescence.

I do not at present desire more than to allude to the various conditions which may intensify the noxious qualities of the atmosphere resulting from overcrowding, such as the low condition, from any of the numerous causes which may depress the systems of the persons crowded together, causes which may operate either by acting on the mind or on the body, or on both together; in like manner the bad air, constituting what we designate, by borrowing from another language, as malaria, may be caused by the putrescence of various minute organisms or organic particle in the air, soil, water, or in the materials of the habitations of the persons attacked with disease; or the decomposition may arise in substances of a much more tangible and apparent nature. Or, again, the vitiated air may obtain access to the persons affected through accidental causes or by agencies at a distance, as by currents of wind, by conduit of water, air, &c.; or again by the geological arrangement of the localit , the operation of tides, floods, the operation of capillary or other natural forces.

I am well aware that many persons even of great intelligence have often been at a loss to account for the occurrence of fever and other diseases where no evidence of decomposition may be apparent to the senses, more especially when the atmosphere is at a comparatively low temperature. This may, I think, be accounted for thus: matter containing more or less organic substances in combination with moisture is constantly emitting watery vapour, the latter is always more or less impregnated with the gases resulting either from minute diffusion, solution, or decomposition of the organic matter, although to the senses at the low temperature of the atmosphere such impregnation may not be recognizable; but when the same air gains admission to a dwelling-house, and most of all to a sleeping-room—in short, when the admixture with and diffusion in the outer air is rigorously prevented by every available means, as is so constantly the case, then the noxious and hitherto latent miasm is rendered apparent and doubly injurious.

The same sequence of operation may act, I conceive, even in our bodies in the process of respiration. The moisture, carrying with it a certain amount of latent malaria, may pass the sentient nervous provision, which would warn us of a more palpable amount of noxious vapour, with little or no perception of its presence, and a slow degree of blood poisoning may proceed, even in the cold external air, which may prove injurious, if other favouring circumstances, such as over-fatigue, exhaustion, or subsequent exposure to more active miasm arise.

An instance such as this may be seen in persons who, though they take much active exercise, never seem to benefit to the extent one might reasonably expect, and whose complexions bear evidence to the fact. The explanation of this seems to be, that the air, such as that of

a confined playground, ball-alley, or racket-court, is not sufficiently pure and open to the peculiarly invigoraing influence of sun and wind.

Indeed. I fear we do not sufficiently appreciate, as some at least of our predecessors did, the invaluable qualities of sunlight and fresh air as prophylactics, and in a curative point of view. The advice given to a lady in Dublin relative to the bringing up of her family by an eminent practitioner fifty years ago on this subject would not be out of place with many persons now a-days. It was in substance such as I have indicated above, and to its value in many different climes I can bear the most ample testimony.

Fever apparently commencing and persistently continuing in a locality.—When such an occurrence takes place it is not always easy to find a probable cause; it is, however, a matter of great importance to endeavour to ascertain all the particulars connected with the locality, in the hope that some cause may be discovered, and every effort should then be made to effect its removal.

The cause of disease may not be always distinctly referable to any one condition, but may, on the contrary, be referable to several agencies of no great individual importance. An instance of this kind may be given. The writer had charge of a ships' company, composed of English, Africans, and Lascars, and during a sojourn in the harbour of Hong Kong, in the month of July, one of the English sailors was attacked with dysentery. The commander of the ship was unwilling to accede to the advice to send the man on shore to hospital. However, when two other men were attacked with the same disease, he then saw the necessity of doing so, and after their removal the sickness ceased on board the ship. Now, I conceive that the cause of the first man's illness was irregularity of diet in a tropical climate in a man predisposed to dysentery by his previous habits, the rather crowded state of the seamen's quarters, and the climate; whereas the condition of that part of the ship being improved by removal of the three men, cleansing, &c., the disease did not spread to others who, from several circumstances to which they had been subjected as well as their comrades, would most likely have been also ill were it not for the improvement as to space, &c., effected on the removal on shore of the others.

Now, I have often observed the cessation of typhoid and other forms of fever on the removal of persons taken ill from houses evidently injuriously circumstanced as to malaria. From this and from other circumstances I infer that typhoid fever is contagious, and that it is promoted by crowding. Should, however, the latter be excessive, I think we may undoubtedly expect to find typhus arising where, under more favourable circumstances, we should have had typhoid or typhus fevers.

Although I have above stated my unwillingness to enter on the question of the exact relations between typhus and typhoid fevers as distinct as any two of exanthemata, typhoid fevers, I must protest against those who, following the ideas of Dr. Wm. Jenner, Dr. Stewart, and M. Gerhard are represented, no doubt accurately, by Dr. Murchison as regarding typhus and Let us inquire into Dr. Jenner's reasons on this matter. Dr. Murchison says:—By an analysis of all the cases admitted into the London Fever Hospital for more than two years, he showed that the two fevers did not prevail together, and that the one did not communicate the other. He also adduced cases to prove that an attack of the one fever protected from subsequent attacks of itself, but not of the other. From what has already been said, it may be inferred that my experience of fevers does not warrant me in regarding the two fevers at all in the state of non-relationship, so to speak, claimed for them by Dr. Jenner. At the same time, and I think I speak the opinion of the profession, not only in Dublin, but of many illustrious members of it elsewhere, the statement that the two fevers do not prevail—I presume in a generally epidemic form—together, by no means proves that typhus and typhoid fevers are as dissimilar as two of the exanthemata. That typhus does not communicate typhoid fever can never prove that the latter bears no resemblance to it, but that typhoid may, under favouring circumstances, merge into typhus, as well as that the latter readily also assumes typhoid symptoms, rather proves the truth of those observers who years ago by their nomenclature pointed out the affinity existing between the two forms of illness.

MEDICAL ANALYSIS.

DESIGNED AS A GUIDE TO THE PRACTICAL DETERMINATION OF THE PURITY OF COMMERCIAL MEDICINES.

By CHAS. R. C. TICHBORNE, F.C.S.L.

CHEMIST TO THE APOTHECARIES' HALL OF IRELAND, ETC.

(Continued from Vol. LIII., page 510.)

ACIDUM HYDROCHLORICUM (*continued*).—The presence of free chlorine in hydrochloric acid is delicately determined by dropping in a small piece of silver leaf after diluting the acid. If chlorine is present the silver leaf will become instantly tarnished, and if exposed to the light for some time, this reaction will indicate the smallest possible trace of that substance. The presence of nitric acid does not vitiate the test, but it must be borne in mind that perchloride of iron produces the same effect if present. Iron may be detected by ferrocyanide of potassium, which gives a blue precipitate.

b 1. ACIDUM HYDROCHLORICUM DILUTUM.—The specific gravity of this acid should be 1·050. "Six fluid drachms require for neutralization ninety-nine measures of volumetric solution of soda."

b 2. ACIDUM NITRO-HYDROCHLORICUM DILUTUM.—The specific gravity of this is given as 1·074, and six fluid drachms are said to require for neutralization 93·88 measures of the volumetric solution of soda. Now, six fluid drachms contain nearly 4-10ths of a drachm of nitric acid, and 8-10ths of a drachm of hydrochloric acid.

This acid, however, varies very much, and is of a very uncertain composition. If recently made, and mixed as directed in the Pharmacopœia, it will contain no free chlorine, but will merely be what is probably a mechanical mixture of nitric and hydrochloric acids. It will not dissolve gold leaf in the cold, which demonstrates this fact; but if it has been made some time, or if the two acids have been mixed together before diluting one with water, the acids react upon each other, free chlorine is generated, and gold will be found to readily dissolve without applying heat. For the tests of purity of these acids, see respectively the articles "Hydrochloric Acid" and "Nitric Acid."

ACIDUM HYDROCYANICUM.—

$C_2NH=27$ [CNH] or H Cy

Anhydrous hydrocyanic acid is a colourless liquid, having a specific gravity of 0·7058 at 60° Fahr. It is missible with water in all proportions. It is extremely volatile. The medicinal acid only contains two per cent. of anhydrous acid, yet it is very poisonous. The smell of hydrocyanic acid is sometimes compared with the essential oil procured from bitter almonds, and as this oil generally contains a considerable amount of hydrocyanic acid, this will account for the descriptions given in medical and chemical works. There is, however, an aroma due to the essential oil which is entirely wanting in the acid, and, *vice versa*, the odour of the acid is quite distinct from that of the oil.

The peculiar acridity felt in the throat or the constriction of the fauces on smelling this acid is more marked than even the aroma itself.

Hydrocyanic acid is rarely if ever intentionally adulterated. It generally, however, contains a small quantity of some inorganic acid (hydrochloric or sulphuric); the

latter may be mechanically carried over in the distillation, or either of the mineral acids may be added intentionally to prevent the organic acid from decomposing.

The presence of either of these acids can be determined in the following manner:—

Hydrocyanic acid reddens litmus paper slightly, but, owing to the ready volatility of this substance, the litmus paper regains its original colour on drying. But if mineral or non-volatile acids are present, the paper remains permanently red. If the salt is at hand, Geoghegan's pretty test may be used for the same purpose. This consists in the adding of the double salt of cyanide of mercury and iodide of potassium ("hydrargyro-iodocyanide of potassium") to the hydrocyanic acid to be examined. The presence of a mineral acid is rendered evident by the instantaneous formation of the red iodide of mercury.

$$Hg\,Cy,\ Ka\,I + HO\,SO_3 = Hg\,I_2 + KOS_2O_3 + H\,Cy$$
$$[Hg\,Cy^2\ 2\,KI + H^2\,SO^4 = Hg\,I^2 + KSO^4 + H\,Cy^2]$$

The acid used is generally sulphuric, sometimes hydrochloric. The presence of the first is easily determined by chloride of barium, which gives a white precipitate if it is present; but the detection of hydrochloric in hycyanic acid is not quite so easy. A very small quantity of the precipitate, procured on the addition of nitrate of silver to the suspected acid, is transferred to a test-tube, and some considerable quantity of nitric acid (specific gravity ·1500) added, and boiled for some time. The cyanide of silver is decomposed with the evolution of carbonic acid, whilst the presence of hydrochlorie acid will be rendered evident by a white precipitate of chloride of silver remaining.

Hydrocyanic acid is liable to great variations in strength—a matter of great importance with so powerful a medicine. Sometimes this proceeds from carelessness in proportioning the water after distillation, or more frequently from the fact, that hydrocyanic acid rapidly loses strength from its very volatile nature. Luckily, however, the estimation of hydrocyanic acid is easy of execution, and, with ordinary care, gives very exact results. The Pharmacopœial acid should contain two per cent. Scheele's acid contains a very variable percentage. Some years ago it was customary to send this acid out containing five per cent., but of late years it seems to have been reduced to four, probably from the circumstance that it was only necessary to add its bulk of water to make the two per cent. acid.

The estimating of hydrocyanic acid is best performed by the method suggested by Liebig, and adopted in the present Pharmacopœia. The specific gravity is not a guarantee of the strength of the acid, unless very carefully taken with very delicate instruments.

The test is that half a fluid ounce of the acid, when treated with an excess of a solution of soda, requires the addition of 80·66 measures of the volumetric solution of nitrate of silver. One atom of the cyanide of silver, formed upon the addition of volumetric solution, combines with another atom of cyanide of soda to produce a double salt. Therefore, as long as there is any hydrocyanic acid present, no precipitate is produced; but when sufficient nitrate of silver has been added, the excess is decomposed by the soda present, and oxide of silver is thrown down. Thus a turbidity is indicative of the conclusion of the experiment. The three reactions which take place would be represented by the following equations:—

(1.) Formation of cyanide of sodium, $HCy + NaO - HO = NaCy$ [$2\,HCy + Na^2O - H^2O = 2\,NaCy$]

(2.) Formation of cyanide of silver and sodium, $2\,NaCy + AgONO_5 - NaONO_5 = NaCy,\ AgCy$ [$2\,NaCy + AgNO^3 - NaNO^3 = NaCy,\ AgCy$]

(3.) Formation of the indicator or oxide of silver, $AgONO_5 + NaO - NaONO_5 = AgO$ [$2AgNO^3 + Na^2O - 2\,Na^2NO^3 = Ag^2O$]

The volumetric solution of nitrate of silver is a decinomical solution—that is to say, contains 1-10th of an equivalent of nitrate of silver in grains, in each 100 measures.*

From the reaction it is seen that one equivalent of nitrate of silver equals two equivalents of hydrocyanic acid ($2\,NaCy + AgONO_5 = NaO,\ NO_5 + NaCy,\ AgCy$), and as the equivalent of hydrocyanic acid is 27 $\therefore \frac{27 \cdot 2}{10} = 100$ degrees of nitrate of silver solution, or

$$\frac{5{\cdot}4 \,.\, A}{100} = x$$

A being the number of degrees of the silver solution used, x will be the amount of absolute hydrocyanic acid present. If it is desirable to weigh the cyanide of silver, the weight divided by five will give about the amount of hydrocyanic acid present.

The following are accidental impurities occasionally found in hydrocyanic acid, but not in sufficient quantities to merit any further comment:—the cyanides of iron, formate of ammonia, and bitartrate of potash. The latter is found in acid made by Dr. C. Clark's method—viz., by the decomposition of cyanide of potassium by tartaric acid, but the method is never pursued in commerce.

Hydrocyanic acid should be completely volatilized by heat.

ACIDUM NITRICUM.—

$$HO\,NO_5 = 63\ [H^2\,O,\ N^2\,O^5]$$

Pure nitric acid is a corrosive, colourless, mobile liquid, of specific gravity 1·520. The strong and diluted acid stains the cuticle a permanent yellow colour, which is not obliterated by alkalies, as is the stain from iodine, which it somewhat resembles, but, on the contrary, it is deepened by them to a bright orange. In the presence of the ordinary atmosphere it gives off white vapours of an acid and corrosive nature. This description does not apply, of course, to very diluted acids.

The admixture of pure nitric acid with water gives rise to the evolution of heat, and the production of a definite hydrate of two equivalents of acid to three equivalents of water. $2\,HNO_5\ 3\,HO$ [$2\,H^2ON^2\,O^5\ 3\,H^2O$]. This acid has a specific gravity of 1·420. It seems to be the normal state of nitric acid, if we may use such a term, as weaker or stronger acids are alike brought to this composition on boiling—the weaker acid losing water and a stronger acid losing the elements of nitric anhydride, NO_5 [N^2O^5].

There are two kinds of acid met with in commerce, which, although they may be considered practically pure, differ in appearance from the above description of chemically pure nitric acid. Instead of being colourless they are tinged from pernitric oxide. The first of these is the ordinary 1·500 specific gravity acid, which suffers partial decomposition from the light, and generates sufficient peroxide of nitrogen to colour the acid yellow. The second is the fuming nitric acid of commerce, sometimes called nitrous acid. This is nitric acid, containing a considerable quantity of pernitric oxide intentionally introduced during the process of manufacturing. It is preferred in the arts for some purposes, being a more powerful oxidizer.

Nitric acid should be perfectly volatile. After the determination of this point, by evaporating a few drops upon a watch glass, the specific gravity may be taken as a criterion of its strength

* Volumetric Solution of Nitrate of Silver, B.P. ("Nitrate of Silver = 170.) 'Take of nitrate of silver, 148·75 grains; distilled water, one pint. Dissolve, and keep in an opaque stoppered bottle. The quantity of this solution which fills the volumetric tube to 0 includes seventeen grains of nitrate of silver, or 1-10th of an equivalent of this salt in grains.'"

INDIAN BRANDEE.—A child, named Emma Longfellow, aged eight weeks, died at Leeds from the effects of a penny-worth of Indian brandee administered to her by her mother as a cure for diarrhœa. Mr. Brameld, surgeon, stated that the "Indian brandee" is a most pernicious article, being composed partly of naphtha. The inquest held on the child was adjourned in order to have the "brandee" analysed.

DR. RICHARD SCHOMBURG, brother of Sir Robert, has been appointed director of the Botanic Garden of Adelaide.

HOSPITAL REPORTS.

KING'S COLLEGE HOSPITAL.

Communicat d by Dr. G. de GORREQUER GRIFFITH,
PHYSICIAN TO THE INSTITUTE FOR WOMEN AND CHILDREN, ETC.

THE first case was a patient, under the care of Mr. Henry Smith, and submitted to operation because of a tumour or swelling on the right shoulder.

The history attached to the case is as follows:—The patient, a woman, for the first time noticed a swelling about four years ago in the site of the present tumour: this swelling very gradually increased in size till it attained its present dimensions, which are equal to those of a small orange. Within the last ten days there had been a good deal of pain, as if suppurative action had taken place.

Before Mr. Smith began the operation, he mentioned that he was uncertain whether the swelling was a chronic abscess or a tumour, using this latter word in its strict signification, and implying an abnormal solid growth, fatty, or otherwise.

While pointing out the symptoms which would lead to the supposition that it was a tumour which lay beneath the integument—there being a certain degree of consistence and firmness appertaining to the swelling, along with great mobility underneath the skin and upon the subjacent muscles, coupled with the length of time which had elapsed from the first appearance, and which the swelling had taken to develop itself.

Mr. Smith dwelt particularly upon the sense of fluctuation which could be appreciated by the finger, upon the acute pain felt within the last ten days, the peculiar elasticity, of the consistence and firmness, and stated that, although the diagnosis was very uncertain, he should not be at all surprised if the affection should prove to be a chronic abscess, even of four years' duration.

With his operating scalpel he made an exploratory puncture into the centre of the swelling, and forthwith there issued thin and healthy pus.

The abscess having been emptied, a compress of lint was applied by means of adhesive plaster and bandage, in order to prevent a re-collection of matter.

Mr. Smith then mentioned a case in which an operating surgeon of eminence had asked him to be present at the removal of a tumour from the axilla. The tumour had been present for two years; the operation being expected to be of a serious nature, owing to the number of vessels in the axillary region. There was a goodly supply of assistants. The surgeon, without having first made an exploratory incision, divided the integument and the subjacent tissues till he came upon and cut into—not an axillary tumour—but a simple chronic abscess in the axilla.

CLEFT PALATE—OPERATION BY SIR WM. FERGUSSON.

Case 2.—This was a young woman of about 18, who had had hare-lip, combined with great deformity of the nose. The hare-lip, and, in a great measure, the deformity of the nose, had been rectified by a previous operation. As there existed a fissure in the hard and soft palate, in addition to the deformities above described, another operation had been resorted to in order to cure this malformation also, and so far as the hard palate was concerned, the operation was most successful; but the cleft in the soft had not been repaired, although for the few days succeeding the operation, and while the stitches had been allowed to remain in, it seemed to have been so. As soon as the stitches had been taken out the mere weight of the palate had created the cleft afresh, and that even through the margins of the fissure had been pared, nicely and accurately apposed, and glued together by adhesive inflammation. The adhesion, Sir Wm. Fergusson remarked, must have been slight, and the imperfection have arisen from some defect of the constitution, and not from any undue strain upon the palate, since such had been prevented by the care exercised in the treatment after the stitches had been removed.

That part of the velum which forms the uvula, as well as that which lies immediately in front of it, had remained undivided since the operation had been practised.

The operation consisted merely in paring or roughening the margins of the existing fissure, and then again stitching them together.

Sir Wm. Fergu son remarked that in cases where the wound gapes when the stitches are being removed, or have been recently removed, he at once scrapes the margins of the gap and brings them together again by means of the stitches. In instances of hare-lip he adopts the same practice.

TYING THE FEMORAL ARTERY FOR POPLITEAL ANEURISM.
OPERATION BY SIR WM. FERGUSSON.

Case 3.—The patient was a young delicate-looking man, of slender build. There was a peculiar anxiety of look in his face. Owing to the existence of an abnormal condition in the heart and aorta the operation was not proceeded with till a careful examination had been made of the organ and bloodvessels affected. Chloroform was then administered, and no bad effects resulted from it.

The artery (superficial femoral) was cut down upon in the upper third of the thigh; the length of the incision being about four inches. The edge of the sartorius was sought and found, was drawn outwards, the fascia and sheath of the vessels carefully cut through, the threaded aneurism needle passed from above and within downwards and outwards, till the point came upwards on the outer side of the artery, when that vessel was tied.

Neither the femoral nor the saphena vein gave any trouble, nor was the saphena nerve at all seen during the steps of the proceedings.

The wound in the integument was united by means of thread sutures; a compress was laid over the wound, and was maintained in its place by means of strapping and a bandage.

The aneurism seemed to be of large size, but the flow of blood through it was immediately checked when the ligature was tightened around the artery.

Tying the femoral artery for popliteal aneurism is in those days of compression a rare procedure. In the present instance it had to be done, because compression by forcible extension, by forcible flexion, and by the tourniquet, could not be borne sufficiently long to effect a cure.

The first plan named—viz., compression by forcible extension—was first practised in King's College Hospital. It consists in straightening the limb as much as possible. This had been attempted to be done in the case before us; but owing to the habit of flexion, and the great degree of flexion into which the limb had fallen, the patient was not able to endure the pain experienced by the extension.

When the patient was put to bed the limb was carefully wrapped in cotton wool, in order, as much as possible, to preserve the temperature.

THE CHOLERA CONFERENCE.—Dr. Goodeve is to be the English medical colleague of the Hon. W. Stuart; Salih Effendi, director of the Medical School at Koombarhanê, and Dr. Bartoletti, member of the Board of Health, to represent the Porte; Drs. Pelikan and Bykow, and Mr. Lintz to represent Russia; Drs. Greisinger and Herch to be the Prussian representatives: and Dr. Salvatore, with the Chev. Jerponi, first dragoman of the Italian Legation.

THE QUEEN'S PHYSICIAN AND THE OPENING OF PARLIAMENT.—Orders were given to the police, on Tuesday week to permit the carriage of Dr. Jenner to follow in the Royal procession *en route* to the opening of Parliament by the Queen.

Foreign Medical Literature.

ON PATHOLOGICAL CHANGES OF THE PULMONARY ARTERY AND OF ITS VALVES.

By Dr. P. Q. BRONDGEEST.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, Ie Deel, 2e Aflevering, Utrecht, 1864, for The Medical Press and Circular.

By WILLIAM DANIEL MOORE, M.D.Dub., M.R.I.A.,

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(Continued from page 567.)

The principal writers on diseases of the heart agree in this, that the lesions of the pulmonary artery and of its valves are among the rarest abnormities which we observe at the bedside. Thus Stokes* thinks that the difference in the frequency of the occurrence of valvular lesions of the right and left side of the heart is so great that in practical medicine we may confine ourselves to the consideration of defects of the latter, and Bamberger writes respecting the former†:—"Their diagnosis is by no means difficult, only the rarity of these affections is so great that in a given case we would rather endeavour to explain the phenomena in any other possible way.

In fact, special circumstances must exist to lead us to suspect the presence of such a lesion if we are not to be surprised at the discovery of a considerable morbid change in the pulmonary artery in the dead body. Now, since the year 1861 two cases have occurred in the hospital at Utrecht. The first relates to a change in the valves of the pulmonary artery, combined with their partial destruction; the second to an atheromatous degeneration of the arterial wall, with nearly complete embolism of the branches and great hypertrophy of the right side of the heart. I shall communicate the leading peculiarities of these cases, and, in conclusion, compare them with those already known.

I. Excrescences on the Valves of the Pulmonary Artery, with Destruction of one of the Valves.—This case was observed in a man, aged 29, admitted into the hospital on the 22nd July, 1861. The countenance was pale and swollen; the feet were œdematous. Auscultation and percussion afforded no signs of pulmonary or heart disease. The respiration was normal; the pulse was slow and regular. The urine contained a large quantity of albumen, also fibrin cylinders and epithelial cells passing into a state of fatty degeneration. Chronic Bright's disease was, in this instance, suspected to exist. After treatment had been continued the abdomen, too, began to swell and ascites set in. The urine still contained albumen. Subsequently violent diarrhœa supervened, under the effects of which the patient sank on the 12th October without any disturbance in the functions of respiration and circulation having been observed.

The post-mortem examination was made in twenty-four hours after death.

The cavity of the cranium presented no peculiarities. The brain and its membranes were normal.

Thorax.—The chest contained a small quantity of clear serum. The lungs collapsed on the opening of the cavity; the left lung appeared, as well as the right, to consist of three lobes. The pleura-pulmonalis of the right lung was adherent postero-inferiorly to the pleura costalis. Both lungs crepitated when cut into, and floated in water. From the lower lobes of both a red frothy fluid exuded on section. The heart was not enlarged, and it occupied the usual position. The left ventricle was capacious; the mitral valves were in their normal state. Neither did the semilunar valves of the aorta exhibit any abnormity. The inner surface of the aorta was smooth, with the exception of a few places, where some yellow-coloured, slightly elevated spots of the size of a pin's head were found. Placed in rows, they presented the appearance of stripes. On microscopical examination they were seen to depend on the deposition of fat. The right auricle and ventricle were dilated; their walls were not thickened. The tricuspid valves were normal. The valves of the pulmonary artery, on the contrary, exhibited a considerable morbid change (see plate IV., fig. 4).* That situated most to the left (when the position which it has in the body was given to the heart) was attached to the arterial wall by a viscid purulent mass, and at this side, as well as at its free margin, it was covered with numerous condylomatous excrescences of various sizes and shapes. The largest two presented a conical form: a broad base and a pointed extremity, turned upwards. Their breadth amounted to about 5 (·19685″), their length to 10 millimetres (·39370″). In the place where the excrescences lay against the wall of the artery the latter exhibited an ulcerated spot, with sharp edges, and covered with purulent matter. The inner and middle coats of the artery, which was here very much attenuated, appeared to be annihilated. The side of the valve looking towards the heart was smooth. The middle valve presented but little change; only at the base were there some slighter depositions united into a spot, also on the endocardium of the right ventricle under this valve. The third, finally, situated most to the right, was almost wholly destroyed. Of this only a trace was to be found, consisting of a small part of the base and some small hard deposits, arranged in a crescentic form. The valve that still remained, presented the appearance of being partially ulcerated. Above this valve the wall of the artery was likewise thinner. In the artery itself no further morbid deposits were observed, nor was there any embolic obstruction of its branches. The excrescences consisted of an unorganised caseous mass, which swelled up in dilute hydrochloric acid with the development of gaseous bubbles.

Abdomen.—The liver was congested, the spleen soft. The pancreas was normal. The small intestines presented no abnormity. In the rectum were some small, very superficial round ulcerations. The urine found in the bladder was albuminous; the deposit contained epithelial cells in a state of fatty metamorphosis, also pale fibrin cylinders. The kidneys were large, pale, and of a yellowish appearance. On the surface they exhibited some ruptured bloodvessels. The epithelium of the tubuli uriniferi presented traces of fatty metamorphosis.

The pathological condition of the valves of the pulmonary artery here described was evidently the result of an inflammation, which had been confined almost exclusively to the valves, and chiefly to the surface looking to the wall of the artery. The inequality resulting therefrom further occasioned the deposition of fibrin from the blood, which passed into softening and caused destruction of the right valve. Of such a condition of the valves insufficiency must necessarily be the result. Stenosis probably did not exist.

As we said in the commencement, changes such as those here described are often enough met with in the semilunar valves of the aorta, but very seldom in those of the pulmonary artery. In the first place, inflammation in the right side of the heart is extremely rare, and it appears that even where roughness is produced thereby, further deposition from the blood does not very readily take place. The well-known case described by Dietrich† agrees in some points with the above. In his case a ring-shaped

* Stokes, Diseases of the Heart and the Aorta, Dublin, 1854. p. 163.

† Virchow's Archiv, Bd. 9, p. 544.

* I have allowed the reference to the plate to remain, as the other figures contained in it illustrate a paper on the pathology of cystoid kidney, which I have marked for translation if I can procure the plate from Holland.—*Translator.*

† Dietrich, *Prager Vierteljahrschrift*, Bd. 1, p. 157.

stenosis of the conus arteriosus had taken place beneath the valves of the pulmonary artery in consequence of acute myocarditis, and the valves of the artery were studded with fine granular and warty excrescences, partly connected with one another, partly isolated. These, however, were not, as in our case, situated on the side of the valve turned towards the arterial wall, but towards the cavity of the artery, and they extended to the place where the constriction existed. The valves, moreover, were still present in their integrity. Dietl* states that in the hospital at Vienna there are two preparations—one, taken from a youth, where there was insufficiency of the valves, in consequence of a very acute exudative process, with softening, displacement, and partial destruction of the valves. This pathological condition presents much analogy to that observed by us. The second is described by Benedict,† and was obtained from the body of a woman aged 60, whom he had seen also during life. In this instance the semilunar valves were much thickened, had coalesced with one another at the edges, and were completely inverted so as to present a concave surface upwards. The orifice was so constricted that only the top of the finger could be introduced through it. On the inner coat were many atheromatous depositions. Frerichs‡ has described a case where insufficiency of the semilunar valves was combined with constriction of the ostium arteriosum of the right side of the heart.

Pathological conditions of the valves of the pulmonary artery are observed also in cases of communication between the two sides of the heart. Bertin§ records two cases of this nature, one observed by himself, the other communicated to him by Louis. In the first the cavities of the right side of the heart were found, in a woman aged 57, very much hypertrophied, and the orifice of the pulmonary artery was closed at the base of the valve by a horizontal plate, in which only an opening of two and a-half lines in diameter existed. The ductus arteriosus Botalli was still open. In the second case there was a small opening between the aorta and the base of the right auricle, while the semilunar valves of the pulmonary artery, having grown together, formed an edge by which the orifice was constricted, leaving an opening of only two and a-half lines. The person, a bricklayer, in whom this was observed, was 25 years old.

Stokes,‖ too, mentions a case, observed by Gordon, of insufficiency of the valves of the pulmonary artery, combined with communication between the two sides of the heart. The valves were found thickened, shortened, opaque, leaving a gaping opening, through which water poured in ran. In the interauricular septum was an oval opening, the longest diameter of which was three-fourths of an inch.

Lastly, Speer has accurately described a case which occurred in a girl, aged 17.¶ In this instance the orifice of the pulmonary artery was so constricted, in consequence of the valves growing into a cartilaginous ring, that only a fine catheter could be introduced through the opening. The foramen ovale was open.

The case recorded by me is thus distinguished from all others by the fact that no remarkable constriction existed, and that there was no communication between the right and the left sides of the heart. It is important to observe this, as it is hence evident that auscultation could not yield the phenomena observed where constriction coexists, and which would lead one to suspect the presence of a pathological condition of the pulmonary artery and of its valves. We have accordingly also seen, that in all cases diagnosed during life, stenosis of the orifice had existed. It is, moreover, remarkable that the same pathological conditions, which in the left side of the heart produce symptoms of great disturbance in the circulation, may exist almost unobserved in the right side.

II. Embolism of the Right Branch of the Pulmonary Artery, with Dilatation of the Left, combined with Hypertrophy of the Right Side of the Heart.—J. B., aged 58, was admitted into the hospital at Utrecht, on the 17th December, 1860, under the care of Dr. Imans. He was a strong person, a hod-man by occupation, which employment he was obliged to give up on account of shortness of breathing and of intolerable palpitations of the heart. His pulse was very rapid. On physical examination dulness on percussion and a crepitating murmur were found to exist in the inferior portion of the left lung. There was, moreover, enlargement of the heart. On auscultation at the apex of that organ it was ascertained that the first sound was replaced by a strong systolic, prolonged, rough bellows murmur; the second sound was indistinctly heard. The existence of endocarditis was suspected, with deposition on the mitral valve, and pneumonia of the lower lobe of the left lung. Free venesection and the administration of digitalis were productive of relief. On examining the patient in the beginning of February, 1861, we found hypertrophy of the heart, strong cardiac impulse, dyspnœa and oppression. From the sphygmographic tracing of the radial artery it appeared that the pulse, which was not rapid, was somewhat irregular both in rhythm and intensity. In connexion with the auscultatory phenomena it was considered that there was a slight insufficiency of the bicuspid valve, while we did not understand, how with the strong bellows murmur, indicating a remarkable change in the structure of this valve, the current of blood had undergone so slight a modification. The patient left the hospital on the 23rd of February, 1861, feeling somewhat better. In the winter of 1862 he again presented himself, complaining of violent palpitations of the heart, with oppression; œdema of the feet had now supervened, and his state was on the whole altered for the worse. The sphygmographic tracing, however, continued the same. This was also in part true of the auscultatory signs. The systolic bellows murmur was still present, while it was to be heard more diffused over the region of the heart, and at the left edge of the sternum, at the attachment of the cartilage of the fourth rib, more distinctly than at the right side, at about the same height. No diastolic sound or murmur was perceptible. It was now remarked that the external jugular vein distinctly pulsated. The case, however, continued obscure, and the phenomena were not explicable by the assumed existence of an abnormity of the left side of the heart. It was therefore supposed that the right side of the heart, or the pulmonary artery, was the seat of a morbid change. This supposition was based principally upon the following considerations:—

1st.—That the disturbances in the general circulation were not of such a nature as to account for the œdema of the feet, the dyspnœa and oppression.

2ndly.—That the murmur existing at the apex of the heart was particularly loud also in the middle of the sternum, and on the left side, on a level with the fourth rib, and that, therefore, it might be produced by an abnormal condition of the venous or arterial orifice of the right side of the heart.

After some time the patient again left the hospital because his state was not improved. We heard that some time later, after having, by the advice of some of his friends, used juniper, with the inner bark of the elder, he was considerably better. For two years we heard no more of him, until, on the 20th of August, 1864, he was again admitted into hospital.

His condition appeared to be then very much worse. The oppression and dyspnœa were much greater; the pulse was very frequent; the hands and feet were œdematous; there was also even some ascites; the urinary secretion was scanty. The murmurs in the cardiac region presented the same character as before, and were again

* Dietl. *Wiener Med. Wochenschrift*, 1854 p. 25.

† Benedict, *Ibid.* 1854, p. 548.

‡ Frerichs. *Ibidem.* 1853, Nos 52 and 53.

§ Bertin, *Traité des Maladies du cœur et des gros vaisseaux*, Paris, 1824. Observation 56 and 67, p. 98.

‖ Stokes. "Diseases of the Heart and the Aorta." p. 166.

¶ *Medical Times*. 1855. No. 278, p. 855.

perceptible in the place corresponding to the pulmonary artery, on a level with the fourth rib, more strongly at the left than at the right side of the sternum.

Soon after the patient died, and we found, on post-mortem examination, which was performed on the 9th of September, twenty hours after death, the following:—

Thorax.—On opening the thorax the lungs were seen only slightly to cover the heart, which was very much enlarged. The latter, in fact, was uncovered through a space of about 1½ hands' breadth. The pleura-pulmonalis of the right lung was strongly adherent to the pleura-costalis, and likewise everywhere to the pericardium. The tissue of the right lung was tough, the lung itself was small and contained but little air, and only a small quantity of blood. The upper lobe was less compressed than the lower. The latter contained very little air. The bronchi were, on section, very distinctly visible. In the ramifications of the pulmonary artery were found old, whitish-yellow firm emboli. The left lung was free, highly compressed, slightly œdematous, and contained but little blood; the position of the heart was altered; the apex lay farther to the left; the right ventricle lay quite across upon the diaphragm; the right auricle and right ventricle were very much hypertrophied. The former was very much dilated. In the right branch of the pulmonary artery was an old, firm, whitish-yellow plug, adherent to the wall of the vessel and leaving only a small space for the blood; the plug was situated exactly where the artery divides into its pulmonary branches and was continued into them. Farther from the trunk the artery was empty, but exhibited thickened yellowish spots: the left ventricle was dilated. On the upper surface of the aortic valve was a thickened and elongated portion, which hung freely downwards from the valve, and was furnished with tendinous appendices The semi-lunar valves and the aorta were normal; the pericardium was everywhere strongly adherent to the surface of the heart.

In the *abdomen* were from ten to twelve ounces of turbid serum. With the exception of the liver, which was small and in the incipient stage of cirrhotic atrophy, the organs of this cavity presented nothing remarkable.

Can we, from the morbid changes observed on post-mortem examination, account for the phenomena presented during life? The oppressed breathing and the dyspnœa are certainly sufficiently explained by the condition of the lungs and of the heart. The large and hypertrophied heart must, in the first place, have produced pressure upon the lungs and windpipe; and in the second, the respiratory process must have been very much impeded in the lung whose arterial trunk was obstructed.

The plug in the right branch of the pulmonary artery presented a considerable impediment to the lesser circulation, and, consequently, gave rise to hypertrophy of the right side of the heart and to the several dropsical conditions above described.

The conditions for the production of the murmurs observed in the heart appear likewise to have been found. The appendix to the bicuspid valve may, on the sudden closing of the valve, have been thrown into vibration, and thus the murmur observed at the apex of the heart may have been produced, while the murmur to be heard at the left side of the sternum, at the edge of the cartilage of the fourth rib, as well as at the right of the sternum at the same height—also a systolic murmur—may have depended on the pathological condition of the pulmonary artery. The pressing, too, of the blood through the very narrow opening existing between the plug and the artery, and the friction of the blood along the rough walls of the dilated left branch, may be remarked in explanation of this murmur.

We have in particular to direct attention to the advantage derived in this case from the employment of the sphygmograph. It showed, in fact, that the current of blood in the system of the aorta had undergone no remarkable modification, and thus the suspicion of a pathological condition of the right side of the heart, or of the pulmonary artery, was excited. Had we not had this indication we might, in connexion with the auscultatory signs, have incorrectly diagnosed a considerable insufficiency of the bicuspid valve.

To the present time only three cases have been observed in which the trunk of the pulmonary artery was in such a pathological condition.

In Stokes* we find mention made of a case observed by Hope, where after death great dilatation of the pulmonary artery was discovered. In life a very strong sawing murmur had been heard between the cartilages of the second and third ribs, on the left side, which was propagated over the whole cardiac region. A second case was accurately described by Erichsen.† On auscultation the following phenomena were observed:—A systolic bellows murmur opposite the apex of the heart, in place of the first sound; the second sound weak but pure. In the second intercostal space a systolic and diastolic buzzing murmur. On opening the body two aneurisms of the pulmonary artery were met with, separated by a deep constriction, which was situated one centimètre (·3937″) above the edge of the valves of the pulmonary artery. In addition, the tricuspid valves were thickened at their edges, corrugated and shortened, and the bicuspid valves were studded with numerous vegetations. Lastly, Skoda‡ observed, in a man of 43 years of age, a case of aneurism of the size of a goose-egg, while the calibre of the two branches of the pulmonary artery was reduced to the thickness of a crow quill. During life there was a systolic bellows murmur in the ventricle, while at the base of the heart the sounds were scarcely audible. Anatomically this case presents the greatest analogy to the one above recorded.

ECLAMPSIA

(GRAVIDARUM ET PARTURIENTUM)

AT EIGHT AND A-HALF MONTHS' PREGNANCY,

BECOMING MUCH AGGRAVATED AFTER PARTURITION: CHLOROFORM: CURE.

By Dr MASUREL.

(From the *Bulletin Médical du Nord de la France.*)

Translated by WILLIAM CRONIN HORGAN, M D.Univ. St. Andrews.

Madame D——, 45 years of age, of a lymphatic temperament, and in delicate health for a very long time. She had been pregnant four times previously. Two confinements took place prematurely, and the children in both instances were dead. The child of the third pregnancy came to its natural time and was healthy, but it died of convulsions in three months after its birth. There survived a little girl, aged six years, the fruit of the fourth confinement, and who, though well-looking, had, about fifteen months ago, convulsions, of which she was perfectly cured. In this last confinement Madame D——, according to her husband's explanations, suffered from suffocations, which ended when the confinement was over. The history of her case, which I then learned, make me believe that at that time there was a real nervous crisis, but the details are quite insufficient to form a fixed idea as to its exact nature.

When I was called upon the 4th October, at eleven o'clock p m., Madame D—— is eight and a-half months' pregnant. Having sat up to satisfy the calls of nature she fell heavily to the ground, and was so prostrated that her husband thought she was dead. She did not recover her senses till she was again put into bed. It is, then, in that

* *Op. cit.*, p. 169.

† *Petersburger Medicinische Zeitschrift* 1 Jahrgang, 1862, p. 89.

‡ *Abhandlung über Percussion und Auscultation* 6te Auflage, p. 334.

position I find her, lying on her back; she is very feeble, complains of headache and pains in the chest. Her countenance is pale, anxious, though stupid-looking. The lower extremities, especially the right, are œdematous; the right hand and forearm are so, too, but to a lesser extent; her state is evidently chlorotic (*chloro-anémique*). Neither the motions of the infant nor the beatings of its heart are any longer perceived. The os uteri is exactly in the same state as in that of a female at eight and a-half months' pregnancy; there is no symptom of labour. The development of the uterus is normal. The following prescription is ordered:—

Sulphuric æther . . .	2 grammes.	
Essence of mint . . .	20	,,
Cherry laurel water . .	20	,,
*Linden tree water . . .	120	,,
Syrup of poppies . . .	32	,, Mix.

I myself administered spoonsful of the foregoing mixture every quarter of an hour, and made her use chloroform inhalations. My patient is quite unwilling to take the mixture, as she pretends she is in great torture when attempting to swallow. There is in reality great difficulty of deglutition, and she is not able to swallow a tablespoonful till after having made from seven to eight attempts to do so. On the same account the chloroform inhalations are incomplete. However, at midnight I leave my patient in a pretty fair state.

On the 5th, at half-past four o'clock a.m., I am called upon and witness then a real attack of eclampsia. The face is the principal part engaged; it is pallid and has a real epileptiform figure; the mouth, completely distorted, spews forth a sanguinolent froth. This condition lasts about ten minutes or so, and is followed by prostration, accompanied with stertorous respiration and inability to recognise anything. During the attack I repeat the chloroform inhalations: I also order cold water applications to the forehead and apply sinapisms to the extremities. As soon as consciousness returns I repeat the mixture above ordered.

At the end of an hour no new attack coming on I retire, ordering the mixture and cold applications to be continued, and giving directions that I should be sent for in case a new attack should come on.

At eight o'clock a.m. I again see my patient, who is perfectly unconscious; the eyelids are closed and the globes of the eyes are fixed and immovable. I then, for the first time, see an icteroid appearance, well marked, and which, according to the assistants in the room, did not exist the day before. She passed no water; I was near her about a quarter of an hour when she opens the eyelids; she moves her head gently to the right side; the eyeballs are convulsed from above to the right side, and the convulsions of the face recommence more violently than before, and are confined to the right side; I repeat the chloroform inhalations and a loss of consciousness immediately takes place; cold water is sprinkled on the face; sinapisms are renewed, and, notwithstanding, the patient becomes conscious for a few minutes only. One attack follows another and causes great prostration.

At ten o'clock the patient became conscious; I then left her and gave orders that I should be sent for if at all required. At this time the fœtus has given no indications of vitality; no symptoms of labour are present. However, the osuteri is half open; the finger penetrates freely to the membranes.

At half-past twelve o'clock two new attacks have taken place in my absence; I was sent for, and not being at home a brother practitioner (Feron) arrived and found the infant dead between the thighs of the patient. The confinement took place without any trouble. I am told that Madame D—— has only used those words—"you hurt me," and endeavoured to turn off, as it were instinctively, the hands of the accoucheur.

A little time after being delivered, a new attack comes, on, more severe and more prolonged than any other. This time the whole body participates therein, but it yields, like the preceding ones, to the same treatment. The patient is in the same condition as before after the attack; sinapisms are applied to the forearms. Up to nine o'clock in the evening my patient is not conscious for a single moment; attacks take place from hour to hour, and sometimes oftener, in despite of repeated inhalations of chloroform.

October 6th, eight o'clock a.m.: No attack since nine o'clock yesterday evening; she passed the night quietly, but sensibility is not yet returned. Respiration is stertorous; the eyes are rigidly fixed; the icteroid hue and œdema are as before; there is some instinctive attempt at deglutition. She is ordered barley-water, with 0·5 décig. of nitre, two drops of croton oil in honey; the antispasmodic mixture and inhalations of chloroform.

Midday: She is in the same state; she drank, however, a little ptisan and passed water for the first time since she got sick; she spat out the greater part of the purgative linctus, and no evacuation from the bowels as yet took place. I ordered her the same ptisan and mixture, careful inhalations of chloroform and carbonate of magnesia.

At nine o'clock p.m. the patient has drunk well and passed water; the bowels were once moved; her condition otherwise is the same, except that the prostration is not so great. I ordered the same as above.

7th, eight o'clock a.m.: She passed a quiet night; she answers "yes" and "no," but she recognises no person; her eyes are fixed without expression; her face is stupid-looking. The urine of the previous day, when analyzed, is found to contain no albumen. I prescribed as before, barley-water with nitre; the antispasmodic mixture and veal broth.

Eight o'clock p.m.: She passed a quiet day; same expression of countenance; the eyes are movable but without expression, and unable to see. She has had one motion from the bowels and passed some urine; she sat up to obey the calls of nature, but her movements are more automatic than guided by intelligence. The same treatment is persevered in.

8th, half past seven o'clock a.m.: My patient recognises her husband and child; she also knows me, but no other person; her look is strange, and her speech is drawling and uncertain; I order, in addition, a little chicken broth in the evening.

9th, eight o'clock a.m.: Her sight is better, speech easier, and more flippant; she knows her attendants for a few minutes only; œdema in the extremities less, and completely gone from the upper members; the icterical tint or hue is disappearing; I prescribe the same medication; beef tea and chicken broth.

10th, in the morning: Her appearance natural, speech perfect, but still drawling; the patient inquires of her husband what took place, and asks if she was not *enciente* before she got sick; she receives some evasive reply, and asks no more questions in consequence; some medication, beef tea, panado, and chicken broth.

10th, in the evening: Her confinement could no longer be concealed from her; she complains of headache, abdominal pains; has a feverish pulse and a hot and moist skin; I order, in addition to the ordinarly prescription pills, composed of

Sulphate of quinine . . .	0·1 décig.
Extract of opium	0·1 décig.

for one pill; one every three hours.

11th: A real attack of intermittent fever took place; a short intermission, one hour at farthest, I am told, followed; I find this morning my patient in the same state as the day before; same prescription as before.

15th: The jaundice has nearly altogether disappeared; so have the abdominal pains; headache is less; her countenance, speech, &c., are better, and she is much improved in every way except being a little feverish; I prescribe thick soup and egg; also the following:

* Tilia, the lime or linden tree, has flowers which are supposed to possess anodyne and antispasmodic virtues.

Arsenious acid	. . .	0·02 centig.
Powdered iron	. . .	aa, 1 gramme.
Sugar of milk	. . .	

To be made into twenty doses; one every four hours.

21st November: Feverishness altogether gone; she is getting better every hour; I prescribe roasted meats and quinine wine; also

Arsenious acid	. . .	0·1 centig.
Powdered iron	. . .	0·2 grammes.

To be made into twelve doses; one three times a day before each meal.

25th: Improving; to continue same diet; quinine wine and iron powders.

26th December: At this period her health is good; there is slight œdema in the right leg; our patient is following her usual avocations, and I did not think it necessary to continue any more treatment.

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JAN. 23RD, 1866.

Dr. ALDERSON, F.R.S., President.

AN ACCOUNT OF AN ARTERIO-VENOUS CYST IN THE POPLITEAL NERVE; AMPUTATION; RECOVERY.

By C. H. MOORE, F.R.C.S,
SURGEON TO THE MIDDLESEX HOSPITAL.

A WOMAN, aged 31, received a blow with an iron pump-handle in the middle of the ham. In a fortnight a painless, movable swelling, of the size of a hazel nut, was found in the situation of the injury, and but for its distance from either hamstring would have been pronounced to be an enlarged bursa. In sixteen months' time the tumour had increased, and seemed partly solid, and she first felt pain, which was referred to the foot. Three months afterwards, and twice subsequently in the following three months, the swelling was punctured, and on each occasion a yellow fluid, tinged red, first escaped, and as it flowed gradually deepened in colour, and continued to issue freely as blood from an open vein. The tension of the swelling was but temporarily reduced by these operations, and it increased in size so as completely to fill the ham, and protrude backwards in two prominent lesser swellings. The pain in them and along the leg and foot, the exquisite tenderness of the tumour, and a peculiar sudden pang shooting to the foot, while the canula was held motionless in the tumour, showed the nerve to be in some way mixed up with the swelling. After putting on a tourniquet, Mr. Moore made an incision into the tumour. Serum, black clot, loose fibrin, and some small clusters of white corpuscles were dislodged, partly with the finger and partly with a copious rush of blood from a vein at some deep part of the large cavity which had been opened. This proved to be a thin cyst, with a shining interior membrane, expanded into alternate ridges and sacculi, and traversed, like an auricle or right ventricle, by many firm cords. It being impossible to dissect it out, and improper on account of the state of the woman's health to leave the sac to suppurate, Mr. Moore at once amputated the limb. The patient recovered. Upon examining the limb the disease was found to be a vast cyst within the popliteal nerve, shaped like a double cone, one continuous with the higher, and the other with the lower end of the nerve. The expanded and hypertrophied textures of the nerve constituted the cyst, and the cords passing through it and along its walls were disparted nerve-bundles. A large vein, having no valves between it and the popliteal vein, opened obliquely like the ureter, on the front of the cyst; and in the upper cone, where alone firm lymph was collected, an artery equal in size to the superficialis volæ opened into the cyst. The disease thus proved to be an arterio-venous aneurism, but unlike those which are more commonly observed in the small size of its artery, in the possible fact of venous blood having sometimes regurgitated into it, and in the unruffled quiescence of its contents, which had even separated into their natural constituents, almost as when blood coagulates after its withdrawal from the living body.

Mr. GASCOYEN eulogized Mr. Moore's treatment of his case, and thought it preferable to tying the femoral artery. He related a case in which a patient suffered from bronchitis, and a tumour in the popliteal space, which was of an aneurismal character. He tied the femoral artery. The patient lived a year, and then died of heart-disease. The tumour in the popliteal space was found to be coated with the posterior tibial nerve, which completely encased it. The tumour was filled with coagula.

Mr. HOLMES COOTE was inclined to think, looking at all the circumstances of the case, that the tumour in Mr. Moore's case was of a malignant character. He had seen and heard of several cases in which a tumour, supposed to be a blood-cyst, turned out to be malignant.

A CASE OF MULTIPLE NEUROMATA AFFECTING THE NERVES BOTH WITHIN AND EXTERNAL TO THE SPINAL CANAL, SOME OF THE TUMOURS BEING OF A CYSTIC NATURE.

By SEPTIMUS W. SIBLEY, F.R.C.S.E.,
LECTURER ON PATHOLOGICAL ANATOMY AT THE MIDDLESEX HOSPITAL.

This case was submitted to the Society as being a remarkable example of the cystic form of nerve-tumour, and as an illustration of the extraordinary multiplicity which is sometimes observed in this form of disease. The subject of the disease was a coach-painter, who died at the age of 45 in the Middlesex Hospital, under the care of Mr. Henry. The patient had enjoyed good health till seven years before his death, when he became less strong, but had no definite symptoms till four years ago, when the use of his lower extremities became impaired, and by degrees he lost all power of movement. He had also suffered from sloughing of the back. When admitted into the hospital, he had no power over the voluntary muscles of the lower half of the body, the legs being contracted and drawn up. He retained some power of motion over his upper extremities, being able to feed himself if his food were first cut up for him. Cutaneous sensibility was quite absent in the lower extremities; but he was able to feel to a certain extent with his hands. The urine and the fæces were passed involuntarily. A large tumour was observed below the elbow, and another below Poupart's ligament on the left side. He died after he had been in the hospital a month.

At the post-mortem examination there was no disease of the viscera of the chest or abdomen. The brain and the cranial nerves were healthy. On opening the spinal canal a number of tumours were observed connected with the nerves within the membranes of the cord. In the cervical region there were several tumours, and the largest of these (about the size of a large nut) had pressed upon the spinal cord, which at this point was extremely constricted and softened. There were also many neuromata in connexion with the nerves in the lower part of the cord. In some places these were so numerous as to present the appearance of beads strung on a thread. The large tumour which was observed during life below Poupart's ligament was found to be connected with the anterior crural nerve. It was enclosed in a fibrous capsule, and on section presented the appearance of a fibro-cellular tumour interspersed with cysts. These cysts were of various sizes, the largest being about the size of an egg, and partly filled with imperfectly organised blood-clots. A second smaller cyst was filled with gelatinous material. The remaining small cysts were filled with clear serous fluid.

SURGICAL SOCIETY OF IRELAND—Jan. 19.

Dr. WILMOT, President of the College, in the Chair.

Mr. Porter read the following paper

ON LITHOTRITY

The specimens I have the honour to lay before the Society are two urinary calculi, which I crushed during the last twelve months. They are both lithate in composition; one was three-quarters of an inch in the diameter in which I caught it—the patient 68 years of age—and it was removed in eight sittings. The second was in a man, aged 74; its size in the diameter seized 9-16ths of an inch, and removed in four sittings. I have much pleasure in exhibiting them under your presidency this evening, as I am aware that lithotrity is an operation to which you have paid great attention, and on which, Sir, you have ably written.

I am also induced to show them, because I believe I am right in stating (and if not, I shall feel obliged by any member correcting me) that *disintegrated* stones have not been often, if ever, brought before our meetings. Surgeons in this country have not contributed the accounts of their cases of this operation and the after-treatment of their patients as frequently as they might have done, and thus we must acknowledge ourselves indebted chiefly to English and Continental brethren for practical information concerning this important operative procedure.

Little more than forty years ago lithotrity, I may say, was in its infancy. Now, after the test of years, and having outlived the attacks and objections of those who consider lithotomy the rule and lithotrity as the exception, it, in the present day, stands out as one of the greatest improvements in modern surgery, and is likely, in almost every instance, to supersede the formidable and dangerous operation of cutting for the stone. Sir William Fergusson, a surgeon of acknowledged skill as a scientific and daring operator, and whose labours in behalf of British surgery have lately been (with universal professional approbation) rewarded, has recently published the following all-important results of his operations for stone. He says:—"I can give a list of lithotomy and lithotrity *conjoined*, which, as far as I know, has fallen to the lot of few other men in Britain. I have personally, by operations, treated 271 cases, 162 by *lithotomy*, and 109 by lithotrity; and I have now to state that which I look upon as of high interest in the modern history of surgery. Of these 271 cases 217 were adults; 110 have been treated by lithotomy, and of that number 33 have died; 109 have been treated by lithotrity, and of that number 12 died!" He also adds:—"In my own hands, whatever clumsiness or skill they may possess, the operation of lithotrity has been considerably more successful in regard to saving life than lithotomy."

Now, Sir, that this operation is established as one of such great importance, and particularly as (I am proud to say it) some of the greatest improvements in the instruments requisite for its performance were devised by Irishmen—L'Estrange and Oldham—I trust that surgeons in this country may more frequently give us the results of their experience.

Mr. Porter proceeded to say that the detritus which he had the honour of laying before the Society exemplified one or two points connected with the operation. There were some large fragments in it, so large that one could hardly believe it possible that they could pass through the urethra without check, or of such shape that it was difficult to conceive how they could pass without causing a great deal of irritation and being stopped in the way. He had brought with him two of the most powerful of Weiss's lithotrites improved by Mr. Thompson of London; the improvement being the cylindrical handle, by which the surgeon takes hold of the instrument, and the manner in which, by a touch of the finger, he could put the screw into action. One of these instruments was particularly adapted for crushing fragments, being so constructed that it could not pinch the bladder. The male blade was so small that should it unfortunately break it can be removed without cutting. It was so powerful that any lithic stone could be broken with it without taking the fenestrated one. Weiss's was a clumsy instrument to manage, but this one could be managed like a catheter or bougie in the bladder. There was another instrument he wished to show, invented by Mr. Cliver, for washing out detritus from the bladder after the operation of lithotrity. Mr. Cliver's plan was to pass in a catheter. He then has an india-rubber bag with a bottle attached to it filled with tepid water, attached to the catheter. By pressing the bag the water is injected into the bladder, and by removing the pressure the water comes back again, and as the little particles of stone passed from the urethra, they are deposited in the bottle and remain there. He (Mr. Porter) used this instrument in a case where the calculus was composed of oxalate of lime. The patient had a weak bladder, and none came through for some days; but by the means of this instrument he removed three pieces of considerable size without difficulty, and he had seen Mr. Adams do the same, and remove a large quantity of detritus which was safely caught and lodged in the little bottle.

In reply to the President, Mr. Porter said, that when the calculus was composed of oxalate of lime he used the larger instrument, but in a case of lithic acid it was unnecessary to use the fenestrated one. The instrument which he now exhibited would break any stone.

Mr. Stapleton observed that it was to Civiale the profession was indebted for this instrument.

Mr. Fleming said that Mr. Thompson's work was published in 1863 and before that the outline of this instrument appeared in the *Lancet*. It was to Civiale they were indebted for it, and the only thing done by Mr. Thompson was the adding of a handle.

Mr. L'Estrange said had he known that Mr. Porter was to bring forward this subject he would have brought with him some very large specimens of detritus removed by his (Mr. L'Estrange's) instrument by the late Dr. Hutton, who was the first to introduce to any extent the breaking of stone by the screw.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Wednesday, 7th February, 1866.

Dr. MOIR, President, in the Chair.

Professor Spence showed a tumour which he had removed from the upper jaw of a female, which was of a suspicious character, and which he had thought it safe to extirpate; also a tumour of the lower jaw which had projected backwards into the throat, rendering deglutition somewhat difficult. A drawing of the face of the first patient by Dr. John Smith was also exhibited.

Dr. Watson showed the entire head of a man, who had died while in a state of intoxication, and in the substance of whose brain a clot of blood was discovered.

Dr. Watson likewise showed the portions of bones removed in two cases of excision of the knee-joint, one primary, the other secondary; also the bones removed from the wrist of a patient on whom he had operated according to Lister's plan.

Mr. Annandale exhibited the bones of the forearm of a patient which had been fractured by being caught between the buffers of two railway waggons. When Mr. Annandale saw the patient he found there was also a dislocation of the head of the humerus and gangrene of the limb, which necessitated amputation at the shoulder-joint. The cause of the gangrene was not very apparent, unless, perhaps, it might have been produced by pressure of the dislocated humerus on the axillary artery. The man died. Mr. Annandale also showed several calculi he had removed from the urethra.

Dr. John Smith then read a paper upon Chloroform,

which excited a lively discussion amongst the members, in which Drs Gillespie, A. Inglis, Andrew Wood, Argyle Robertson, Dycer, Messrs. Spence and Annandale, took part.

Dr. SANDERS read a paper on Aphasia, and showed a patient who was suffering from this form of paralysis.

Reviews.

DR. ODLING'S LECTURES ON ANIMAL CHEMISTRY.

THESE Lectures, which were originally delivered by Dr. Odling at the Royal College of Physicians of London during the past spring, have been recently published in the *Chemical News*, and are, we understand, shortly to appear in the form of an independent volume. Those who had not the opportunity of hearing these Lectures are under a deep obligation to the Editor of the *Chemical News* for the comparatively wide circulation which he has thus given to a Course of Lectures which deserve to be most carefully read by all who take an interest in the composition of the various structures of which the animal body is made up, and in the study of the varied series of action, healthy and morbid, which are continually taking place in the living organism.

In the first Lecture, Dr. Odling, after a few introductory remarks, points out the difference between statical and dynamical chemistry, the former being "concerned only with the composition of parts, with the different kinds of matter of which all tissues and fluids of the body are composed," while the latter deal with "the change of composition undergone by various parts from nutrition." While chemistry treats of the composition of bodies, it has special reference to their changes in composition, and, as the Lecturer well observes, "the chemistry of every animal tissue, of a piece of muscle for instance, no less than of a piece of iron, has reference to its origin and metamorphoses. The chemist looks equally to its past and its future—to the pabulum from which it was formed and to the products with which it is ever changing." The recent advances in the chemistry of the tissue products, such as urea, taurine, kreatine, leucine, tyrosine, &c., are then noticed, and leucine and taurine are selected as striking examples of complex animal products whose intimate constitution is now so well understood that they can actually be built up by the chemist in his laboratory without having any recourse whatever to organic nature. Thus leucine, a white crystalline body whose composition is represented by this formula, $C_6H_{13}NO_2$ (the atomic weights adopted by Dr. Odling being those of the unitary system, O being 16 instead of 8, S being 32 instead of 16, and C being 12 instead of 6), are what occurs naturally as a product of the use and consequent waste of the pancreas, spleen, and other glandular tissues, may not only be made artificially in the laboratory by the breaking up of muscle, horn, hair, &c., but may be produced, quite independently of animal life, by the combination with one another of water essential oil of valerian and prussic acid, according to the formula—

Water. Oil of Valerian. Prussic Acid. Leucine.

$$H_2O + C_5H_{10}O + CHN = C_6H_{13}NO_2$$

Similarly, taurine which exists in conjunction with cholic acid in the bile, and has been found in glandular tusses, and whose composition is represented by the formula, $C_2H_7NSO_3$, may be artificially formed from sulphuric acid, alcohol, and ammonia, each of which again is capable of being produced from its constituent elements. This illustration was followed by an account and exposition of the theory of types, the recognition of which "with the establishment of their nature and mutual relationship, constitutes the great chemical advance of the last dozen years," and the proper understanding of which, "enables us to give at once a more or less satisfactory interpretation of even the most recondite discoveries of modern organic chemistry," and the Lecture concludes with various examples selected from organic compounds, showing the wide applicability of the type theory, and proving that by its means we are capable of associating with one another the most diverse bodies, and establishing between them the same simple relations which subsist between the three primary types—viz., hydrochloric acid, water, and ammonia.

The second Lecture is mainly devoted to prove that the complex character of many organic bodies is more apparent than real, and that most of them may be resolved into comparatively simple molecules, which are capable of being distributed into certain well-defined groups and series. Thus salicine, the crystallisable bitter principle of willow bark, by an absorption of water may be made to break up with the less complex bodies, saligenin and glucose, as shown in the equations :—

Salicine. Water. Saligenin. Glucose.

$$C_{13}H_{18}O_7 + H_2O = C_7H_8O_2 + C_6H_{12}O_6$$

While under similar circumstances, Populin obtained from the leaves and bark of the poplar, breaks up with saligerine, glucose, and benzoic acid, as shown in the equation :—

Populin. Water. Saligenin. Glucose. Benzoic acid.

$$C_{20}H_{22}O_8 + 2H_2O = C_7H_8O_2 + C_6H_{12}O_6 + C_7H_6O_2$$

It must not be inferred from the former of these equations that either saligenin or glucose, as such, preëxists in salicine; all that can be inferred is, that salicine "contains, in a state of combination, a residue of saligenin and a residue of glucose, which residues are, as it were, ever on the alert to take up water, and so produce the separate and distinct molecules of saligenin and glucose respectively," and the above remark applies equally to populin. The animal product, hippuric acid, is similarly but much more fully discussed. A molecule of this acid is represented by the complex formula $C_9H_9NO_3$, is now known to consist of a residue of benzoic acid, a residue of glycolic acid, and a residue of ammonia, united together in a particular manner, these residues becoming complete molecules by the absorption of water, as shown by the equation :—

Hippuric acid. Water. Benzoic acid. Glycolic acid. Ammonia.

$$C_9H_7NO_3 + 2H_2O = C_7H_6O_2 + C_2H_4O_3 + H_3N$$

Amongst the most important points discussed in the third and fourth Lectures are, the tendency of oxidation to produce molecules with fewer, and fewer carbon and hydrogen atoms, the first product being carbonic anhydride CO_2, and water H_2O, evidence that the natural synthesis of organic compounds is attended by deoxidation; the formation of vegetable tissue and secretion from the deoxidation of carbonic anhydride and water; the formation of nitrogenized tissues; historical sketch of organic synthesis; the convertibility of heat and mo-

tion; all terrestrial force traceable to the sun; the accumulation of solar force by vegetable organisms, and its dissipation by animal organisms; various illustrations of the processes of synthetic chemistry; and, finally, the question of the possible artificial manufacture of food, regarding which, as might be expected, he does not speak very hopefully.

The fifth and sixth Lectures treat of the oxidation of muscular tissue; the economy of muscle as a motive exponent of combustion; the reciprocity of heat and motion in muscular action; the artificial oxidation of muscle; the constitution of the acids obtained by muscle oxidation uric acid, including its chemical examination, and the classification of its products; and the last Lecture (the sixth) concludes with some excellent remarks upon the influence exerted on tissue metamorphosis by those chemical agents which are usually included in the class of alterative medicines. In composing these Lectures, Dr Odling has done good service, both to the chemist and the physician, and we shall be glad to see this course developed, when the author has sufficient leisure, into a systematic work on "Animal Chemistry."

ON THE USE OF THE NITRATE OF SILVER IN THE TREATMENT OF INFLAMMATION, WOUNDS, AND ULCERS. By John Higginbottom, F.R.S. London: John Churchill and Sons.

Higginbottom "On Nitrate of Silver" is now pretty well known to the British public, and although his name is identified with the subject almost as of one riding his hobby, yet the author deserves our best thanks for the way in which he first drew attention to the subject in 1820. In the treatment of deep-seated inflammations and erysipelas, the use of the nitrate is attended often by the best effects. We hardly are inclined to agree with the writer that when applied in the solid form to a raw surface it does not act as a caustic, but that it forms a coating over the surface which protects the part from the action of the atmosphere, that unfortunate element to which we are so ready to attribute any mischief, that we cannot explain ourselves. In fine, it appears there is not a malady almost under the sun for which the salt cannot be prescribed with advantage. The directions are very clear and explicit, the book is nicely brought out, and it has been already received as a text book by the profession.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 14, 1866.

QUACK DOCTORS AND QUACK LAWYERS IN COURT.

In our last week's number we printed some remarks lately addressed by the Judge sitting at the Old Bailey, to a prisoner convicted of receiving money under false pretences, the pretence being that he was an attorney. It appears that the accused person was in all respects, except the charge on which he was tried, a perfectly respectable man, and his crime was that he represented himself as an attorney, and in that capacity assisted the prosecutor in asserting some claims in Chancery. For these services he received the sum of about £47, a very moderate amount in comparison with the charges usually made by attorneys in conducting Chancery, or indeed any other law law business, but he was actually arraigned, on technical grounds, for receiving only £10.

Now Medical men knowing how their own Profession is treated in the law courts, might naturally ask what offence the prisoner had committed? It was proved, indeed, that he had represented himself as an attorney, and had also, we believe, placed his name on a brass plate; and, moreover, that he had received £47 for conducting some law business. But in this free country where, we are told, every one has a right to employ a quack doctor, why may he not employ a quack lawyer? and why is the latter to be punished, while the former escapes? In the particular case to which we now refer, the prosecutor must have been deceived with his eyes open, for it was perfectly easy for him to consult the Law List and ascertain whether the prisoner was really an attorney or not. But the punishment inflicted on the quack lawyer, although said to be a mitigated one by the presiding Judge, was one tantamount to utter ruin, and consisted of imprisonment and hard labour for four months, the forfeiture of his position in society (he was a parish clerk), and the misery and degradation of a wife and a large family.

Now the quack doctor has his name on a brass plate, and he advertises in the *Daily Telegraph* and the *Morning Star*, and a host of other journals; he keeps an expensive house, and he, perhaps, rides in the park in a carriage and pair, himself covered with rings and watch chains, and his wife and daughters bedizened with jewels. He is not only an ignorant man, but a rogue into the bargain, and not content with such paltry sums as £10 or £40, as in the case of the unfortunate parish clerk, he pockets his gains by the hundreds and thousands, often involving men of expectations in absolute ruin, and draining many a poor clerk of his last shilling to meet his extortionate demands. But how does the law deal with this man? Why he is absolutely protected by the law in his iniquitous career, and he sets the Medical Council and the Medical Colleges and Halls at utter defiance. If an attempt is made to summon him before the legal tribunals, it is found that he has half a dozen names, or that he is one of a gang of people who all go by the same name, and this circumstance, instead of adding to his iniquity, is cunningly converted into a means of evading responsibility. Supposing him to be actually caught within the meshes of the law, his escape is perfectly easy, for he merely pleads that he is *not* qualified as a Medical man, and therefore is not amenable to the powers of justice. Nay, more, if a quack doctor, herbalist, bone-setter, or other member of the same tribe, should cause the death of a person by the grossest ignorance, he would be acquitted, *because he is a quack*, while a regular and

honourable practitioner, who may have had an unfortunate case, is liable to the severest punishment.

This subject is of so much importance at the present moment, when it is essential to urge a reform of the present laws relating to the Medical Profession, that we make no apology for thus pressing into notice the monstrous anomalies under which we labour, and we place, for the sake of greater distinctness, in parallel columns, passages from the actual address delivered by the Judge to the convicted quack lawyer, and another address, which might be delivered by the same Judge to a quack doctor. The latter address is of course imaginary, but it represents in true colours the prevailing state of the law in reference to the irregular practice of Medicine.

JUDGE TO QUACK LAWYER.

John Black, you have been convicted of the offence of obtaining money under false pretences. You represented yourself to be an attorney, and in that capacity you received from the prosecutor the sum of £47 for pretending to conduct a Chancery suit.

There is no doubt that the prosecutor was exceedingly wrong in placing his case in the hands of a non-professional man.

The prosecutor was dragged by you through a long course of expensive litigation, but his folly in intrusting himself to your hands, instead of decreasing, rather increases your offence.

You seem to have got on the door of your office a brass plate on which is engraved the name of a solicitor, and I hope that this case will have the effect of calling the attention of the Law Association to a practice by which unwary clients are deceived.

This is a direct case of obtaining money under false pretence, and although you have hitherto held a respectable position, and have a wife and a large family, who will be ruined by your sentence, you are hereby imprisoned and kept to hard labour for four months, and this is a very lenient judgment.

JUDGE TO QUACK DOCTOR.

John White, you have been acquitted of the offence of obtaining money under false pretences. You represented yourself to be a Doctor of Medicine, and in that capacity you received from the prosecutor the sum of £500.

There is no doubt that the prosecutor was perfectly right in placing his case in the hands of a quack doctor, if he thought proper to do so, because England is a free country, and a man may do as he pleases in this respect.

The prosecutor was dragged by you through a long, useless, and injurious course of medication, but his folly in intrusting himself to your hands is very properly visited upon himself, and it exonerates you from all legal responsibility.

You have on your door a brass plate on which is engraved a name and a title to which you have no legal right; but if the unwary patients are deceived by such devices, that is their own affair and they deserve, and will receive no protection from the law.

This may be said by some moralists to be a case of obtaining money under false pretences, but the law says otherwise, and although you are a man of disreputable character, assuming fictitious names for the purpose of fraud, living upon the plunder of the unwary, and practising a profession for which you have no qualification, you have very properly been acquitted by a British jury, as there is really no case against you.

Do we exaggerate the case as it stands between quackery in the Law and quackery in Medicine, and the relative estimation in which each is held by the legal tribunals?

SHOULD THE MEDICAL PROFESSION BE REPRESENTED IN PARLIAMENT?

The object of reform in Parliament is to represent all classes and interests, so that when a question is discussed some members present may thoroughly understand it, and bring forward their practical knowledge for the benefit of their own constituents and the nation at large. Mr. Bright and his party are seeking such a reform as shall represent one class, and one only; they wish for an overwhelming preponderance of members, because they think that these members will support their private views and bring them into office. Should they succeed they will place England in the position of America, where the only ruler is a tyrant majority, and where property is insecure, as it may be invaded by the multitude. Now, we always advocate Reform, if by the word is intended a real improvement. It is most desirable that every interest should be represented, and we can show one most important section of our community which has as yet been passed over—we mean the Medical Profession. The Army, the Navy, and the Law, send many Members to the House of Commons. An eminent lawyer is generally elected where a local member does not present himself, and these three professions are the great source of the new blood infused into the House of Lords. Judges, ex-Judges, and Bishops, form an integral part of the Upper House. The Lords cannot proceed without them; but no Physician has ever been made a Peer. George IV. was anxious to have raised Sir Henry Halford to the Peerage, but could not find a precedent. The Clergy are represented in the House of Commons, though (perhaps unfairly) excluded from it. The three Universities give them great weight, and glebe lands and rent charges constitute freeholds.

Very few members of the Medical Profession are elected to seats in the Lower House; these are chosen from political motives rather than professional experience. They are usually men who have given up their practice, and they are certainly not the most eminent in their profession.

While no body of men is so ill represented, there are no men who so well represent all classes of the community. They are pre-eminently the friends of the poor, they are conversant with social questions, the working of charities, and the various attempts for promoting public good. Above all, they have a knowledge of sanitary measures, of disease, and remedies in every form, and what unprofessional men learn from reading and conversation, they understand by experience.

The rinderpest now occupies our thoughts. Much legislation for good or for evil may be expected. A Committee of the House of Commons will examine and report; Physicians, Surgeons, Cattle Doctors of every class will be summoned as witnesses, but no first-rate professional man will be judge in the case. How much more efficient legislation might we expect, if one or two men of first-rate medical standing could speak and

explain a report to the non-professional members of the House of Commons.

The consequence of this state of neglect of Medical interests is apparent. No profession is at this moment in such confusion. The writer of this article has been asked to advise as to the best way of entering the Medical Profession. He found himself quite at a loss, and believing it was a subject which he ought to understand, he read carefully the evidence laid before Parliament. At the end of his studies he only knew less than before. A vast conflict of vested interests—Physicians, Surgeons, private Medical Schools, Colleges in England, Ireland, and Scotland—some claiming a monopoly, others professing to have rights, and contradicting the assertions of the rest. The whole system appeared to be one of hopeless confusion, so that no man could be expected to give or form an opinion but a man who had known by experience the value of conflicting claims, and who could say I can show the reason why one young man has succeeded and another has failed.

At that time the question of Medical Education came before Parliament. The writer accompanied a Member of Parliament to the houses of the most eminent men in the profession. Our friend said, "I cannot understand these questions; but I have considered them and taken down the views of Sir Philip Crampton and many of our first practitioners, and I shall endeavour to form my own opinion." How different would it have been had Sir Philip been a Member of Parliament.

When the question of the Incumbered Estates Court was first proposed, we were present at the debate. A Member stood up on the back benches on the Opposition side of the House, he spoke very indistinctly, and seemed to labour under some impediment. His words came with great difficulty, and, since the days of Lord Althorp, the House could scarcely have had a less pleasing speaker; yet every eye was turned towards him, every ear was open. We inquired who he was, and were told that is Mr. ——, he is considered one of the first legal opinions at the bar. It was evident that the whole House of Commons were eager to hear what a great lawyer had to say on a great legal change. Sir Philip Crampton stood as high in his profession, and certainly would have spoken much better. Now, to propose a remedy. Let any change of representation include a few clauses for incorporating the Medical and Surgical Colleges, and giving them representatives, say two each to the three kingdoms. In other words, let a certain defined qualification entitle the holder to a vote for the representative of his College.

We have a precedent in the three Universities, which are the only remnant of corporate representation which Lord John Russell's reform has left us. They give the three best seats in the Lower House, and have been called House of Commons' Peerages.

Let the nation now try the same system with a Profession unrepresented. The Ministry are anxious to bring in a popular measure of Reform. Here would be one universally popular. Every man would like to see his Medical attendant gain a privilege which would not be given at the expense of any class. It would not make the Government more democratic; it would not increase the power of the aristocracy; it would be simply an act of justice to men highly educated and badly paid, who labour for all, and yet usurp the rights of none. We constantly hear complaints of the treatment of practitioners in the country, that their social position is too low, and their labour too great. Now a slight political privilege would raise their position, and if any real injustice were done to them by the law, their representatives could always speak in their favour.

We hope by raising the question to stimulate our Medical friends to exertion. We believe if the question were properly discussed, public opinion would be strongly in favour of giving representatives to the Medical Colleges.

QUACKERY UNDER EDITORIAL SANCTION.

Certain of our Dublin newspapers, the *Irish Times* leading the way, have within the last month permitted their columns to be used for purposes, which, we think, cannot be too strongly condemned, and they have done so in a manner which lays their editors open either to the charge of great carelessness or else of venality. From time to time the public have been enlightened through the pages of these journals by pseudo-medical letters from a member of the profession, who well knows what a command of the uninitiated public the latitude so easily accorded gives him. These communications profess to be intended to instruct every-day readers on coughs and colds, bronchitis and phthisis, and uniformly dwell with pathetic fervour on the fearful results which must accrue to misguided patients who permit as much as Ahem! without seeking a safeguard against consumption and pneumonia from the talented monitor to whom they are indebted for their very unnecessary alarm. We are, of course, not so foolish as to bandy words with the person who resorts to this means of making practice, or dwell on the impropriety and disrepute of the course which he pursues, and which we are quite sure he knows as well as we do ourselves; but we must point out to the conductors of the journals which admit these letters the injury they are doing, not only to their readers, but their own character, in doing so. It should be remembered that letters on a professional subject are not like ordinary newspaper correspondence which every reader can take to pieces for himself, and despise or admire according to his own judgment. The readers of a newspaper must accept without suspicion the facts and arguments of such communications on no other authority than the guarantee of the editor who endorses them by admitting them to his journal; and if he does so without proper consideration, or in the face of the knowledge of the suspicious source from which they emanate, he is simply filling his paper with what he may more than suspect to be false in fact, and most injurious to his

readers. The letters of which we complain are scientifically the poorest and most fallacious stuff which can be conceived apparently an appropriation of the letters of the notorious Dr Hunter, and a gross exaggeration of every-day ailments, but being backed by the official countenance of the Editor, they are read by the public as *epitomes* of wisdom and experience in thoracic affections. Such lucubrations were very properly put to their only use as advertisements in the London journals, and they should either appear as such in the Dublin papers or be refused insertion altogether.

DERMATOLOGY PUT TO TEST.

We wonder very much what will be the next move in the drama of the cattle plague. Men, in keeping with the competitive "go" of the age, have rushed with hot haste into unguarded expressions and haphazard statements We saw the inevitable end some time since, and called attention to the unbalancing of judgment so largely now-a-days produced by the disease *sensation*, which, prevalent as rinderpest, is quite as infectious and as sturdy in virulence and onward course. It has always been a grievance with our common profession that appeal is not more frequently made to our experience, in reference to any social or scientific matters about which the public may be at a loss, but upon which we may throw some light, in the same way that questions are referred to the various Academies in other countries for decision or elucidation; but it must be no surprise to us, so long as the practice of truckling to the public directly, through the organs of daily non medical journalism, is so much in vogue. There are many causes which lead to this—the force of example; the cliqueism of our own press, and its panderings to *popularity*; the rapidly-advancing fusion of the *pure* and *general* practitioner, engendering the invention of novel means and ways to "hook" patients; for, say what we will, this is a circumstance which is exemplified in the doings of a large section of consulting men, and one much to be regretted, one, moreover, which falls hard upon the *mass* of our profession. The Chemist on the one hand, and the "Physician" on the other, encroach upon the rights of the General Practitioner more extensively than perhaps most are aware of. However, we have not been content to wait till the report of the Commission appeared. The correction of miscalculation and mal-observation might have been secured by discussion amongst the members, or dubious points illustrated by explanatory comments supplemented to the Report. No; Commissioners, workers for the Commission, one and all, fairly ran away, and whoever held the reins must now be much disgusted at the present "break down." Some of these gentlemen have figured themselves in the *Times*, possibly to their heart's content, but their behaviour, nevertheless, has in no way been calculated to enhance the respect of a shaky-faithed public—who only accept the recommendation of success—for Medicine and its art.

For a while we quite anticipate a lull, upon the principle that "after a storm comes a calm," and in the meantime the rinderpest will certainly increase. It is just possible, however, that the unbounded licence given to every novel hypothesis, and the "unlimited liability," so far as professional censure is concerned, may help towards the establishment of some fresh idea, to be hunted down ignominiously like many predecessors; already it has been suggested by one that rinderpest is diphtheria, by another cholera. "*Parallèle entre le Choléra-Morbus et le Typhus Contagieux des Bêtes a Cornes*," is the title of a work by M. Decroix. We have been anxiously looking forward for the issue of Professor Gamgee's work, from which we expect much good to result. It will be a thick octavo of 850 pages, and we understand that it will appear in a few days. We will just ask the question, has vaccination been fairly tried? Have not the majority of animals when vaccinated been under the possible influence of rinderpest poison?

But we have a special word to say about the skin eruption. No observant man can have failed to have noticed the glaring inconsistencies in the statements and descriptions, by equally good authorities in general matters, in reference to the eruption of cattle plague. Professor Gamgee, Dr. Sanderson, Dr. Murchison, and Dr. Bristowe, all differ in their written and recorded views. According to one it is *epithelial* degeneration, to another *sebaceous*, to another *pustular*; others again declare that it is *papular*, and some affirm it may be *vesicular*. Really there must be something radically wrong here, but the state of the whole subject of skin eruptions is one which is a disgrace to us English. The amount of clinical teaching in London is practically *nil*; there is the most delightful uncertainty and vagueness as to the nature of the very commonest elementary lesions; diagnosis is often unattempted, and more frequently erroneous; we have seen case after case of scabies mistaken for eczema, and the most common forms absolutely unrecognizable. Yet there is no lack of sufferers. Why there are four independent institutions at this moment in London; two of these, it is said, receive nearly a thousand a year each from the patients themselves, and the other two are largely supplied with applicants from all quarters, but none are *wholly free*. In the out-patients' department of the recognized hospitals cutaneous diseases have no definite position; they belong to anybody, Physician or Surgeon. As has been said by one of the most distinguished in the profession, "The majority of students leave the hospital without being able to recognize the most common diseases of the skin." It would be conducive to a better condition of things if the members of our various Examining Boards would take means to secure proficiency in matters dermatological. Just now, as has been pointed out, the doctrines of Willan and Bateman are silently and gradually being shelved and overridden by those of Continental authorities. We are disposed to believe that there are hidden truths of great significance in the doctrines of our countrymen, and those who are disposed to contest the innovations which would rob Willan of his due are placed utterly *hors de combat* from the want of opportunity and *materiel*. The principle of division of labour is acknowledged on all hands, and the sooner we devise some means by which the study of cutaneous medicine can be advanced the better; for the ignorance of elementary principles and erroneous observation in the recent matter of rinderpest eruption has been lamentable in the extreme—an instance only of the utter want of knowledge which obtains in everything connected with clinical observation in dermatology.

At a meeting of the trustees of Anderson's University, Glasgow, held in the hall of the Philosophical Society on the 29th January, Dr. M'Call Anderson was unanimously appointed to the chair of Practice of Medicine.

REPORT OF THE DUBLIN CITY ANALYST.

THE first annual report issued by Dr. CAMERON since his appointment, was laid before the Corporation on the 15th ult., and we republish it below as fully as our limits permit :—

"35, Waterloo-place, Upper Leeson-street,
15th January, 1866.

"I beg to submit, for the consideration of the Sanitary Committee, the following summary of the duties which I performed during the year 1865, detailed reports of which have, from time to time, been laid before the committee :—

"ANALYSES.

"The following articles were analysed and reported upon : —

9	specimens	of	...	...	...	... Milk.
8	"	"	...	...	...	... Bread.
6	"	"	...	...	...	... Wine.
3	"	"	...	...	...	... Tea.
2	"	"	...	...	...	... Brandy.
1	"	"	...	...	...	... Sugar.
1	"	"	...	...	...	... Flour.
1	"	"	...	...	...	... Coffee.
1	"	"	...	...	...	... Water.

1 substance supposed to contain poison.
7 specimens of medicinal substances.

"Of these analyses, fourteen were performed for various public institutions within the municipal boundaries; the others were made for the information of private individuals. I have reason to believe that these analyses proved, in many instances, of great service to the institutions and persons for which and whom they were performed. Dr. Gordon, physician to the House of Industry Hospitals, assures me that the analyses of wine and tea which I made for those institutions were the means of greatly improving the quality of those articles, when subsequently supplied by the contractors. The only article which I found constantly adulterated was milk. I have never as yet examined a sample of this fluid which did not contain a large excess of water, fraudulently added, or that had not, which amounts to the same thing, been deprived of a portion of its cream. In some instances, I have found milk to be adulterated with its own weight of water. I am happy, however, in being able to state that, so far as my experience extends, water is the only substance employed in the sophistication of milk. There was one conviction for the sale of adulterated food during the year; this was in the case of the coffee above mentioned, which, though labelled a 'mixture of coffee and chicory,' was found to contain not a particle of the former.

"POISONOUS PICKLES.—With the view of ascertaining whether or not copper was present in green pickles, I examined twelve of those articles, obtained from different shops in the city. In seven of these samples I found copper. Although these pickles did not, in any instance, contain sufficient copper to warrant me in describing them as direct poisons, yet I feel justified in characterising them as being more or less unwholesome, especially if they be used frequently. Numberless accidents, many of them fatal, have occurred by the use of green-coloured confectionery. The colouring matter is usually a compound of copper and arsenic. Having visited most of the confectionery establishments in this city in quest of green confectionery, I am happy to say that I did not succeed in discovering any.

"ANALYSIS OF PUMP WATER.—At the suggestion of Dr. Mapother, I have undertaken the analysis of the water obtained from pumps to which the public are allowed free access. Last year I made thirteen analyses of these waters, and when a few others, now in course of performance, shall have been completed, the results of the investigation will be made public. In concluding the summary of the analyses which I have made during the year, I may state that the number amounted to sixty-five, as against sixty-four performed in 1864.

"SANITARY.—During the last year my services were at all times available to the medical officer of health. I regularly inspected the chemical factories; and I have every reason to believe that the suggestions which Dr. Mapother and I made to their proprietors have been acted upon, and have greatly lessened the evolution of offensive gases and vapours from these establishments. The directions which I framed for the chemical disinfection of dwelling-houses and stables, and which were approved of by the committee, were published in all of the Dublin and in many of the provincial newspapers, and I believe have been carried into effect by a great many persons.

"OPEN DRAINS.—At my suggestion an open sewer, near the Ringsend Basin, about 300 feet in length (and the channel through which flows the poisonous refuse matter from the gas works), has been closed over, to the great comfort of the inhabitants of the locality.

"INSPECTION OF MEAT.—I am always ready to assist the clerks of the markets in their inspection of meat, should any cases of difficulty arise. On one occasion I felt it my duty to condemn the whole carcase of a cow. Were public *abattoirs* established, I would be willing to make the scientific inspection of the flesh of animals exposed for sale a regular part of my duty as food analyst.

"THE VARTRY WATER.—Agreeably to the directions of the Waterworks Committee, I have made an elaborate series of experiments, with the view of ascertaining the action of the Vartry water upon lead. This investigation has been completed, and the results laid before the Waterworks Committee. In my report I recommended the use of an alloy for the manufacture of pipes, upon which I guaranteed that the Vartry water would exercise no corrosive influence.

"CHARLES A. CAMERON."

It appears evident from this report that the statute under which Dr. CAMERON was appointed has not effectually served the purpose for which it was created, in the protection of the public against adulterations of food drugs, not in the least from the absence of competency or activity on the part of the City Analyst, but on account of the indifference with which such sophistication is regarded by the public, so long as it does not amount to absolute poison. Dr. CAMERON conducted in the entire year only thirty-four analyses at the instigation of individual consumers—a very small total for such a city as Dublin. The greater part of his time appears to have been occupied by sanitary inspections and self-imposed duties, which, though of themselves most valuable, are not at all those which were contemplated by the Act. The reason for this unsatisfactory result is not difficult to understand, and it is one which was fully anticipated when the Act came into force. By that statute Dr. CAMERON is simply empowered to investigate the purity of articles which may be brought to him for analysis, and as few persons will give themselves the trouble of making a formal statement on the subject, especially when they have not sufficient scientific knowledge to lead them to suspect the adulteration of a great many articles of their consumption, a great proportion of the articles of food pass without any inquiry whatever. It appears to us that the only remedy for this indifference is to make the public fully aware of the facilities for investigation which the Act affords, of which few persons know anything, and to warn them of the necessity for considering the purity of the articles which form their daily food.

PROVINCIAL INTELLIGENCE.

BELFAST.

[FROM OUR OWN CORRESPONDENT.]

BELFAST, [illegible]. 12. 1866.

IN my last letter, which is now of rather ancient date, I mentioned that we would soon have a large addition to our General Hospital, in the shape of a new wing about to be erected by the generosity of John Charters, Esq., one of our merchants. The new building is only now finished, and is not yet occupied by patients. It contains two wards, each 57 feet long, 25 feet wide, and 16 feet high, lighted by 12 large windows, which are glazed with plate glass, two panes in each window. This increases wonderfully the external effect of the building, and is, of course, a most desirable thing, for many reasons, for the patients inside. The windows are hung in a peculiar manner, the upper sash working on swivel joints placed near the bottom, so as to allow it to open inwards at the top in a sloping position, thus permitting a large volume of air to pass in without exposing the patients to the annoyance of a down-draught falling directly upon their heads. The lower sash is hung in the usual way. The plan is similar to one adopted in King's College Hospital, London, and it is, I understand, about to be introduced into other hospitals. The wards look very handsome, being coated with Parian cement. They are ventilated on the Barrack Hospital system, which is very complete and efficient. The nurses' room looks into the wards by means of a small window, while the bath-rooms, water-closets, and lavatories, are separated from them by a broad staircase, which will completely prevent contamination from that source. There will be beds for 28 patients in the building, with a cubic space of 1500 feet for each person.

By the way, a rather amusing incident took place the other day in connexion with the completion of our new hospital wing. A homœopathic practitioner in town, formerly of Dublin or its neighbourhood, where, perhaps, he found the more legitimate practice of his profession less remunera-

tive than he desired, preferred a request to the Hospital Board, which was certainly rather modest. He wrote to the Board a lengthy *ad captandum* letter, in which he begs that, as the additional hospital accommodation, now completed, will probably be more than sufficient for present purposes, one or two wards may be placed at his disposal for the treatment of acute diseases of children. And, he goes on to state, it is an admitted and well ascertained fact, that the percentage of deaths from acute diseases of children, treated homœopathically, is very much under one-half the number that perish under the allopathic system. Actuated alone by a sense of public duty he requests the hospital authorities to give him two wards, containing beds for 50 children, in which case he will generously give his services gratuitously for *one* year. Only a wish, he adds, to mitigate the severity of childrens' diseases and save human life, and also to extend the knowledge of the truth, could induce him to undertake more responsibility than his present practice entails, which he takes care to tell us, is amongst the better and educated classes.

Now, it happens to be quite untrue that there will be more accommodation in the hospital, even with our present accession, than what will be required The very contrary is the fact. But I dare say our homœopathic friend thought that Mr. Charters had, at great expense, built a new wing to the hospital with the knowledge that the wants of the institution did not demand it. With regard to the well-known and admitted fact that the mortality among children treated homœopathically is much under one-half what it is when they are treated allopathically, I can only say I did not know it before, and I do not feel inclined to admit it now, without some more trustworthy evidence being adduced in support of the statement than the mere unsupported assertion of a homœopathic practitioner.

Homœopathy is, in my opinion, a fanciful and fashionable delusion, whose chief supporters will be found amongst those credulous enough to believe the unlimited assertions of its professors, or those whose ignorance, both of scientific medicine and scientific principles, disqualifies them from forming any just opinion upon the subject.

Homœopathy will continue successful as long as the public continue to be gulled by the unscrupulous assertions of its professors. No scientific physician would make exact and positive statements about so complicated an organism as the human frame, or the effects of disease upon it. He can only give an approximation to the truth. But, where angels fear to tread, creatures of a different mould feel no hesitation in stepping in. The homœopathist is not in the least afraid to make the most unhesitating and positive statements. If these be sincerely made, one is compelled to form a very poor estimate of the capacity of the person who makes them; if, on the other hand, he does not believe in the faith he professes, the moral and mental degradation of the professor of homœopathy may best be left undescribed. In this instance the Board at once refused the very *gratuitous* offer that had been made to them.

I have not yet seen the returns showing the number of students attending the various Dublin hospitals; but I dare say, none of them much exceed the number on our hospital roll-book, which is 104, while there are upwards of 150 medical students at Queen's College.

At the College, great improvements are taking place in the accommodation provided for the medical faculty. The dissecting-rooms have been greatly increased in size, and a large lecture-room for the medical professors in connexion with an extensive anatomical museum-room are both in course of erection.

A very large and influential meeting of the graduates of Queen's University was held here a short time since to protest against the contemplated affiliation of the Catholic with the Queen's University, thereby associating two institutions utterly dissimilar, and antagonistic in character and tendency, and wholly subverting the basis upon which the Queen's Colleges were established—namely, that of united education in Ireland. I believe that there are very few, indeed, of the graduates of Queen's University, be their religion Catholic or Protestant, who would see without feelings of the deepest regret the abandonment of that principle, the great advantage of which they have experienced in their own persons.

NOTES ON THE CURRENT TOPICS OF THE WEEK.

THE TRICHINA DISEASE.

Our contemporary, the *Pall Mall Gazette*, which is generally pretty well informed in medical matters, has lately put forward some statements in reference to the trichina disease, which are not quite accurate, and are calculated needlessly to alarm the British public. It is stated that this disease, which undoubtedly exists in some parts of Germany, has made its appearance in this country, the only fact in support of such a statement being that a week or two ago the body of a man, who died from an accident, was examined in Guy's Hospital, and the whole of the muscles were found infested by the parasite. But the man did not die of the disease, which, so far as is known, does not exist to any extent in Great Britain. It is a curious coincidence that the first description of the *trichina spiralis* in this, or we believe any other country, was given by Professor Owen, from a specimen found in the dissecting-room of St. Bartholomew's Hospital, but the priority of the discovery belongs to Mr. Hilton of Guy's Hospital, who described the muscle infested by the worm as he saw it in a subject in the dissecting-room of the latter institution. The disease has appeared in an epidemic form, as far as we are aware, only in Germany, and it is attributed, and we believe with good reason, to the custom among the lower classes of eating ill-cooked pork.

PARLIAMENT AND THE CATTLE PLAGUE.

The topic which has hitherto occupied the attention of both Houses of Parliament, almost to the exclusion of any other subject, has been the cattle plague. There are many reasons, political and otherwise, to account for this circumstance. In the first place, the Government of a country is always visited with reproaches whenever any misfortune befalls the nation, although the visitation may be beyond human control; and in the present instance, the Ministry being under a new head, and confronted by a powerful, though not numerically superior, opposition, every topic likely to damage the party in power is eagerly seized upon. But there is another and a still stronger reason for the great interest manifested in this question by the British Legislature—namely, that the enormous losses experienced by the cattle growers are beginning to tell most seriously upon the revenues of the agricultural Lords

and Commoners, whose incomes will be very materially impaired if the present mortality should go on increasing as it has lately done. For ourselves we desire to range ourselves neither among the Ministerialists nor the Conservatives, but in the interests of Medical science we join in the condemnation which has been passed by Members on both sides of the Houses of Parliament, upon the dilatory and vacillating conduct of the present Government in its dealing with the cattle plague. The authorities were made fully aware of the dangerous nature of the disease by the Commission appointed last autumn, and yet no decisive steps were taken, and the consequence is, that the infection has now spread over so wide an area that all efforts to arrest it must be infinitely less successful than if they had been adopted at the commencement of the outbreak. Instead of adopting such vigorous measures of repression as the occasion urgently demanded, valuable time was wasted in silly attempts to cure the disease by administering infinitesimal globules to the infected cattle, a course just as absurd in the attempt as of the philosophers of Laputa to extract sunbeams from cucumbers. To this folly, and indeed to the folly of attempting to cure the disease by any other drug-medication, the Commission lent no countenance, but energetically recommended a policy of prevention. This advice the Government declined to adopt, and thus the disease has spread to such an alarming extent as almost to threaten the nation with the horrors of famine. We conceive, therefore, that the Government is justly held up to blame for neglecting the warnings of science, and thus allowing an enemy to gain possession of our territories, who might have been expelled on his first invasion, if the responsible Ministers had done their duty.

THE CANDIDATES FOR THE LICENCES OF SCOTCH COLLEGES.

It is worth while to call attention to the list of the gentlemen who obtained their qualification to practise last week in Edinburgh, which will be found in another part of our issue to-day. It will be perceived that fourteen candidates passed their final examination for the Double Diploma, and five their "Primary." The nationality of these gentlemen presents the peculiarity, that while no less than eleven out of the fourteen were Irish students, only four were Scotch, the rest being two foreigners and one Welshman. Of the five gentlemen who passed their primary examination, two were Irish, one English, and two Scotch. We recommend to the investigation of the Medical Council the problem as to why Scotchmen should constitute less than one-third of the Candidate Licentiates of their own Colleges, and that Irishmen should almost supply the other two-thirds. It is perfectly manifest that there must be some attraction to the Scotch licensing bodies comparatively to that afforded by Irish Colleges, and until the Medical Council can bring their official comprehension to see the causes which operate to this result, and which every teacher in the United Kingdom has for years fully recognized, we can hardly ask the Irish or English Colleges to maintain a high standard of qualification in their examinations.

The cattle plague is committing fearful ravages in the Principalities. 315 oxen and 550 buffaloes have been carried off in the district of Varna. In the district of Rustchuk the mortality is estimated at 5064 oxen and cows, 525 buffaloes, 9986 sheep and goats, 224 pigs.

RETROSPECT OF THE JOURNALS.

In a leader the *British Medical Journal* refers to a paper in the new number of "Guy's Hospital Reports" on the treatment of Rheumatic Fever with mint water. It will be at once observed that the administration of the fat was but a cloak under which the disease was treated without drugs. The astounding fact is now, after a lapse of years, again forced upon us, that in this as in many other acute diseases our treatment is as futile and inefficacious as it was twenty years ago. We were always inclined to agree with the aphorism, that there was only one cure for acute rheumatism—namely, six weeks.

"Dr. Gull's undoubted conclusions, drawn from these cases, are: that the drug treatment of acute rheumatism, *cæteris paribus*, is no better than no treatment at all; that cases treated without drugs do as well in all respects as cases treated with drugs; and that, therefore, too much importance is attached to the use of drugs in those cases of acute disease which have a natural tendency to recovery. In a future number of "Guy's Hospital Reports," we are promised further evidence on this vital question of treatment; and are glad to find that Dr. Owen Rees has also resolved to join more fully in the inquiry, and to give the results of a certain number of cases treated with mint-water, and an equal number with alkalies, lemon-juice," &c.

It is thought the Venereal Diseases Committee will confine themselves to the practical recommendation of some plan for examining prostitutes in garrison towns.

At the meeting of the Royal Medical and Chirurgical Society, Mr. Moore brought forward an interesting case of an arterio venous cyst developed in the popliteal nerve. It was caused by a blow in the hand; the case ultimately required amputation. There is some doubt as to whether the tumour was innocent or not. Mr. Sibley brought forward a remarkable and rare instance of numerous neuromatous tumours of a cystic character, both within and without the spinal canal.

"At the post-mortem examination there was no disease of the viscera of the chest or abdomen. The brain and the cranial nerves were healthy. On opening the spinal canal a number of tumours were observed connected with the nerves within the membranes of the cord. In the cervical region there were several tumours, and the largest of these (about the size of a large nut) had pressed upon the spinal cord, which at this point was extremely constricted and softened. There were also many neuromata in connexion with the nerves in the lower part of the cord. In some places these were so numerous as to present the appearance of beads strung on a thread. The large tumour which was observed during life below Poupart's ligament was found to be connected with the anterior crural nerve. It was enclosed in a fibrous capsule, and on section presented the appearance of a fibro-cellular tumour interspersed with cysts. These cysts were of various sizes, the largest being about the size of an egg, and partly filled with imperfectly organized blood-clots. A second smaller cyst was filled with gelatinous material. The remaining small cysts were filled with clear serous fluid."

Dr. Johnston's work on cholera, which was so lauded in a late number of the journal, has given rise to considerable correspondence.

A "Resident Practitioner" of Brighton draws attention to the manner in which hospital and dispensary charity is administered. The recipients often are not confined to the lower orders; persons in a fair position do not think it beneath them to accept of gratuitous medical advice, and even sometimes to pay another medical man when

they have got tired of the physician who has been attending them for nothing. We fully agree with "A Resident Practitioner" that hospitals and dispensaries are often the means of robbing the neighbouring practitioners.

Dr. Dobell's paper on tuberculosis is completed. He advocates the use of a pancreatic emulsion, which is now manufactured by Messrs. Savory and Moore; his theory is based on the hypothesis that the disease is caused by an abnormal condition of the above secretion. This he endeavours to rectify by the substitution of the pancreatic juice of another animal.

An interesting example of hermaphrodism is related by Dr. Webster. Although the person assumed the dress, &c., of a female, yet the animal instincts and organisation of the male preponderated.

The *Lancet* devotes a leader to the condition of the Fenian prisoners at Pentonville and the hardships which they, as state prisoners, have to undergo in common with the vilest criminals. Whether or not it be due to the severity of the discipline, 10 per cent. of the convicts become insane. Our Government was ever ready to interpose with Russia, Naples, and Austria on the subject of the treatment of their political prisoners, who, in this kingdom have been always looked on with sympathy, but we should take the initiative ourselves, and make, as formerly, some difference between the political and criminal prisoner.

Mr. Hume, who was censured by a coroner's jury for the alleged neglect of a patient, has been called on to resign his appointment :—

"At any rate, up to this time he had always done his duty. Let us suppose that he slightly, or even seriously, failed. A coroner's inquest was held, presided over by Dr. Lankester, and censure of Mr. Hume was expressed by the jury without acquainting him with their deliberations, or giving him any chance of an explanation. We should be extremely happy to hear that Dr. Lankester entered his protest against this monstrous unfairness of condemning a man in his absence, without giving him the opportunity of defence or explanation."

Professor Huxley has recommenced his Lectures on Zoology at the College of Surgeons on Mammalia.

The discussion on pneumonia is continued. Dr. Clark answers the letter of "Vigo" in reference to existence of intervesicular lung tissue.

The Secretary of the New Sydenham Society replies to the correspondent who lately found fault with the working of the Society: his explanation is satisfactory, but discloses the curious fact that, instead of a "liberal salary," the Secretary enjoys the miserable pay of fifty guineas a year, which is less than one would offer to a second-rate carpenter.

Mr. R. Ellis draws attention to a new method of administering chloroform; he uses alcohol first, then ether, and then chloroform, by means of an ingeniously contrived instrument, he is enabled to present either of the anæsthetics separately or united without changing the apparatus.

At Guy's, a patient who had elephantiasis of the leg was subjected to ligature of the external iliac artery by Mr. Bryant; the operation was followed by considerable amendment, but there was a tendency to recurrence of the disease when she assumed the perpendicular position.

Mr. Kempton gives a description of the use of Dr. Richardson's new instrument for producing local anæsthesia; it was used in the extraction of teeth most effectually. There is no doubt but that Dr. Richardson has put us on the right road in producing a very important result.

The *Medical Times and Gazette* devotes a leader to Dr. Marion Sims' book lately published; it reviews the kind of practice therein detailed in no complimentary manner.

Dr. Tilbury Fox draws attention to Zittman's treatment of constitutional syphilis by means of peculiar decoctions of sarsaparilla.

Two cases of removal of the entire tongue are recorded from Mr. Paget's wards in Bartholomew's: previous to the application of the écraseur the organ was freed from its attachments to the jaw, the mucous membrane and origins of the four genio-hyiod muscles being divided.

HOUSE OF COMMONS.—February 6th.

Sir G. Grey brought up, by command of Her Majesty, the first report of the Commission appointed to inquire into the origin and nature of the cattle plague, and also the report of the Capital Punishment Commission.

Sir G. Grey gave notice that on Monday next he should move for leave to bring in a Bill relating to the contagious and infectious diseases existing among cattle.

Mr. Childers gave notice that on Monday next he should move for leave to bring in a Bill relating to the improvement of the dwellings of the labouring classes.

Mr. Torrens gave notice that on Tuesday, the 20th inst., he should move for leave to bring in a Bill to make better provisions in the laws relating to artisans and labourers.

Mr. Doulton gave notice that on the 13th inst., he should ask the Home Secretary if it were the intention of Her Majesty's Government to introduce early in the present Session a Bill having for its object the preservation of the commons and open spaces round London.

THE CATTLE PLAGUE.

The official returns for the week ending February 3rd are nearly worthless, as 209 inspectors have not reported in time for the weekly account. These inspectors returned 2304 cases last week. The imperfect totals are 153 fresh cases, against 11,745 in the previous week.

A meeting of the members of the Agricultural Society was held last week at St. James's Hall. Resolutions were passed, the purport of which was to prohibit all movements of live stock, to order that all infected and those in contact with them should be killed, to provide remuneration for owners of animals affected by these measures, and to do all these things by Act of Parliament.

From the last week's Cattle Plague Returns, by comparison with those of the previous week, it will be seen that there have been 23,642 attacked, 9845 deaths, 607 slaughtered, and 2331 recoveries, since January 20:—

Census Divisions.	1. Attacked.			2. Result of reported Cases from the Commencement of the disease.				
	Week ending January 27.	Week ending January 20.	Week ending January 13.	Attacked.	Killed.	Died.	Recovered.	Unaccounted for.
Metropolitan Police District	26	21	38	7474	3149	3408	315	602
South Eastern Co.	35	33	30	4845	1494	2712	422	217
South Midland Co.	589	860	681	10217	1830	6892	741	754
Eastern Counties	157	315	265	7837	2868	3904	538	527
South Western Co.	58	82	40	1157	293	614	132	118
West Midland Co.	1723	444	264	4933	524	3227	515	572
North Midland Co.	715	442	565	4984	600	3399	400	585
North Western Co.	3510	3738	2465	19596	595	13332	1298	4371
Yorkshire	2034	1314	1508	19331	924	11863	3034	3510
Northern Counties	116	290	216	2481	593	1256	258	374
Monmouthshire and Wales	626	542	661	5225	101	4021	621	481
Scotland	2156	1960	2510	32755	3771	19121	5888	3975
	11745	10041	9243	120740	16742	73756	14162	18 6

ASYLUM FOR IDIOTIC AND IMBECILE CHILDREN.

On the 1st inst. a meeting was held at Charlemont House, Rutland-square, Dublin, to consider the propriety of establishing an institution for the training and educating of idiotic and imbecile children. The meeting was numerously and influentially attended.

The Earl of Charlemont in the Chair.

Mr. Jonathan Pim, M.P., said that it was unnecessary for him to say anything with regard to the melancholy condition of the class on whose behalf the meeting had been called. They were not only a source of expense to their families—not only were they generally unable to do anything towards maintaining themselves, but they generally required such care and attendance as prevented other members of the family with which they were connected from earning their bread. Their habits were often very repulsive, their moral faculties very often depraved, while their education not unfrequently was entirely neglected. The questions for them to discuss were—first, whether anything could be done for the improvement of the condition of these classes; second, whether anything ought to be done; and third, the proper way to attempt to do it. He thought it was evident, from the results of experience, that something could be done—in some cases probably a great deal, in others, perhaps, not very much. Lunacy and idiocy had sometimes been confounded, and the true distinction between them overlooked. Lunacy was the misdirection of an intelligence which already exists, and has already been developed. Idiocy is the non-development or the imperfect development of that intelligence. As sane people were capable of various degrees of instruction, so those who were classed as idiotic were likewise capable of instruction in different degrees. It was only during the last twenty years that this subject had obtained much attention—first in France, then in England, but most of all in America, where it had received greater attention than anywhere else. In England there was a magnificent institution at Earlswood, about thirty or forty miles from London, between that city and Brighton. This was the asylum for the eastern counties of England, and there had also been established one for the north-eastern counties, and another for the northern counties. There had also been one established in Scotland. The Earlswood Asylum was the earliest established, and consequently they had had most experience there. From a paper issued by the Northern Counties' Asylum they could gather some information with regard to the proportion of those in whom improvement was effected, and the character of that improvement. It appeared that of the cases admitted ten per cent. became self-supporting, forty per cent. so far improved that they ceased to use up the time of another person in attending to them; the remainder, with the exception of six per cent., on whom no improvement was effected, all became greatly improved. It was the experience of the conductors of those institutions that they could not, till they had tried, say whether any case would be successful or not. Of all the results of this training, the most interesting was the effect produced by it on the moral and religious feelings. Similar results had flowed from the institution established in Scotland. As to whether anything ought to be done, he thought there could be no question. From statistics, for which he was indebted to Sir William Wilde, it appeared that there were in Ireland 7033 imbeciles or idiots. Of these 403 were in lunatic asylums—places not very well adapted for improving their condition; 21 were in prisons, places much worse for that purpose; 934 were in workhouses. The remaining 5675 were at large, living amongst their own families, and many of them in a wretched condition. In America, where great attention was paid to this class, provision was made by the State for them. He did not believe they could properly effect what they wished to do without the assistance of the State. He thought that assistance should be given in the form of a Parliamentary grant, leaving the institutions at the same time under private care, on the model of the principle applied to reformatories. As to the cost, they should have a large house—one especially adapted to the purpose, and having the workshops and other things which would be necessary to its proper working. Again, these poor people required a very liberal diet (hear). A great portion of the success in their mental training depended upon the improvement of their physical condition. A very large number of caretakers would also be necessary. At first he believed it would be necessary to have one for each inmate. All these things would entail very great expenditure, and he mentioned them because it would be well that they should know of them beforehand, so as not to cause disappointment afterwards. The building would probably cost £4000, the fittings and furniture about £18,000, and the maintenance of each inmate about £21 or £30 per annum. He had said there were in Ireland 7033 persons of this class. He might add that of these 1642 were Protestants, and 5391 were Roman Catholics. Of course the larger proportion of the Protestants were in the province of Ulster, about 1200 out of the entire 1642 being resident there. Mr. Pim resumed his seat amid the applause of the audience.

The Chairman then called on the Archbishop of Dublin to move the first resolution.

His Grace the Archbishop of Dublin, in moving the first resolution, said—I am sure, my lord, all here present are obliged to your lordship for the permission and opportunity you have given us for the consideration of so interesting and important a subject under this roof, where many things which deeply interest Ireland, and deeply concern her welfare, have been discussed in times past (hear). I do think there is probably nothing which has more right to touch our sympathies than that before us. I think all here present will recognize the zeal and energy that have been shown in this work for the alleviation of human suffering, and which we always find exhibited on the part of the medical profession. We recognize in this matter their leadership, and it is they who provoke us to an interest in a work so good as this is. I am sure we might have gone on looking at this evil, and giving it but helpless thought, but that they have stirred themselves so energetically as they have done. At the same time, it is one of the saddest and most encouraging facts that, as we look abroad upon the world, and see how much sorrow, trouble, poverty, and distress there are there,—it is one of the saddest facts that there should be so much remediable that has not been remedied, and one of the most encouraging facts that, although it has not been remedied, it is still remediable, because it tells us that it only wants a little more earnest and Christian feeling and sympathy, only a little more earnest toil and labour to assist in removing part of that great mountain of woe which seems to oppress the human race. It is an encouraging fact that the late Prince Consort—so eminent, not for vague and thoughtless benevolence, but for a benevolence actuated by thoughtfulness and discrimination—should have taken so great an interest in a similar institution at Earlswood. Not merely did he lay the first stone—for that he could not avoid as a piece of official work—but he took the deepest interest in its success: an interest which has been inherited by the Prince of Wales, who is about to lay the first stone of a large wing to that magnificent institution. I do earnestly trust that, while England is performing her part in this work, while Scotland is doing her part, Ireland will not be altogether behindhand; that, seeing what may be done, we will address ourselves to the doing of it, and that we will not part to-day without having taken some steps towards the establishing of an institution for the protection, training, and education of the idiotic and imbecile, who, not being able to plead for themselves, as the motto of Earlswood runs, have the greater claim that others should plead for them. His Grace concluded by moving the following resolution:—

"That the condition of the idiotic and imbecile being such as to demand our cordial sympathy, this meeting learns with pleasure that much can be done for their education and improvement, and resolves that immediate steps shall be taken to establish an institution for their protection, training and education."

The Bishop of Down and Connor seconded the resolution. Mr. Pim had stated that the institutions which already existed in Ireland for the treatment of the insane were supported by the state. They were not exactly what was common called supported by the State, but rather out of the county rates. He thought, considering the machinery already existing, that it might be well to inquire whether arrangements could not be made by which each county should send its own idiots and imbeciles to such an institution as it was now proposed to establish, and, through means of a rate levied for the purpose, supply the means of support, and thus secure the permanence of the institution. It would also extend the interest in the institution itself. That the ordinary asylums were not suited for the reception of idiots and imbeciles had been clearly shown by the hon. member, Mr. Pim, who showed that they required peculiar

care and instruction, and a different description of diet from that usually given to the inmates of lunatic asylums. It was for that reason that he agreed with the proposal to transfer these classes to an asylum provided by Christian benevolence.

The resolution was then put, and carried unanimously.

The Rev Dr. Urwick moved the second resolution:—

"That the following noblemen and gentlemen be requested to act as a committee (with power to add to their number), and are hereby empowered to take such steps as they may deem advisable for the carrying out of the foregoing resolution.—[Here follow list.]

Mr. Alexander Parker, in rising to second the resolution, said that he did so with great pleasure. It was astonishing how the existence of a little enthusiasm in one person kindled a like enthusiasm in others. Dr. Kidd had been enthusiastic in this work, and had succeeded in imparting some of his enthusiasm to others, refusing to take any excuse as to their being already overloaded with work. If, however, some of them should fall off a little in the real working of the institution, he hoped that others would be found to take their place (hear).

The resolution was passed unanimously.

Mr. J. C. Colville moved the third resolution, to the effect that a subscription list be opened for the purpose of carrying out the foregoing resolutions.

Dr. Stewart said he would be glad to put down his name as a subscriber of £50, and if necessary he would give £50 more

Mr. McMaster moved—

"That this meeting think it desirable that local committees should be formed in the principal towns throughout Ireland to enlist support for the institution, and make its object generally known.

The Rev. Mr. Stevenson seconded the resolution, which was agreed to.

Professor Ingram moved—

"That the committee be empowered to elect presidents and vice presidents of the institution, who shall be *ex-officio* members of the general committee."

Mr. Sutherpe seconded the resolution, which was carried unanimously.

Nearly £1000 was subscribed in the room for the objects of the charity.

Correspondence.

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged by your giving insertion to the annexed letter, that the Poor-law Medical Officers may be made acquainted with the steps taken towards an improvement in the Medical relief of the poor.—Yours, &c.

RICHARD GRIFFIN.

12, Royal-terrace, Weymouth, 3rd February, 1866.

SIR,—Since the commencement of this year a large number of Poor-law Medical Officers have sent their subscriptions to enable me to defray the necessary expenses consequent upon an application to be made to Parliament, and the printing of a pamphlet to be sent to each Member of the House of Commons, demonstrating the necessity of a thorough revision of the present wretched system of Medical relief to the poor; but prior to this procedure I feel I should best consult the interests of all parties concerned by laying before you, as the head of this great department, which has annually under its management over a million and a quarter of sick poor, the draft of a bill which appears to me would, if passed, be of national advantage, and if you would take charge of it, or of one of similar import, and introduce it into the House of Commons, or make it a part of your new Poor-law Continuance Bill, I feel sure you will immensely benefit the public. That you may have knowledge of the sentiments of the Poor-law Medical Officers on this subject, I request you will permit such of them as can spare the time to wait upon you as a deputation, and if you will fix a time, giving me a clear fourteen days notice, I will call them together for the purpose, and should you in the interval desire a private interview with me, relative to any arrangements, I will gladly wait upon you any day you may fix.—I have the honour to be Sir, your obedient servant,

RICHARD GRIFFIN.

The Right Hon. C. P. Villiers, M.P.,
President of the Poor-law Board.

THE CATTLE PLAGUE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Can you or any of your readers inform me if the tincture of the sesquichloride of iron, either with or without quina, has been tried in the treatment of the cattle plague? and if so, what has been the result? These two drugs, with many others, are very useful in fevers in the human subject, why may they not be so in the case of the rinderpest (apparently at least a kind of cow fever) in the early stages of the disease? It is the practice in this neighbourhood for parties having cattle to pay into Cattle Associations certain calls or subscriptions in case of pleuro-pneumonia appearing among their stock, when they receive out of the Society a sum of money, and make up the full value of the animals by selling them for what they get as human food

It is also the practice here, in cases of nervous or other excitement, as in parturition of cows, sheep, pigs, &c., resulting in the death of the animals, for the butcher to stick and dress the carcases, and then sell them for human food. This is also done in all accidents, dropsy, diseases of the heart, lungs, liver, &c., thereby engendering fevers and many other diseases in the human being, whereas if these associations would agree to make sufficient calls upon their members, they would be able to pay the full value of the cattle, which should be buried, and thereby prevent much sickness and misery. Apologising for troubling you with this, I remain, Sir, your obedient servant, THOS. G. E. BROWN.

Waddesdon, Aylesbury, February 8th, 1866.

BILL FOR PREVENTING THE FURTHER SPREAD OF THE CATTLE PLAGUE.

THE Home Secretary moved, on Thursday night last, for leave to bring in a Bill for the prevention of the further extension of the cattle plague. The principal clauses in the measure were those ordering the immediate destruction of all infected animals, and empowering Magistrates to order the killing of healthy beasts if they see shall necessity. Owners to be compensated from a special tax to be levied in each county to the amount of two-thirds of the value of the animal, being not more than £12 in the case of an infected beast, and £25 of a healthy one. We hope to give the measure as fully as possible in our next.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following Members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 8th inst.:—

Guy, Thomas, Doncaster; diploma of Membership dated July 2, 1841
Harris, Clement Mears, Wootton-under-Edge; Dec. 21, 1838.
Rowe, Charles Reynolds, Wimborne Minister; June 1, 1835.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 1st inst.:—

Adams, Josiah Oake, Plymouth.
Bury, Henry Charles, Whetstone, N.
Grace, Edward Mills, Downend, Bristol.
Rundle, Henry, Plymouth.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, EDINBURGH: DOUBLE QUALIFICATION.—The following gentlemen passed their final examinations during the recent

sittings of the examiners, and were admitted L.R.C.P.Edin. and L.R.C.S.Edin. :—

Anderson, Colles Litchford, Madras.
Grier, William John, Co. Longford.
Hackett, Arthur Luke, Cork.
Holmes, William Hugh, Cork.
Johnstone, Howison Jas., Co. Longford.
Jones, David Joshua, Carmarthenshire.
Loos, James, Ceylon.
McKenna, Cornelius John, Tipperary.
Miller, Lewis, Dublin.
Parke, Samuel, Gilford.
Pattie, Robert, Dumfriesshire.
Ritchie, Alex. Ramsay, Edinburgh.
Thompson, Thos. Alex., Carrickfergus.
Wylie, William, Poyntzpass.

And the following gentlemen passed their first professional examinations :—

John Kerr Davidson, Wick ; Edward E. Purcell, Limerick ; Henry Bath, Glastonbury; Richard Young, New Lanark; John Riddle, Ballybay.

School of Physic, Trinity College, Dublin.—The following Gentlemen passed the Examinations for the Degrees in Medicine and Surgery last week :—

Medical Degree Examination.

Thomas E. Little.	Christopher Armstrong.
William Morton Harman.	Michael Shanley.
William Robert McDermot.	William J. S. Boake.
James Thompson.	William H. N. Stanford.
William Henry Steele.	Richard S. Smallman.

Surgical Degree Examination.

James McCutcham.	Edward Kough.
Richard Vesey.	Samuel B. Gamble.

Samuel Haughton, Medical Registrar.

Royal College of Surgeons of Ireland.—The following Gentlemen passed on February 10th :—

Letters Testimonial.

Robert Alexander Caldwell, Coleraine.
William Ireland Wheeler, Dublin.

Navy Assistant-Surgeons.

William John Rankin, L.R.C.S.I.
Edward Wilberforce Leet, L.R.C.S.I.

Royal College of Surgeons, Edinburgh.—The following gentlemen passed their final examinations during the recent sittings of the examiners, and were admitted Licentiates of the College :—

Douglas, John Charles, Wigtownshire.
Greene, William Thomas, Dublin.
Turnbull, G. Wardlaw, Linlithgowshire.
Walsh, John Aloysius, Carrick-on-Suir.
Wright, John, Derbyshire.

And the following gentleman passed his first professional examination :—

Rolt Ayre Smith, Monkwearmouth.

University of Cambridge.—The Board of Medical Studies has issued a report recommending alterations in the regulations for degrees in medicine and surgery, of which the most important is a rearrangement of the examination so that the subjects of the first examination shall be—Chemistry, with Heat and Electricity, Botany, the Elements of Comparative Anatomy. Human Anatomy and Physiology and those of the second examination shall be—Pharmacology, Pathology, and the Practice of Physic, Clinical Medicine, and Medical Jurisprudence.

Deaths in the American Armies.—The War Department computes the number of deaths in the Union armies since the commencement of the war at 250.000, and that of the Southern soldiers at least to 225.000, making at least 475,000 lives that have been lost. At Gettysburg, 23 000 Union soldiers were killed, wounded, or taken prisoner. General Grant's losses, from the time he crossed the Rapidan until Lee's surrender, were about 90,000.

Mr. Faull, the medical officer who was drowned in the *London*, had been once assistant medical officer at Colney Hatch Asylum. His age was only 37. He has several times been to Australia in Messrs. Wigram's ships.

Conviction for Selling Adulterated Wine.—A wine merchant in France was lately fined £20 and imprisoned for a year, for selling wine into which a quantity of litharge had been put. Three persons, it is said, had been killed, and several paralysed, who had drunk it.

Pharmaceutical Ethics.—Mr. Ince is about to write a treatise on Pharmaceutical Ethics, at the instance of the Pharmaceutical Conference.

Dr. Oppolzer of Vienna has inflammation of the lungs; but Dr. Skoda does not consider him to be in any imminent danger.

Dr. William A. Hammond, late Surgeon-General, United States Army, has come to Europe in charge of a grandson of the late John Jacob Aston of New York.

The Profession in Peru.—The *Medical Times and Gazette* says that there are but two hundred legally qualified medical men in Peru; and that charlatans there reap a splendid harvest.

Vomit of Yellow Fever.—In specimens of the vomit (says Mr. J. Hogg) from the yellow fever, sent to me from Bermuda, I found a large admixture of spores and torulæ, with altered blood-corpuscles and disintegrated epithelial scales.

Eye Dispensary of Edinburgh.—Last week the annual meeting of this Institution was held in the Dispensary, Cockburn-street—Dr. Dunsmure, President of the Royal College of Surgeons, in the chair. The annual report, which was read and adopted, stated that since the commencement of the Institution in 1822, nearly 42.000 cases had been treated in it, all gratuitously; and that the number of new cases treated annually was about 1400. A vote of thanks was given to the officers of the Institution, which terminated the proceedings.

Glasgow—Police Board.—The ordinary meeting of the Glasgow Police Board was held yesterday—the Lord Provost presiding. From a medical report by Dr Gairdner, it appeared that during last fortnight the occurrence of 218 cases of fever had been reported, against 193 during the preceding fortnight, and four cases of small-pox, against one and 149 cases fewer than those of which returns were given during the previous two weeks. Mr. Ure, in moving the adoption of the minutes, referred to the increase of fever cases shown by the above figures, and remarked that the number was ten fewer than the cases reported a month ago, in a year ago. The minutes were confirmed.

Ozone and Health.—Lastly, we gather from what has gone before, a few facts bearing on hygienic measures, general and special. We may learn that Ozone is used up in crowded localities, and as its presence is essential for the removal of the products arising from decomposing organic remains, no mere attention to ventilation, however important that may be, can suffice to make the air efficient for supporting healthy life unless the air be rendered active by the presence of Ozone. Hence it is an absurdity of the worst description to build hospitals for the sick in the midst of the crowded localities of the poor, and to ventilate them with air that has swept its way over a sea of ammoniacal compounds derived from the living and the dead. Hence, human dwellings built on the borders of lakes or pools charged with organic *débris*, or built near manure heaps, or over sewers, or on ground saturated with putrefying substances, becomes necessarily the centres of the fever type of disease; not by necessity, as is vulgarly supposed, because the inhabitants are conscious of "smell," but because the air they breathe is reduced in active power, and poisons are being generated around them to which they are constantly exposed, and before which they fall a ready prey.—*Dr. Richardson in "Popular Science Review."*

The Royal Society.—A ordinary meeting of the Royal Society was held on the 5th inst., in the Royal Institution—Sir David Brewster in the chair. Dr J. Matthews Duncan read a paper illustrated by twenty-five tables of statistics on "The Laws of Human Fertility." Dr. A Crum Brown delivered a brief address on "The Classification of Chemical Substances by means of Generic and Specific Radicals." The lecture was illustrated by several diagrams. Professor Tait read two short papers on "The Condensation of Air in an Air Bubble under Water," and on "Some Geometrical Constructions connected with the Elliptic Motion of Unresisted Projectiles." Sir David Brewster presented the Society with several beautiful specimens of the "fairy stones" found in Elwand Water, near Melrose. The stones were accompanied by a short paper, read by Professor Tait, giving an account of their discovery, and describing their probable formation. After disposing of some private business, the meeting separated.

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, February 3, 1866, in the following large Towns:—

Boroughs, &c.	Estimated Population in middle of the Year 1866.	Persons to an Acre. (1866.)	Births registered during the week ending Feb. 3.	Deaths.* Corrected Average Weekly Number.	Deaths.* Registered during the week ending Feb. 3.	Temperature of Air (Fahr) Highest during the Week.	Temperature of Air (Fahr) Lowest during the Week.	Temperature of Air (Fahr) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2171	1400	1417	57·0	35·6	45·1	0·68	69
Bristol	163680	34·9	91	73	102	51·7	34·0	45·2	1·45	146
Birmingham	335798	42·9	270	163	206	53·6	36·3	43·6	0·51	52
Liverpool	484337	94·8	377	281	405	52·4	38·7	45·3	0·36	36
Manchester	358855	80·0	258	203	227	52·3	31·5	42·1	0·65	66
Salford	112904	21·8	86	57	60	52·3	32·0	43·1	0·68	69
Sheffield	218257	9·6	171	115	142	51·0	34·0	42·3	0·62	63
Leeds	228187	10·6	182	116	148	54·0	33·2	43·8	0·38	38
Hull	105233	29·5	76	49	55	48·0	30·0	40·4	0·39	39
Newcastle-on-Tyne	122277	22·9	104	65	80	50·0	33·0	41·5	0.20	20
Edinburgh	175128	39·6	108	84	96	50·0	29·0	40·2	0.60	61
Glasgow	432265	85·4	325	252	242	48·0	28·1	39.7	1·88	190
Dublin	318437	32·7	181	‖156	175	55·8	31·5	43·6	0·83	84
Total of 13 large Towns	6122894	34·4	4000	3014	3351	57·0	28·1	42·8	0·71	72
					Week ending Jan. 27.	Week ending Jan. 27.				
Vienna	(1863) 560000	...	...	...	390.	...	...	§36·3	...	...

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·553 in. The atmospheric pressure was 30·05. in. on the morning of Sunday; it fell to 29·13 in. on Friday, and rose to 29·82 in. on Saturday.

The general directions of the wind was S.W. and W.

* The average weekly numbers of births and deaths in each of the above towns have been corrected for increase of population from the middle of the 10 years 1851-60 to the present time.

† Registration did not commence in Ireland till January 1, 1864; the average weekly number of births and deaths in Dublin are calculated therefore on the assumption that the birth-rate and death-rate in that city were the same as the averages of the rates in other towns.

‡ The deaths in Manchester and Bristol include those of paupers belonging to these cities who died in workhouses situated outside the municipal boundaries.

§ The mean temperature at Greenwich during the same week was 46·9 deg.

‖ The usual return from Liverpool not having been received, averages of the births and deaths in the previous six weeks have been substituted for the correct numbers.

MEDICAL DIARY OF THE WEEK.

WEDNESDAY, FEB. 14.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Prof. Huxley, "On the Classification and Structure of the Mammalia."

MICROSCOPICAL SOCIETY.—8 p.m. Anniversary Meeting.

THURSDAY, FEB. 15.

ROYAL INSTITUTION — p.m. Professor Tyndall, "On Heat."

HARVEIAN SOCIETY OF LONDON.—8½ p.m. Dr. Camps, "On Railway Accidents attended with Violence: their Effects on the Nervous System."

FRIDAY, FEB. 16.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Prof Huxley, "On the Classification and Structure of the Mammalia."

ROYAL INSTITUTION.—8 p.m. Col. Sir H. James, "On the Ordnance Survey of Jerusalem.

SATURDAY, FEB. 17,

ROYAL INSTITUTION.—3, p.m. Prof. Westmacott. "On Art Education, and how Works of Art should be viewed,"

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—7½ p.m.

NOTICES TO CORRESPONDENTS.

Mr. Griffin's letter is inserted.

Mr. T. J. E. Brown.—The letter is inserted.

Mr. J. T.—The letter has been received.

A House-Surgeon.—The plan is recommended only, or chiefly, in cases of fractures received in the field of battle.

Dr. H.—The reports will be acceptable.

Lector.—Formic acid is so called, because it was originally obtained from ants (formica), and it is a curious circumstance that a liquid distilled from ants is used in some Northern counties as an intoxicating drink.

The Army Medical Department, Netley.—The copy of the Examination Papers has been received.

A Poor-law Medical Officer.—We believe that the Poor-law Board does not allow fees for cases of revaccination, but a letter directed to the Board will procure an official reply upon the point.

X.—At Cambridge it is necessary to pass the Previous Examination, which is analogous to the Matriculation Examination of the University of London.

Mr. R.—The suggestions shall be attended to.

THE GRIFFIN TESTIMONIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following subscriptions have been further received on behalf of the above fund:—

Dr. J. Birkbeck Nevins, Liverpool,	£0	10	6
Amount previously announced	133	9	9
Received at "Lancet" office	9	9	0

Yours obediently,

ROBERT FOWLER, M.D., Treasurer and Hon. Sec.

145, Bishopsgate-street, Jan. 24, 1865.

BIRTHS.

MOFFAT.—At Thornhall, Polmount, on the 3rd inst., the wife of Robert Moffat, M.D., of a daughter.

EVISON.—At Milnthorpe, Westmoreland, the wife of Hanson Evison, M.R.C.S. Eng., of a son.

GROSVENOR.—The wife of G. Fox, Grosvenor, M.D., prematurely of a son.

HARMER.—At Pix-hill, Haukhurst, the wife of Dr. W. M. Harmer, of a daughter.

HASTINGS.—At 56, Curzon-street, the wife of Dr. Cecil Hastings, of a daughter.

HOVELL.—At Clapton, the wife of Dr. de Berdt Hovell, M.R.C.S.Eng., of a son.

JONES.—At Wrexham, the wife of T. Eyton Johns, M.R.C.S. Eng., of a daughter.

LANGSTON.—At Broadway, Westminster, the wife of Thomas Langston, M.R.C.S. Eng., of a daughter.

MAY.—At Reading, the wife of George May, jun., F.R.C.S. Eng., of a son.

MURCHISON.—At 79, Wimpole-street, W., the wife of Charles Murchison, M.D., of a daughter.

PICARD.—At 34, Abbey-road, St. John's-wood, the wife of P. Kirkpatrick Picard, M.D., of a son.

SAVAGE.—At Bordesley, Birmingham, the wife of Thomas Savage, M.D., of a daughter.

STUART.—At Chairntide, Berwickshire, the wife of Charles Stuart, M.D., of a son.

TAYLOR.—At Woodstock, Oxon, the wife of Frederic Taylor, M.D., of a son.

TRAQUAIR.—At Pau, France, the wife of T. G. Traquair, M.D., of 1, Eccleston-square, of a son, stillborn.

Feb. 2, at Molesworth-street, the wife of Thomas W. Grimshaw, Esq., M.B., of a son.

Jan. 30, at Clanvill Lodge, the wife of Captain Tyssen, R.N., of a daughter.

MARRIED.

PEET—GIRAUD.—On February 6, at St. Mary's Church, Dover, John Peet, M.D., Surgeon-Major Bombay Army, to Nind Laura, daughter of Herbert Giraud, M.D.

WATSON—WATSON.—On February 3, at St. Bartholomew's Sydenham, George H. Watson, M.R.C.S. Eng., Caroline Amelia, eldest daughter of the late Robert Watson, Esq.

WALLACE—ROCHE.—Feb. 1, at St. Kevin's Church, by the Rev. Mr. Patten, and afterwards by special license, at the Augustinian Church, John-street, by the Rev. T. Brown, P.P., Limerick, assisted by the Rev. W. Sullivan, O.S.A., London, Richard Wallace, Esq., M.D., to Margaret Teresa, second daughter of the late Maurice Roche, Esq., and niece of Alderman Tinsley, J.P., Limerick.

BRIGSTOCKE—TOMPKINS.—On February 1, at St. Luke's, Cork, Richard W. J. Brigstocke, Surgeon, R.N., to Lizzie, youngest daughter of W. J. Tompkins, Esq.

CHEADLE—MURGATROYD.—On January 31, Walter B. Cheadle, M.D., to Anne, youngest daughter of the late William Murgatroyd, Esq.

ELLIOT—BRADLEY.—On January 20, George S. Elliot, M.D., to Elizabeth, widow of the Late William O. Bradley, Esq.

GALE—DRIVER.—On February 1, at Heaton Norris, A. Stanley Gale, M.B., to Miriam Driver, the adopted daughter of the late Samuel Benison, Esq.

GILBERT—TACON. On February 1, at Brodborough, Stroud, Edward G. Gilbert, M.R.C.S.Eng., to Selin Anne, eldest daughter of Robert Tacon, Esq.

HENRY—DELANY.—On February 1, at St. John's Church, Islington, James Henry, M.D., Surgeon R.N., to Nannie, eldest daughter of John Delany, Esq.

HILLS—PARKER.—On January 25, at Edlington, Rolland Hills, M.R.C.S. Eng., to Harriet daughter of Edward Parker, Esq.

MAURICE—KINDERSLEY.—On February 1, at St. Paul's, Knightsbridge, James B. Maurice, M.D., to Mary Agnes, only daughter of the late N. W. Kindersley, Esq.

WHITE -CORRIE.—At St. Paul's Church, York-place, on the 2nd inst., by the Rev. James F. Montgomery, M.A., Francis Buchanan White, M.D., elder son of F. J. White, M.D., Perth, and of Pelsham, Dorset, to Margaret Juliet, youngest daughter of the late Thomas Corrie, Esq. of Stellston.

DEATHS.

HENRY G. M. ALLANSON, M.D.St. And., at St. George's-terrace, Sheffield, on January 28, aged 37.

DR. J. J. BARTON, at Brighton, on January 29, aged 62, formerly of Bexley.

GEORGE BIRKETT, M.D.Lond., at Northumberland House, Stoke Newington, N., on February 1, aged 47.

THOMAS E. T. COLMAN, M.R.C.S.Eng., at Wymondham, Norfolk, on January 24, aged 58.

GEORGE FOTHERGILL, L.S.A., at Moreland, Westmoreland, on January 16, aged 60.

JAMES LEITCH, L.R.C.S. Edin., Surgeon, R.N., at Crieff, Perthshire, on January 16, aged 84.

CORRIGENDA.—In Dr. Geoghegan's letter on "Operations on the Windpipe," p. 135, line 26, for "insufficient air," read "insufficiently warmed air;" p. 136, for "gum elastics," read "gum-elastic tubes;" for "coller," read "collar;" for "edge," read "the edge."—In Dr. McKinlay's paper "On Amputation by Flaps in the Leg," in last week's issue, in the second line from the bottom, for "Mr. Symes" of Dublin, read "Professor Syme" of Edinburgh.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

A REMARKABLE CASE OF LITHOTOMY.

By CHRISTOPHER FLEMING, M.D., F.R.C.S.I.,

SURGEON TO THE RICHMOND HOSPITAL.

SUDDEN RETENTION OF URINE FROM ENLARGEMENT OF THE PROSTATE GLAND; EXTERNAL CHARACTERS OF THE URINE; DECEPTIVE RATIONAL SIGNS OF STONE IN THE BLADDER; PHYSICAL SIGNS, CONCLUSIVE; MEASUREMENT OF THE STONE; OPERATION OF LITHOTOMY; REMOVAL, AT THE OPERATION, OF SIX LARGE CALCULI FROM THE BLADDER; VIOLENT SECONDARY HÆMORRHAGE; NATURE OF CALCULI; RECOVERY COMPLETE.

A MAN, in his 63rd year, was brought to the Richmond Hospital, during my morning visit, with retention of urine, which, for the first time, attacked him the evening before, after exposure to cold. He was a tall able man, in good bodily health. For the last four years he had been employed as a drayman in an extensive brewery in this city, and for many years previous he had been in one of the engine-rooms attached to the establishment. On repeated occasions, for the last ten or twelve years, he had uneasiness in the loins, extending along the course of the ureters, towards the region of the bladder; had, at irregular intervals, frequent and urgent micturition; the urine was often suddenly interrupted in its stream; but yet, with all those symptoms, he continued to discharge his duties, the attacks passing off after some severe paroxysms, and returning after very irregular and lengthened intervals. He never had hematuria, and did not suffer more acutely while engaged in his daily occupations. On no occasion had he retention of urine, nor had he ever applied for medical advice until on the present, when he was forced to the hospital by a fellow-workman. The man was now suffering much, and his bladder was so largely distended as to be distinctly felt in the hypogastrium. I passed, in the erect posture, a gum-elastic catheter, and drew off a large collection of urine. At the end of its removal I thought I felt a calculus strike against the instrument, but at the moment attributed the sensation to one of those fluttering movements so commonly communicated in such cases. I induced the man to enter the hospital, and admitted him in September, 1859. On the following day I examined a specimen of the urine drawn off; its odour was natural; it was of a deep straw colour, acid in its reaction, and had a density of 10·20. Its deposit of rest was copious, opaque, and fawn coloured, and studded throughout with minute red particles resembling Cayenne pepper. Under the microscope numberless crystals of lithic acid, of all shapes and forms, were clearly discernible; the glass vessel was clouded with a deposit of lithate of ammonia, which gave it a muffed appearance, and caused the fluid to present a deceptive muddiness. The following morning I drew off the urine with a silver catheter, as the man lay in bed, when the presence of a stone in the bladder was unequivocally ascertained. A few days subsequently, before drawing off the urine, I introduced a flat-bladed lithotrite in the same position, and at once, without the slightest difficulty, felt and caught a stone, measuring at least an inch, when, finding some delay in disengaging the stone from the grasp of the lithotrite, I got the sensation during its movement that another stone was in the bladder. Although the instrument passed without much obstruction, it was yet obvious that it required to be pushed to a great length before it fairly reached the cavity of the bladder, and, on examining the prostate gland a considerable enlargement of it was discovered.

The operation of lithotomy was decided upon, as well from the condition of the bladder and that of the prostate gland as from the size of the stone and the suspicion of the existence of a second. The condition of the urine augured a sound state of the kidneys and bladder. After the usual preliminary preparations the lateral operation of lithotomy was performed on the 29th September. Chloroform was used, some brandy and egg having been previously given. Full anæsthesia was produced, and the usual steps of the operation gone through without any annoyance beyond that of having to encounter a very deep perineum. A stone was quickly removed, the size of which being under that indicated by the previous measurement, and its shape being peculiar, caught my attention, when I passed my finger again into the bladder, and on five successive introductions caught the calculi (six in all) shown in Fig. 4 in the Plate. There was some sharp hæmorrhage which was quickly controlled by the "canule à chemise," and all proceeded most satisfactorily until the eighth day after the operation, when an alarming hæmorrhage suddenly supervened. I was urgently sent for to the hospital, and found that all the ordinary efforts had been made by the resident pupils to arrest the bleeding without success. The wound was filled with coagulated blood; blood was also trickling from it and from the urethra, and there was very severe tenesmus. I cleared out the wound and the bladder of a quantity of semi-coagulated blood, and reintroduced the canula, protected with a collar of dry sponge securely tied round its vesical end, taking the ordinary precaution of leaving the openings of the instrument free, and securing all with firm pressure. Wine, opium, and ice were given, and a temporary control of the hæmorrhage effected. Again, however, it recurred with even greater violence, accompanied with forcible tenesmus, and the escape of fluid fæculent matter. I now directed, in addition, a piece of ice, shaped as a bougie, to be introduced into the rectum, when, learning from my pupil that it could not be accomplished, I prepared the ice myself, and finding it obstructed about one inch and a half or two inches from the anus, I passed up my finger and felt the whole rectum blocked up with a large accumulation of hardened fæces. The course of proceeding was now obvious; the fæces were mechanically removed and the rectum well washed out. The hæmorrhage at once ceased and never recurred, and the case progressed steadily, the use of the catheter after the operation of lithotomy not having been required, and the bladder ultimately recovering itself completely.

This man left the hospital free from any urinary suffering in the early part of the November following, and has often presented himself since that period, no symptoms of his former complaint having recurred.

The deceptive character of the rational signs of stone in the bladder in this case marks the necessity for caution on the part of the surgeon in his examination of that organ where prostatic disease is present.

The value of the manœuvre specified with the object of detecting the presence of more than one stone in the bladder will at once be admitted, as well as the selection of the operation of lithotomy under the circumstance of the case, whilst the cause of the occurrence of the secondary hæmorrhage after that operation is specially important to bear in mind.

The weight of the calculi removed, when dried, was more than one ounce and a half: their shape irregularly spherical, but without absolute facets: their surfaces smooth, and their consistence very fragile. The measurement of each by the lithometer varied from one inch and a half to a little more than half an inch in their respective diameters. Their composition, according to the analysis of Dr. Grim-

shaw, was principally lithic acid with lithates. Their outlines, form, natural appearances, and structures, are most truthfully delineated in an illustration accompanying some remarks of mine on lithotrity and lithotomy, in the last number of the *Dublin Quarterly Journal.*

OBSERVATIONS UPON PAU,

SANITARY, MEDICAL, AND ECONOMIC, AS A WINTER RESIDENCE

FOR ENGLISH CONSUMPTIVE INVALIDS.

By CHARLES R. MAXWELL, L.R.C.P.Lond. and Edin.

Pau, situated in the department of the Lower Pyrenees, France, has for the last forty years been more or less resorted to by English patients, either suffering from, or threatened with, phthisis, under the impression that their lives would be prolonged, or their sufferings mitigated thereby. After crossing the English Channel, the passage of which is generally very rough, and trying to those not possessing "sea legs," a journey by land of 650 miles remains to be accomplished to reach Pau. The times of departure and arrival of trains on French railways are extremely inconvenient to invalids; there are seldom more than two departures *per diem*, one early in the morning, one late in the evening; the consequence is, patients arrive at an hotel about twelve at night or two in the morning, and have to start again at the same uncomfortable hours. Now, I say that damp sheets, and other bedroom inconveniences or necessaries, are not well looked after or remedied at such untimely hours; matters regarded as of small moment by those in health, but of vital importance to the sick. Looking after luggage need not detain us long; they manage that matter better in France than we do in England; but a very small weight is allowed to each voyageur to be conveyed free; it is all weighed before starting, and every pound of overplus has to be paid heavily for. I heard of a lady being so fatigued by the journey that she kept her bed for nearly a week, and she was *not* an invalid either. Arrived at Pau, two hotels will be ready to receive you, the Hotel de France, à la Place Royale, and the Hotel de la Poste, Place Grammont, both are well and honourably conducted, and you will find in either of them all the comforts you are likely to meet with out of your own country. The Place Royale is a space somewhat in shape of a parallelogram; extent about four acres; surrounded on three sides by buildings of great elevation, open to the south; it is, in fact, an elevated plateau, being higher by 200 or 300 feet than the country in front, which intervenes between Pau and the base of the lowest Pyreneean range; this country is flat, has a river and streamlets meandering through it; is excessively swampy, abounds with rank vegetation and decaying vegetable matter, which, being acted upon by the intense heat of a southern sun, would, I imagine, be an inexhaustible source of malaria, and form one of the atoms that make up the climate of Pau. At the south end of this Place Royale, close under it and built in the low ground beneath, stands a large hot water bath establishment in full work, the numerous twenty-four chimney pots of which rise just to the level of the Place, vomiting forth columns of smoke, which hang about the spot; this, added to the vapours of fried fat from the culinary operations at the surrounding houses, roasted coffee, tobacco smoke (for a Frenchman is seldom without a cigar in his mouth), all of which hug this confined spot, and the peculiarity of the atmosphere of Pau, being one of *stagnation*, form items in what the poor consumptive patients fondly imagine is the *fresh air* they are breathing; added to these *desagrémens* are various reminiscences under walls and in corners, bad enough by day and worse by night, when some seek the air after sunset. A feeble attempt is made on Thursdays and Sundays by the military band playing on this Royal place to get up a fashionable promenade. In the summer and early autumn it plays after sunset (much too late for an invalid to sit out of doors) by lamp light. Leaving the Place Royale, and proceeding through the town, we come to the Chateau, in the garden of which is a terrace, with a southern aspect, a nice gravel walk and a parterre of flower beds, a row of lime trees, and seats, clean and well kept. The view of the mountains hence is very pretty, and the spot would form a nice lounge, were it not for the annoyance of a brewery, the tall chimney of which so often vomits forth clouds of black smoke, which being shut in by the Chateau behind, completely fills this space and renders it impossible to stop there.

Leaving the terrace we come to the park, a continuation of the elevated ridge we have just left. It is a narrow strip of ground, bounded on the south side by the alluvial flat, river, &c., before mentioned; on the north by a narrow parterre and the main road leading to the railway station.

It extends about 1½ miles, is finely timbered, intersected by numerous well-kept walks, with many good seats placed at intervals, and there is a fine view of the Pyrenees therefrom; it is resorted to more or less as a promenade; on the north side, a broad walk extends the whole length of the flat. This is the place where a good private band, which the town of Pau should possess, ought to play daily during the winter season; fashionable promenading, does not, however, seem to suit the tastes of the Pau visitors, who spend their time by day mostly in riding and driving; for a fashionable place of resort you must go to Nice. Pau, however, poesesses the finest site for a promenade in Europe; the avenue Port Neuve, a mile long, quite straight, planted with three rows of handsome oak trees; two central walks, thirty feet wide each, abundance of seats, an excellent carriage road all round; it runs east and west; view of Pyrenees on south side; the country immediately round, consisting of nice grass fields and hedge-rows, with elegant villas built here and there; if a cap-full of fresh air is to be had anywhere at Pau, it will be found there; yet this beautiful spot is comparatively deserted. There are a great many large and handsome houses at Pau, some private, but mostly let in flats as "apartments meubles," they average each in price from £50 to £150 English for the season, attendance not included, and you must hire or bring your own linen and plate. There are two clubs here—one French and one English—both in a flourishing condition; three churches, two English, one Scotch; and a pack of fox hounds. I believe there is much evening society amongst the English, who are mostly the same families, having got accustomed to the place come every winter and are known to each other; a stranger coming here without an introduction to at least one family, would, I think, find the *entrée* to these *reunions* very difficult, perhaps impossible; as foreigners generally remark, the English are very shy of each other, unless acquainted, all over the world, no doubt they possesss sterling good qualities, and are composed of good intentions, but can hardly be accused of possessing the talent of readiness in making them apparent.

The fulsome praises bestowed by many French tradesmen upon the articles they have to sell, must be received with a grain of allowance, all is *couleur de rose* with them: proceed with caution, buy but little at a time to try it, it will generally be found *not* to come up to the terms of its advertisement. Some dealers in wines and ales, spirits, &c., charge 2½d. or 5 sous for each bottle, and will *not* deduct that sum, as is done in England, on receiving the empty bottles, which become a perquisite to your French bonne, who sells them when you are gone. It is very probable this tax is not levied on French customers, who won't stand any nonsense: "mony a mickle maks a muckle," and a large family consuming perhaps 300 or 400 bottles of wine, beer, in the season, and paying 2½d. a piece for them, would find it amount to a respectable sum to be added to the general dearness of things: refuse to purchase where you see five sous put on to the price of

each bottle of wine; even the bottle itself is calculated to deceive; hold it up, and look at its under part, you will see that it runs up a fourth of the height of the bottle, and terminates in a thick lump of glass, the weight of which adds to the deception and leads the unwary to suppose they are getting more of its precious liquid contents than they do. What *looks* like a quart bottle here, holds about an Imperial pint, more or less, English measure. In reviewing trade operations at Pau, I cannot refrain from making honourable mention of the Pharmaceutical Establishment of Monsieur Ménon, Rue Préfecture, 45; himself highly talented, gentlemanly, and obliging, he is assisted by a German gentleman who acquired his professional knowledge in one of the largest and best conducted establishments in London. The best drugs are kept here, many *recherché* requirements of luxury, English patent medicines, and physicians' prescriptions are carefully and well prepared. The streets of Pau are very dusty and noisy on market days; crowded with drays drawn by poor cows or oxen, dragging their slow length along; the constant bawling of the drivers, who goad these poor docile creatures with long poles armed with a sharp nail, are sights and sounds distressing to the eye and ear of civilization. The public conveyances also, are drawn by horses having a lot of paltry bells, like English sheep bells, jingling at their heads; the drivers carry a long thonged whip, which they think it grand to be incessantly smacking; this all adds to the discord. These bullock drivers from the mountains are the ruffians whose dastardly conduct frequently endangers the lives of the summer visitants going to the Eaux. I quote from a work now before me of a recent French writer on the Pyrenees, who speaks in terms of execration of the fiendish delight manifested by these wretches when, by so placing their drays in the mountain passes, they barely leave room for the passage of a carriage between them and the edge of the precipice, so that the slightest unsteadiness on the part of the horses would instantly precipitate the whole party of visitors into the abyss beneath to be dashed to pieces. He concludes by regretting the absence of those excellent men the "sergens de ville" of Paris, to bring these monsters to their senses. The same remark may be applied to them as was applied by the Sicilian woman to her neighbours the Calabrians, "*Bruta lingua, è bruta gente.*"

(To be continued.)

TEMPERATURE OF THE BODY IN FEVER.

No. III.

By THOMAS WRIGLEY GRIMSHAW, A.B., M.B.Dub.,

PHYSICIAN TO CORK-STREET FEVER HOSPITAL, LECTURER ON MATERIA MEDICA IN STEEVENS' HOSPITAL.

(Concluded.)

At the conclusion of Case 2, I remarked that for a long period the temperature was unusually high, without any other departure from health; I have now to report that this patient returned to the hospital on the January 24th, labouring under typhus fever, of a well-marked character, having the range of temperature which I have found usual in such cases. Can it be possible that the high temperature during her first sojourn in the hospital was caused by the latent fever poison which did not show its presence by other symptoms for above a fortnight afterwards? I cannot think that such was the case; however, it is possible; and the facts observed in this case are important in connexion with the question under discussion.

In the cases given above it will be remarked that they differ from each other in many respects. The cases have been selected from a number of others on account of these very differences. These cases may be classified, as follows:—

a. Cases at first doubtful, which did not turn out to be typhus.

b. Simple cases of typhus terminating in recovery.

c. Simple cases of typhus terminating in death.

d. Cases of typhus with complications.

Let us now see of what value the thermometer has been in forming an opinion in each of these classes of cases.

Class *a*, includes Cases 2, 6, 7, 8, 10, and 14. In Cases 6 and 10 we have instances where there were many signs which warranted an opinion that fever was not far off, but in these cases the thermometer contraindicated this diagnosis, and must, therefore, in similar cases be considered as a valuable help to the formation of a true opinion. In Cases 7 and 8, the high temperature taken alone would have indicated a much more serious prognosis, than as subsequent events proved, would have been warranted. Case 2 has already been alluded to. In Case 14, the elevation of temperature was not of sufficient height or persistency to warrant any unfavourable opinion; the patient being a painter may have had something to do with the matter, as in a doubtful case, which afterwards proved to be one of lead poisoning, there were considerable and irregular rises in temperature.

With regard to the simple cases of typhus terminating in recovery (Class *b.*), we have examples in Cases 1, 9, 12, 17, 18, 19, and 21. In Case 1, we have no spots, therefore the thermometer was of value in helping to determine the true nature of the case. The rise on January 10th, teaches how cautious we should be in using the thermometer as a means of diagnosing a relapse or the advent of a severe sequela. In Case 9, we have the thermometer correcting the indications of the pulse; the former showing a normal temperature on January 9th, 11th, and 13th, although the pulse was much quickened. In Case 12, the thermometer tended to mislead into an opinion that some serious sequela was to be expected, but such did not occur. In Cases 17, 18, 19, and 21, the thermometer agreed with the pulse and all other symptoms in every particular.

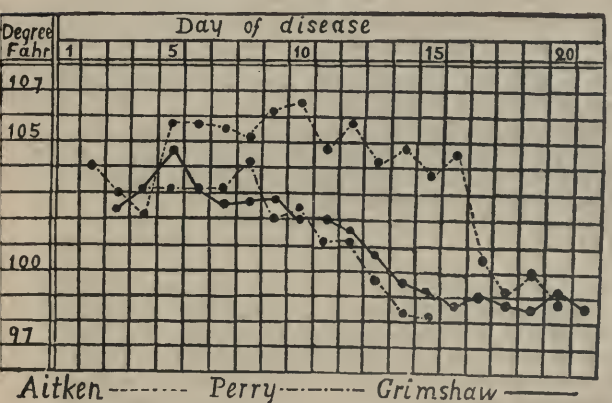
Cases of simple typhus terminating in death (Class *c.*) are illustrated by Cases 3, 5, 11, 15, and 16. In the three first of these there was a great fall of temperature before death. It is, I think, clear that these great and sudden falls in temperature, when other symptoms remain unabated, are of most serious import to the safety of the patient. In Cases 15 and 16 there was a rise in temperature before death. These rises I do not consider of such serious import as the sudden falls, as I have noticed many such rises where no serious consequences followed; of course, in conjunction with other dangerous symptoms, they must be considered unfavourable signs. In Case 16, the temperature did not at all accord with the other symptoms, which were of a very bad character.

Concerning complicated cases (Class *d.*), of which we have examples in Cases 4, 13, 20, 22, and 23, I may remark that the origin of a complication is always accompanied by a rise in temperature, as noted by Dr. Sydney Ringer (*Lancet*, Dec. 9, 1865), Dr. Aitkin, and others. The increase of heat, however, accompanying a complication does not appear to be commensurate with the importance of the complication; thus, in Case 4, we had a rise of one degree and a half in temperature as a precursor of serious chest complication; whereas, in Case 13, a rise of a degree was only followed by an insignificant disease of the ear, which left no ill-effect behind. In Cases 20, 22, and 23, the complication was bronchitis, which did not appear to alter much the range of temperature as compared with other cases.

Dr. Johnson (*Lancet*, December 9th, 1865) remarks a rise in temperature following a disturbed night. I am glad to be able to confirm his statement, as I have found this to be the case in many instances. On the night of December 30th, there was a great storm in this city, and on the following morning a large number of the patients under observation were found to have an increased temperature, having been kept awake the previous night by the wind.

As to the typical range of temperature of the body in typhus, I am very sorry to have to differ from Dr. Aitken. I consider the range of temperature as given by that gentleman in his excellent work on the "Practice of Phy-

sic," as quite too high for a typical range. I am glad to say I am confirmed in this view by Dr. Robert Perry, in a very valuable and interesting paper read before the Glasgow Medical Society on December 19th, 1865. By selecting twenty-five (of what appeared to me to be typical cases of typhus) from a large number of cases, and taking an average for each day, I have arrived at what I conceive to be a typical morning range of temperature for typhus fever. I subjoin a diagram representing this range, with which I have placed the morning ranges as given by Drs. Aitken and Perry. It will be seen that my line very nearly coincides with that of Dr. Perry:—



I do not at all wish to impeach the accuracy of Dr. Aitken's observations, which appear to have been made with admirable care. I think we must look to the difference in condition or modes of treatment of the patient upon which the observations were made, in order to find out the cause of this discrepancy of results. That there is some great difference in the gravity which typhus assumes in different localities is, I think, shown by the rate of mortality in different hospitals; thus, 20·89 per cent. (Murchison), 14·41 per cent. (Perry), and 8·75 per cent., are the rates of mortality in typhus cases for the London Fever Hospital, Glasgow Royal Infirmary Fever-house, and Cork-street Fever Hospital respectively. The great difference between 20·89 per cent. and 8·75 per cent., can scarcely be attributed to difference in treatment. Perhaps the difference in the range of temperature may be accounted for, by the difference in diet between the English on one hand and the Scotch and Irish on the other, the former being much higher fed than the latter, and having, therefore, more tissue to be burned up, as it were, during a fever, and consequently a higher temperature produced. I merely throw out this as a suggestion, not having any proof of the correctness of the theory. I am afraid the temperature of the body has been relied on too much by some as a symptom of more value, than various others which up to the present we have been accustomed to rely upon as our great guides. Believing thermometric observations to be of considerable value in aiding the formation of an opinion in doubtful cases, and of deep interest from a scientific point of view, I regret that these observations should fall into disrepute owing to their being cried up by those who "ride their hobbies to death." It has been the fate of many valuable instruments to fall into bad repute owing to their deceiving those who relied upon them, to the exclusion of older and more thoroughly tested means of diagnosis in treatment. It is to be hoped that such will not be the case with the thermometer.

In conclusion, I have to return my thanks to my colleagues, Drs. Kennedy and Mason, for their kindness in allowing me to select from among their patients such cases as I considered suitable for thermometric observations; without this courtesy on their part it might have been long before I could have laid these observations before the profession.

RETROSPECT OF THE JOURNALS.

In a leader the *Lancet* reviews the apology of Dr. Edmonds contained in the pamphlet entitled "Millett *v.* Edmonds." It may be remembered that the latter brought certain charges against Dr. Millett, who was his brother-in-law, in reference to the suspicious death of another Millet who had lived in his house, and subsequently on his death bequeathed to him his property.

On the subject of the examinership at the College of Surgeons, Mr. Lawrence's present position is contrasted with the views expressed by him in former years.

These extracts are from a pamphlet, published in 1826 by no other than Mr. Lawrence. Nevertheless, all the faults which he so signalizes are still rampant, and Mr. Lawrence, at the age of eighty-three, retains the post of examiner, having secured for himself a life interest in that office; thus acting in defiance of the opinions he so well expressed forty years ago, and which are those generally entertained by the profession.

Objection is made to the method of caning boys in the navy on the hands on the ground that the hand becomes so benumbed by the punishment that the boy is unfit for a time for doing duty. He may be even permanently injured.

The St. Pancras Guardians have taken action on the recommendations of the *Lancet* Commission. Thus they have ordered additional chairs, basins, and an extra paid nurse for the female insane patients. The state of the house as to over-crowding is such at present that nothing immediate can be suggested for its relief.

It is well known that "ketchup" for some years past has been made from livers of the cow and pig. Attention is now drawn to the subject in consequence of the analysis by Dr. Hassall of a specimen.

The Southampton Board of Health advertise for a medical officer of health to give up practice, and to be acquainted with chemistry and the microscope for the handsome salary of £150 per annum.

Dr. Hassall proposed the use of a substance to substitute the ordinary meat in the manufacture of soups, beef-tea, &c. The meat is deprived of its water, which constitutes three-fourths of its weight, then dried and pulverized. The "flower of meat," if it will only keep as its inventor promises, will be a great boon to the medical public.

The Cambridge University have agreed to appoint a Professor of Anatomy at £300, a demonstrator at £100, and a Professor of Zoology at £300 per annum: the former of these stipends is too low. It is probable that Professor Humphry will be elected to the vacant chair of anatomy.

The report of the Venereal Committee is published. Its recommendations chiefly point to examination of prostitutes in garrison and seaport towns.

In a paper entitled, "The proofs that Lithotrity is an eminently successful Operation," Mr. H. Thompson gives the particulars of 24 cases, only one of which was unsuccessful. All these were performed within the year 1865, and are a continuation of nineteen which were performed in the year 1864.

Dr. McClean, in his lecture on Cholera, refers to Dr. Johnston's work on the subject:—

"This able physician has been led to much the same conclusions as to the action of most drugs in cholera as are expressed above. Dr. Johnson puts more faith in the action of purgatives than I can do; for, like every known class of drugs, they have been freely used in India. I sincerely trust that Dr. Johnson may never see so many cases of cholera as I have done; but I cannot help thinking, should it be otherwise, that he will see cause to believe with me that, in a vast majority of cases, there is quite enough purging without artificial aid. Still, for my own part, if again smitten by cholera, let me rather fall into the hands of a *purging* than an *astringing* physician—one who thinks he does you service by retaining what Nature is so solicitous to expel from the system."

Hospital Reports.

KING'S COLLEGE HOSPITAL.

CONTRACTION OF THE NECK FROM A BURN.

(Under the care of Mr. WOOD.)

Case 1.—H. S., æt. six years and a half, admitted into King's College Hospital, under Mr. Wood's care, Nov. 7, 1865, with contraction of the neck from burn. The chin was drawn down as low as the tip of the sternum by a tough, hard, raised cicatrix, which extends from the chin to the sternum. On each side of the neck, the integument was drawn in, forming a sulcus. Extending from the right ear to the right mamma, was a broad white cicatrix. Projecting from the symphysis of the jaw, was an apophysis of bone, evidently produced by the pulling of the contracted cicatrized integument. The lad's health was indifferent.

Operation.—Chloroform having been administered, Mr. Wood pinched up the portion of cicatrized skin immediately below the chin. Then pushing the knife through it, he cut downwards over the upper edge of the sternum, making a V-shaped flap. This he dissected upwards over the chin, exposing the apophysis of bone. He sawed it off, and then dissected up the integuments covering the lateral aspects of the neck outwards on each side to the extent of three or four inches. These he drew together by quilled sutures. The head then being thrown back, the V-shaped flap fell into its position, forming a good chin. Sutures were then passed connecting it with the two external flaps. Strips of adhesive plaster and a bandage were applied round the neck and head on to the trunk, confining the arms across the chest. The head was then bandaged to a round pillow placed behind the neck.

The patient was confined in this position until the 18th of November. The upper part of the wound healed by the first intention, but the edges of the external flaps and the tip of the V-shaped flap sloughed. Care was, however, taken in the daily dressing of the case to bring the edges of the wound as closely together as possible. At the present time the wound is healed, with the exception of a small extent situated over the larynx; the delay is caused by a recurrence of small marginal ulcers.

The patient wears a gutta-percha collar to prevent any future contraction.

Remarks.—The wonderful improvement made in the personal appearances of this boy is apparent to all who saw him in the horribly distorted condition which existed before the operation. He possesses now a well formed chin, a perfectly easy motion of the head from side to side, and up and down; but even a greater improvement is to be observed in the features.

CONGENITAL OBLIQUE INGUINAL HERNIA.

Case 2.—W. D., æt. 11, November 10, 1865, was operated upon by Mr. Wood after the method by rectangular pins. This consists shortly of passing pins without a previous incision by the knife. Two pins were inserted in such a manner that their approximation would, without pressure on the cord, be effected by intertwining their ends, and in so doing, with little or no injury to the tissues, would narrow the canal so far as to prevent the exit of the bowel. The pins were removed one week after, and their presence was not followed by anything noticeable further than the almost constant result of this proceeding in Mr. Wood's hands—viz., a speedy and almost painless cure of a condition which is perhaps the most serious which one who is doomed to a life of labour can suffer from.

OBLIQUE INGUINAL HERNIA OF THREE YEARS' DURATION.

Case 3.—W. H., æt. 31, civil engineer, admitted Oct. 12, with a rupture supposed to have been induced by excessive fatigue from riding while acting as one of General Lee's staff in Virginia. On this occasion Mr. Wood passed wires above and below the pillars of the canal, and removed three on the sixteenth day. After this the sac suppurated, and a drainage seton was passed to get rid of the pus.

On November 9th, he was discharged cured, but as a precaution, he was first supplied with a well-fitting truss.

FIBROUS TUMOUR OF THE HARD PALATE—OPERATION—REMOVAL BY SIR WM. FERGUSSON.

Communicated by Dr. G. de GORREQUER GRIFFITH,

The patient was a young, healthy, and strong-looking man. The tumour had been noticed for some time, but only of late had it taken on rapid growth.

Sir Wm. Fergusson remarked that such tumours as the present were extremely rare; so exceedingly rare that in the entire of his professional experience he had only seen three or four; that the growth in question at first sight seemed to have commenced in the antrum, and to have thence spread until it had perforated the hard palate and projected into the mouth. Viewed as a tumour originating in the antrum, it was curious that it should have projected in no other direction than the mouth; and this fact of the direction which it had taken made Sir William Fergusson entertain doubts as to its being in connexion with the antrum. Again, it was so soft, and yielded such a sensation of fluctuation that to some who examined it, it seemed an abscess pointing towards the mouth. Because of this sensation, Sir Wm. Fergusson made an exploratory puncture into the swelling previous to commencing the incision necessary for its removal; and then, finding his diagnosis correct, proceeded to complete the operation by excising the fibrous mass.

TUMOUR OCCURRING IN THE CALF OF THE LEG—OPERATION—REMOVAL BY SIR WM. FERGUSSON.

The patient was a young, strong, and muscular lad. The tumour involved the calf of the left leg. An exploratory incision was first made in order to make certain of the contents of the swelling. This point being ascertained beyond all doubt, an incision was made along the inside of the calf of the leg, the knife being entered above and then drawn downwards towards the heel; another incision was made in a transverse direction—that is, from the first across the calf to the outer side of the leg. In these the integument was divided, the muscles being left intact.

The morbid mass was very large, about the size of a small brain, and lay beneath the gastrocnemius, that muscle running over it.

It was dissected out; the arteries—a few of which bled—were tied; the wound was sewn up by means of the thread sutures; lint was then placed over the wound; this was retained in its position by the aid of adhesive plaster, and the whole was finally enveloped in the folds of a roller bandage.

The tumour was firmly adherent to the bone—the posterior surface of the tibia—as, indeed, it was on every side; it lay beneath the gastrocnemius, and sent a process deep among the muscles of the back of the leg, then passed between the tibia and fibula, and projected anteriorly, that is through the interosseous membrane, until it came out among the muscles of the fore part of the leg, where it had formed attachments, so that it was fixed in this direction as well as on its other aspects; it was first noticed twelve years since, but especial attention had been directed to it only of late, when it had begun to grow rapidly, to become inconvenient from its bulk, and to impede the movements of the limb in the act of progression; it was distinctly fibrous throughout its structure, except in the centre, where there was a large calcareous mass.

The history of the growth and the condition of the tumour, as manifested during the operation, showed that, if left to itself, it would lead to very serious mischief. Indeed, Sir William Fergusson, before he had

commenced the operation, feared that the tumour was of such a nature as to render its excision impracticable, and that he would consequently be compelled to amputate the limb—amputation, even while the excision was being practised, seeming to be the only step which could be undertaken, because of the manner in which the growth had thrown out branches in all directions. He resolved, however, to give the patient every chance of having his leg preserved to him; and, therefore, with the greatest possible caution, with the utmost care, and by means of tearing somewhat forcibly the tumour from its berth, then cutting its several attachments, was it at length removed.

Proceedings of Societies.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, FEBRUARY 2ND.

Dr. WILMOT, President of the College, in the Chair.

ATHEROMATOUS TUMOUR OF THE SCALP.

PROFESSOR HARGRAVE exhibited a specimen of an atheromatous tumour which he had recently removed from the head of a lady. A microscopic examination of it had been made by Dr. John Barker, who would mention its characters. He thought the specimen worth bringing under the notice of the Society. It seemed to him as if the tumour grew from without inwards. There was a cavity in the centre, and the tumour was enucleated before the cavity was filled up. The lady had four other tumours on the head, but he thought it better to wait some time before removing them, for fear of erysipelas, which was then very prevalent.

Dr. BARKER said—That the tumour presented under microscopic examination nothing at all that would indicate its being of a malignant nature. The epithelial scales were evident, congregated together in clusters, but he did not consider they resembled those usually seen in malignant growths; they were merely epithelial cells, such, for instance, as were to be found on the surface of the mucous membrane. The cholesterine plates were peculiarly characteristic and polarized light beautifully. He did not follow out the examination, being tolerably well convinced that the tumour was not cancer. The fluid part of the tumour was albuminous and rather thick and tenacious, and quite neutral to test paper. He thought it was one of those tumours in which an effort of absorption had gone on to the partial removal of the fluid contents.

Dr. MURNEY stated that he had come in late, and had not heard Dr. Hargrave's description of the tumour, and wished to know if it was one of the ordinary tumours of the scalp? He sometimes dispensed with the knife, and preferred removing them with caustic potash.

Dr. FLEMING said that Dr. Hargrave specially mentioned that it belonged to that class of atheromatous tumour so commonly to be met with in the scalp. He had seen cholesterine repeatedly, not only in encysted tumours in the scalp, but in encysted tumours in other parts of the body. With respect to the caution necessary in the removal of single or multiple atheromatous tumours, he had often removed half a dozen at the very same sitting without any bad result, and he thought it was better, unless some special objection existed, to remove them all at once. These tumours occasionally grew to a large size, and sometimes occurred at the back of the scalp, where they often assumed pedunculated characters. He did not say that the removal of tumours was always without inconvenient consequences, for he had seen erysipelas occasionally supervene, but some members of the Society would remember the removal by Sir Astley Cooper of tumours from the head of George IV., and Sir Astley was apprehensive of erysipelas occurring in that case. As a general rule, however, the supervention of erysipelas was comparatively rare. The contents of these tumours varied very much. He had seen them of an ink-like character, sometimes suppurating and sometimes transparent. The centre portion was usually transparent.

Mr. RICHARDSON said that erysipelas was not the only unfortunate result that might follow these operations, for he recollected that fatal tetanus supervened after the removal from the scalp of a very small encysted tumour by his late lamented friend, Dr. Mayne, some years before he confined himself to the practice of medicine.

Mr. SYMES observed that it was generally considered an easy matter to remove these tumours, but he had on some occasions found the operation difficult, especially where the bone had become indented, which generally took place when the tumour had existed for a long time. On one occasion he had great difficulty in removing an encysted tumour from a patient in whose frontal bone it had become imbedded. The wound remained open for a long time after the operation, and left some deformity after cicatrization.

Dr. FLEMING said he had reported a case in which a scalp tumour existed almost from birth, and assumed a very large size, much larger than a pigeon's egg, and in that case there was an indentation in the bone commensurate with half the size of the tumour, and the bone was so attenuated that the pulsation of the brain could be seen underneath. Ultimately the case got well, but not for a long time.

Mr. COLLIS said that where the cyst was very adherent, such as was often the case over the eyebrows, it might be advisable to adopt Dr. Murney's mode of treatment; but generally speaking, where tumours occurred over other parts of the skull, if the integuments were divided they could be easily enucleated, and there was no occasion to resort to what would be, in practice ,a double operation. If there was any difficulty in getting out the cyst, Dr. Murney's plan of treatment by caustic would have its advantages.

Mr. B. W. RICHARDSON asked Dr. Murney what time the sore left after the potash took to heal?

Dr. MURNEY replied about a few days.

Dr. HARGRAVE—Dr. Fleming had stated that there was little risk of erysipelas after these operations, but he (Dr. Hargrave) thought otherwise, and would mention an instance which occurred to him six years ago. He had taken a tumour from the forehead of a lady who was then in excellent health. He left town for the country, and three days afterwards he was summoned between four and five o'clock in the morning to go and see her, as she was exceedingly ill. She was seized with a most intense attack of diffuse inflammation of the cellular membrane, extending from the scalp to the neck, and it was with difficulty they succeeded in saving her life. It was that which induced him to be quite satisfied with removing one tumour, not wishing a repetition of such a serious disease. There was a question which he wished to ask Dr. Fleming and Mr. Symes in reference to the indentations of the skull of which they spoke. Were the tumours superficial to or seated beneath the occipito-frontalis muscle? He never saw the cranium indented by the ordinary encysted sebaceous tumours in the manner spoken of by Mr. Fleming and Mr. Symes.

Mr. SYMES said the tumour to which he referred was seated over the eyebrow; but he could not say whether the occipito-frontalis was over it or not.

Mr. STAPLETON thought the true atheromatous tumour of the scalp never indented the bone, for they were formed superficially, and were merely sebaceous follicles, that were obstructed.

Mr. B. W. RICHARDSON asked Mr. Symes if he ever had an opportunity of verifying by post-mortem examination whether the bone was indented or not by the ordinary encysted sebaceous tumours?

Mr. SYMES said he had not. He had his finger deep in the indentation.

The CHAIRMAN could bear testimony to having seen the bone indented by these tumours.

Dr. Fleming said that Mr. Stapleton was perfectly right regarding the locality of the tumour; but although the site might be different, the character of the tumours might be the same. They might have one of these atheromatous tumours containing cholesterine in any part of the body unconnected with the skin under the fascia. As to indentation of the skull, he thought he could show the members of the Society many cases where it existed now. He remembered removing one under the temporal aponeurosis, and the indentation was alarming to witness. Not only was the bone indented, but the whole of the bony substance was absorbed, leaving nothing but a membrane through which the brain could be seen.

Mr. Stapleton—That does not appear to have been an atheromatous tumour.

Dr. Fleming thought it was. There were not alone epithelial scales, but cholesterine in it.

Mr. Wharton suspected that those tumours, where the bone was indented, had their origin in the periosteum.

Mr. B. W. Richardson considered the finger may be deceived in these cases. He thought it possible that depressions might be formed in the scalp by the pressure of the tumour, which with circumferential thickening and consolidation would form cavities or cups, and which might lead to the idea they were situated in the bone. He (Mr. R.) merely alluded to the ordinary sebaceous cyst, as he was well aware that the skull may be absorbed from the pressure of other kinds of tumours.

Mr. Collis observed that if the periosteum between the bone and the cyst was intact, the indentations could scarcely have been caused by absorption of the bone. If the pressure bore upon the periosteum it would cause its periosteum first, and then that of the bone.

Dr. Hargrave brought under the notice of the Society

A CASE OF EXOSTOSIS OF THE FRONTAL BONE.

The disease commenced three years before the admission of the girl who was the subject of it into hospital, and continued to extend until it attained the size which they saw in the cast before them. It then ceased growing. By the cast and drawing which he exhibited they would see that the outer angle of the left eye was considerably depressed. This interfered with the elevation of the upper lid, but by pressing the under lid with her finger she could use the eye. In December, last year, the tumour was removed. The integument and the periosteum were dissected off it, and then they found the tumour implicating the frontal bone; the tumour was extremely hard, and it took a considerable time to detach it. It was removed, leaving the bone quite smooth. There was a projection over the eyebrow, which was removed by a chisel, so that the arch of the eyebrow was preserved, but there was a small exostotic point just at the orbit, which was allowed to remain. Two days after the operation the girl was attacked by erysipelas, which extended from the left to the right side of the face. It got well under the use of mercurial ointment, bark, and chlorate of potash. She progressed very satisfactorily, but there was a large discharge of perfectly healthy pus. A few days after the operation she suffered from ptosis; she had now, however, recovered command of the upper eyelid. There was extreme œdema of the conjunctiva of the upper lid. Dr. Jacob advised that it should be laid open from end to end, which was done freely, and nothing but serum escaped. They were now applying a strong solution of nitrate of silver, and under its use the œdema of the conjunctiva was rapidly going down. The growth had been examined under the microscope by Dr. John Barker, who said its anatomical structure was the same as healthy bone. It was just a month since the operation.

Mr. Stapleton asked if there was any bleeding from the bone?

Dr. Hargrave replied in the negative, and in reply to a further question said—It neither threw up granulations nor did it exfoliate. He did think that there might be exfoliation, but there was not the slightest appearance of it as yet.

Mr. Collis said that, a year ago, in performing section of the elbow-joint, he met with a case of ivory hardness of the bone from chronic osteitis, and although it took him a long time to cut through the bone, so long that he had to rest in the middle of the operation, yet in that case there was no exfoliation, and the case progressed to cure as rapidly as if the osteitis had not existed. There was no reason why this kind of bone should not heal readily; for although it was exceedingly dense, yet when examined under the microscope it would be seen to be amply supplied by bloodvessels. In this case there were plenty, and therefore he did not see why it should not heal.

Dr. Barker observed that he noticed during the operation the great difficulty experienced in sawing through the bone. The density of the bone was very apparent, and presented when freshly taken off, in some parts, but not in all, a faint trace of blood infiltrated. In the deeper portions of the bone the canaliculi were seen very well developed, but in other parts of it they were very few in number, and the bone cells seemed to have been gradually filled up, and the canaliculi could not be traced. Mr. Hargrave would bear him out in saying that the bone was softest in its deeper portions.

Mr. Hargrave—Yes.

Dr. Barker—This was a very excellent example of pure exostosis. This was a disease that frequently occurred in the lower animals, and in birds especially, a sort of ivory deposit occupied the place of pure bone, and very frequently was found in the breasts and legs of fowl.

Mr. Croly said he had the opportunity of assisting Mr. Hargrave in performing this operation. Mr. Hargrave's hand got tired from the great hardness of the bone, and he (Mr. Croly) assisted him in completing the operation, and sawed through a great portion of the tumour. The sections of bone that were removed were extremely vascular, and they had to use the sponge several times to enable them to see what they were doing. The bone was perfectly pink, and it projected from the orbit.

Mr. Hargrave said it was quite possible that Mr. Croly might have seen blood coming from the bone, though it was not observed by him. When he removed the tumour its base seemed to be free from blood.

Mr. Stapleton said that in cases of this kind within his own experience, where he had taken a long time to saw through the bone, he had seen a great deal of hæmorrhage.

Mr. Edward Hamilton—As to the subject of hæmorrhage from tumours on the frontal bone, a case occurred in his practice in which hæmorrhage was most profuse and alarming. As soon as they made a section of the tumour the blood flowed in such quantity that they were obliged to desist from the operation and employ every means they could resort to to stop the hæmorrhage, and even afterwards the bleeding recurred.

Mr. Croly stated his impression was, that the surface of the tumour was vascular; for although there was of course bleeding from the flaps, they were held carefully up by the students, and notwithstanding that and the temporal artery being pressed upon, he had to use the sponge, and his impression was that the bone was bleeding from a number of points.

Dr. Barker observed that when he said that a portion of the tumour was softer, he meant that it was relatively softer, but it was still very hard. They would see in the section before them that the pink portion was still preserved, while the other part was of an ivory character. One portion was devoid of all vascularity and apparently harder than the other.

Dr. Murney wished to ask Mr. Hargrave, did he think this tumour would ultimately grow again? He thought it might probably do so. He saw a tumour of this kind removed by the late Dr. Bellingham from the same place. It recurred, pressed the brain, and destroyed the patient.

Mr. Hargrave said Dr. Murney asked would the tumour

return or not? That he (Mr. Hargrave) was not prepared to say. Dr. Murney thought it might return and compress the brain. Now, if ever an innocuous tumour presented itself to the surgeon it was this one. The girl was perfectly healthy, never had a fit of any kind, and had perfect vision, although the pupil was somewhat dilated. Dr. Murney thought operative interference should not have been resorted to, but he differed from him. The patient was a remarkably handsome girl. She came up to town expressly to have the operation performed. Her family were most anxious to have the deformity removed, and this had been done so that scarcely any mark would be left on her forehead. The girl was sent to him expressly to have the operation performed, and he thought if there ever was a case calling for interference it was hers. The case was going on satisfactorily, with the exception of the œdema of the conjunctiva. The eye had partly receded, and she had great power over the superior lid, which she could not raise before.

FIBRO-CELLULAR TUMOUR.

Mr. Edward Hamilton wished to bring under the notice of the Society a tumour which presented some peculiar features, and which he removed from the leg of a man in hospital a few days ago. It was situated superficial to the gastrocnemius muscle, between it and the skin. On examining the tumour, it conveyed a remarkable feel of elasticity, so as to lead to the supposition that it was an encysted tumour, and contained fluid. He had seldom felt the feeling of elasticity give rise, so to speak, to so distinct a sense of fluctuation. The tumour was perfectly movable under the skin, and the skin movable over it. There was no discoloration of the integument on the surface, save some trifling redness caused by the irritation of the rubbing of the projecting portion of the tumour against the man's trousers. The history he gave was, that the tumour had existed for the last seven years, and he (Mr. Hamilton) remembered examining the tumour two years ago, when he proposed its removal, to which, however, the man objected, as it did not cause him any inconvenience at that time. It commenced as a small point, like a pea, under the skin, and perfectly movable. The man appeared to be in rude health. Within the last year the tumour continued to grow rather rapidly, and hence the man was anxious to have it removed. On making an incision over the tumour it turned out with the greatest facility—indeed, much more easily than he had anticipated. A section of having been subsequently made it presented a curious appearance of fibres arranged in circles, like what had been termed concentric globes. Under the microscope it had the appearance of a simple fibro-cellular tumour, but Dr. Symes drew his attention to some cells which existed in the field of the microscope, which and larger than the others and evidently polynucleated. However, taking into consideration the length of time the tumour had existed, and that there was no glandular contamination, he thought it was a benign tumour.

Mr. Collis—What was the thickness of the skin over it?

Mr. Hamilton—Merely the natural thickness of skin.

Dr. Fleming said he had an opportunity of seeing this tumour before operation, and he agreed with Mr. Hamilton as to the deceptive character of fluctuation it presented. It was turned out with the greatest facility like those in the scalp. The extreme elasticity of the tumour was remarkable, and the feeling of fluctuation might have induced a surgeon to test it, which would have done no harm, but might cause him to be accused of ignorance as to its pathology.

Mr. Symes said he had examined the tumour after its removal, and he thought it a fibro-cellular tumour. It resembles in structure the fibro-cellular tumours described in Mr. Paget's work.

Mr. Collis—As to the microscopic appearances, the characters of the majority of the cells must be taken into consideration, and not the peculiarities of a few isolated ones. In a tumour of this kind there might be a great variety of cells.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, Feb. 6th, 1866.

Dr. PEACOCK, President.

Dr. Cobbold, Mr. Jessop, and Mr. Watts, were elected members of the Society.

Dr. Dickinson and Mr. Sibley read a report on Dr. Crisp's specimen of cattle plague, relating chiefly to the characters of the cutaneous eruption. The reporters believed that the eruption is not constant. Its characters were minutely described, and referred to altered epithelial formation.

Dr. Fagge exhibited a specimen, showing the Abnormal Position of the Ureter in front of the Womb, an abnormality not previously described. Dr. Fagge remarked that in such a case a doubt might be thrown on the report of a post-mortem examination. Therefore it is well that the occasional existence of this anomaly should be known.

Mr. Adams showed a Loose Cartilage removed from the Knee-joint by the Subcutaneous Method. Mr. Adams also observed on the microscopic appearance of this cartilage, which was in a condition of incipient ossification or calcification.

Mr. Bryant brought forward two cases of

RUPTURED FEMORAL ARTERY,

one from disease, the other from accident. In the former case the patient, aged 75, was admitted dying from disease of the heart and arteries. One day he complained of pain in the thigh, and a pulsating tumour was found in the site of Hunter's canal. The artery was tied above the tumour; it was atheromatous, and yielded with a crackling sensation. All pain ceased in the limb. The ligature did not separate; but the man gradually sank, and died three weeks afterwards. The ligature was found in position. The whole vessel was blocked up nearly as far as the aneurismal sac, which was composed of the muscles and soft parts of the thigh.

In the other case the patient had rupture of the popliteal artery from accident. The limb became gangrenous about a fortnight afterwards. Secondary hæmorrhage occurred, for which at first the femoral and next the external iliac artery was tied. He still remains in a very critical state, four days after the last operation. On examination of the leg, the anterior crucial ligament was ruptured, and the posterior was injured. The popliteal artery was completely ruptured, aad its ends retracted about an inch. The posterior aspect of the vein showed some traces of rupture, corresponding to the arterial lesion.

Mr. De Morgan showed a patient in whom he had removed a recurrent tumour from the orbit, after the removal of the globe for a disease presumed to be malignant. The tumour rapidly recurred, distended the lids, and spread on the face four inches in each direction. It was removed, freely cauterized, and stuffed with chloride of zinc (Dr. Fell's paste). After its excision, the parts covering the bones of the orbit, together with these bones, came away, and a healthy surface was left exposed. The globe of the eye, which had been removed, was examined, and it was found that masses of malignant disease were disseminated around the optic nerve, and some of the germs of cancer had been probably left behind. The patient remained well till a few months afterwards, when several small portions sprouted again, and were destroyed with chloride of zinc. The patient now remains perfectly well. The operation was performed in the year 1864. This case affords strong support to the theory which regards cancer as, in its commencement, a mere local disease, which is curable by a very complete removal.

Mr. Toynbee exhibited a specimen showing the presence of Hairs in the Mastoid Cells.

Mr. Toynbee also exhibited a specimen of Disarticulation of the Stapes from the Incus.

Mr. Hinton showed a similar specimen from a patient who was not deaf.

Mr. Hinton likewise showed an Exfoliation of the Tympanic Ring from a child some months after scarlet fever.

Dr. Weber of Berlin, sent some specimens showing the possibility of injecting fluids into the internal ear through the Eustachian tube, and thus refuting the assertion of Dr. Kramer that this is impossible.

Dr. Barrett showed a specimen of Multilocular Cyst, presumed to be of the Ovary, which was operated on, and it was found that after the severance of some adhesions to the omentum, no pedicle existed. This was probably a degenerated ovum, which had not been impregnated.

Dr. Conway Evans exhibited a specimen of Aneurism of the Innominate Artery, with fracture of the sternal end of the clavicle. The patient was admitted into King's College Hospital about a year after the accident, with a pulsating tumour reaching from the parotid region to the third rib, and extending over to the opposite side. The symptoms were comparatively slight. The diagnosis made by the sphygmograph was that the subclavian was unaffected. The man died from rupture of the artery through the skin, the tumour having greatly collapsed. It remained questionable whether the aneurism had been caused by the fracture, or had previously existed, and had been injured in the fracture.

Mr. H. Smith showed the parts removed in Excision of the Knee-joint for unfavourable anchylosis, with much pain, after old disease of the knee. The case went on particularly well, and the patient was able to get up and walk on crutches in about a month, with a perfectly stiff knee. The anchylosis appeared to be bony, at least to a great extent. Very free incisions had been made, one of which still remained in the condition of a small sinus.

Mr. Z. Laurence showed a healthy Lachrymal Gland extirpated in a case of injury from caustic soda, which had destroyed the excretory apparatus (canaliculi and puncta). An attempt was made to restore the ducts; but, as this was found impossible, the lachrymal gland was removed. The watering of the eye ceased, nor was there any undue dryness of the eye.

Mr. Laurence also showed a case of Detachment of the Retina.

Dr. Duckworth showed specimens of partial Obstruction of the Ileum from the development of four fibrous tumours in the coats of the intestine.

Dr. Duckworth also showed a case in which the Gall-duct was obstructed by a Calculus.

Mr. Hutchinson showed a portrait of a patient with congenital Absence of the Upper Extremities.

Mr. Hutchinson also showed a specimen of Dwarfing of the Radius from supposed injury to the bone in separation of the epiphysis.

Mr. Brooke exhibited a specimen of Thickening of the Intestine in an old hernial sac, in which it seemed that the intestine was irreducible, and a truss had been worn with so much pressure that the skin had been ulcerated.

JUNIOR SURGICAL SOCIETY OF IRELAND.

Dr. MAPOTHER in the Chair.

The Chairman called on Mr. Scott to read his paper on "Anthrax," which was highly instructive, many valuable suggestions being thrown out during the debate as regards the treatment of this disease.

Mr. Marshall read a paper on "Opium," the various specimens of which he exhibited to the Society.

Mr. Macartny reported an interesting case of "Hysteria simulating Hip-joint Disease," which had come under his notice during the week at one of the hospitals.

The Chairman next called on Mr. Ridley to read his paper on "Anatomy," Muscular Anomaly." The supra-costalis muscle found present on both sides of a tolerably well-developed old female subject, arising from lower border of third rib, three and a half inches from outer border of sternum; on the right side it was narrower and thicker than on the left, measuring three inches in length, three-quarters of an inch in breadth, and one-eighth of an inch in thickness; from its place of origin it extended vertically upwards, lying on the serratus magnus muscle and partly in front of long respiratory nerve of Bell, then ascending behind the axillary vein and subclavian muscle. It was inserted on the right side into the first rib, above the origin of the first indigitation of the serratus magnus muscle, but on the left side it cleared this bone, and expanding, was inserted into the deep cervical fascia in the posterior inferior triangle of the neck; it lay considerably external to the origin of the pectoralis minor, from which it was separated by a strong aponeurotic expansion of the deep axillary fascia, and its insertion was placed internal to scalenus anticus muscle.

The Chairman, having drawn the attention of the members present to the subjects brought under their notice that evening, congratulated them on the successful way the Society was working. Shortly afterwards the meeting adjourned to February 23rd.

Foreign Medical Literature.

V. ON THORACIC AND ABDOMINAL RESPIRATION, PECULIAR TO SIGHING AND YAWNING.

By Professor Dr. F. C. DONDERS.

Translated from the *Nederlansch Archief voor Genees- en Natuurkunde*, Ie Deel, 2e Aflevering, Utrecht, 1864, for The Medical Press and Circular.

By WILLIAM DANIEL MOORE, M.D.Dub., M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

It is well known that the ordinary quiet respiration is performed in man chiefly by the diaphragm, in woman by the scaleni and intercostal muscles. In connexion herewith, we see the movements strongest in man in the abdomen, in woman in the upper part of the thorax. But on the deepest possible inspiration, to determine the vital capacity, the movement takes in man, too, the form of thoracic respiration; the thorax is elevated, above especially it is expanded while the abdomen is even flattened, as this cavity, by the ascent of the diaphragm, obtains room superiorly for its viscera. For this reason it has been stated (*conf.* for example Ludwig, *Physiologie*, B. II., p. 487), that in deep inspiration the form of movement is the same in man and woman.

I formerly pointed out (*Handbuch der Physiologie*, 2nd edition, Vol. i., p. 400), that preserving the type of thoracic respiration, we can take in very much air.

This takes place, when we bring the diaphragm with all our might into action, whereby it descends low into the abdomen, causing the abdominal viscera, and with them at the same time the elastic ribs and cartilages of the ribs, to yield anteriorly and externally, and to expand the inferior part of the thorax.

So far as I can satisfy myself, the diaphragm alone is active in this: the lower part of the chest is rather expanded than elevated, and the upper portion undergoes some movement and dilatation only so far, as, in consequence of the expansion of the inferior opening of the thorax, the whole thoracic wall acquires another inclination.

I formerly also determined the vital capacity proper to this type of abdominal respiration, and found that in myself it was only from 300 to 500 cubic centimètres less, than in thoracic respiration.

This movement I earlier thought possible only by a definite act of the will, and I then believed it also to be somewhat constrained and unnatural. The great majority of men have, in fact, a tendency, when they wish to inspire deeply, to employ thoracic respiration, and even, if they had already made an ordinary inspiration with abdominal breath-

ing, to give up this and to adopt thoracic respiration. I have now found, that abdominal inspiration also occurs involuntarily, automatically, and, consequently, is represented in a definite condition of the central nervous system. *A deep abdominal respiration, in fact, characterises yawning, while a deep thoracic respiration accompanies sighing.* Two different forms of movement are thus excited, in connexion with two different psychical states, which we may suppose to act as stimuli on distinct nerve-centres. Besides these psychical conditions, too, the idea developed from the contemplation of similar movements in others, easily excites them both. Nay, the idea alone is often sufficient to produce these effects, so that many of my readers will be able forthwith to convince themselves of the correctness of my statement: that thoracic inspiration is connected with sighing, abdominal inspiration with yawning. To these also other movements are added, in sighing limited to raising of the palate and wide opening of the chordæ vocales, while yawning is preceded by contraction of the transverse muscle and of the depressor of the ala nasi, and is connected with wide opening of the jaws, dilatation of the oral slit, expansion of the soft palate, and is sometimes combined with contraction of the internal muscles of the ear, giving rise to a peculiar buzzing in that organ. That the shoulders and arms are at the same time also brought into motion is well known. I have, moreover, observed, that the commencement of sighing, and especially a voluntary rather deep thoracic inspiration, sometimes passes into involuntary yawning, with abdominal respiration. Less methodical is the transition of abdominal respiration into thoracic respiration, when, that is to say, the former has attained a certain height: we feel, that then another type of movement is required, and we are inclined, not to say compelled, to expire partially before producing the new type.

I have already spoken of abdominal inspiration as a voluntary movement. Many have, however, great difficulty in effecting it strongly. It succeeds best when one is made to inspire quietly in the ordinary manner, and then to continue that form of movement, as far as possible, particularly suiting the action to the word.

If some now pass over into thoracic breathing, they soon learn to avoid this, especially when they have once felt, what takes place in yawning. Nevertheless they do not yet so rapidly attain the full vital capacity. In the first place practice seems here to accomplish something; I formerly obtained only 3500, now I have reached 3750 cubic centimètres, while my vital capacity in thoracic respiration has remained at 3900. In ten consecutive experiments, for both, I obtained scarcely more than 50 cubic centimètres difference. In the second place the tension of the abdominal muscles is to be taken into account. Strong young people with flat abdomens have in abdominal respiration a comparatively slight vital capacity. In the sitting position, leaning somewhat forward, such persons can, by relaxing the abdominal muscles, attain rather more, while, *vice versa*, in corpulent individuals the standing position is more advantageous. The explanation of the fact that in these latter the vital capacity of abdominal respiration is greater, is to be found in the greater compass of the abdomen, whose contents on equal, and still more on proportionate extension of the wall, must increase more decidedly, and moreover probably in the greater extensibility of the thinner layers; in connexion herewith abdominal respiration seems in general to become more prominent with the advance of years, and the vital capacity thereof to increase.

On the vital capacity in thoracic respiration position has much less influence, while it makes room enough for the abdominal viscera. Therefore the vital capacity is also much less modified by the contents of the stomach and intestinal canal, which have a very essential influence upon it in abdominal respiration.

I have also tried how much air can be expired after yawning and sighing excited by an idea, and found it only from 100 to 200 cubic centimètres less than the respective vital capacities.

If we wish to employ force with the upper extremities, or prepare to defend ourselves, we take in air by thoracic inspiration, whereby the chest becomes more rigidly expanded and affords a better fixed point for the muscles arising from it. In order to exert pressure upon the abdominal viscera we make a moderate inspiration, which I should call mixed. In this case pure abdominal inspiration is, notwithstanding the more powerful descent of the diaphragm, less advantageous, probably because the points of attachment of the abdominal muscles superiorly to the ribs, whence they arise, are not sufficiently fixed. In order to speak vigorously, to sing or to cry, the chest must be filled with air above. Expiration can then take place under the greatest tension. We see this in good singers and orators. The maximum of the expiratory pressure is also greater after thoracic than after abdominal inspiration. In myself I find for the former 86 (3·38582″), for the latter 71 mm. (2·79527″) of mercury. The negative pressure, in the effort at a fully-forced inspiration, amounts, in the former to 64 (2·51968″), in the latter to 62 mm. (2·44094″). These experiments were made with a manometer, through an elastic tube brought into connexion with one of the nostrils, while the other was closed: the action of the mouth must be excluded. Balancing of the quicksilver was thereby avoided. I, moreover, endeavoured to determine the influence of the two forms of inspiration upon the circulation of the blood by means of the sphygmograph, but found it impossible, although I had my arm firmly fixed in Vierordt's apparatus, to keep it in forced inspiration quiet enough, to place any confidence in the direction of the curve. The slightest movement produces a considerable deviation. These experiments had no other results than to make me too very sceptical as to the results respecting the influence of respiration upon the sphygmographical curve, in their entirety, published by Marey.*

In women I have as yet made no investigations upon the two types of respiration. I have only satisfied myself that they exist in them.

PRIMITIVE FALSE ANEURISM OF THE FEMORAL ARTERY:

LIGATURE BY ANEL'S METHOD: OPENING OF THE SAC: SERIOUS UNFORESEEN EVENTS: CURE.

By Dr. NOTTA, Surgeon to the Hospital of Lisieux, &c.

Translated from *Union Médicale* for The Medical Press and Circular.

By GEORGE BOLSTER, L.R.C.S.Ed., L.K.Q.C.P.I., of Woodlawn, Newcastle West, Limerick.

Brunet, a farmer, aged 50 years, thin but healthy, received, on the 20th May, 1865, a kick from a horse on the inner part of the right thigh, at a point corresponding to the junction of its inferior and middle third. Immediately a tumour as large as the clenched hand developed itself on the surface of the part contused. At the end of ten minutes the patient was affected with syncope; after a short time he recovered, and was removed to his own house, about nine miles from Lisieux. The next day Dr. Levillain, who had been called when the accident occurred, saw him again. He found the tumour a little painful and without pulsation. He felt the posterior tibial artery pulsating, and also the dorsal artery of the foot (*la pédieuse*). (Patient confined to bed, bladders filled with ice applied to the tumour.) During the two following days patient remained in the same state. On the 24th May the patient, whilst making an effort in bed to place himself upon the bed-pan, felt a most acute pain

* *Physiologie médicale de la circulation du sang, &c.* Paris 1863, pp. 287—292.

in the thigh, and in a few moments the tumour became twice as large as before.

Dr. Levillain, having been again called, sought for pulsation in the tibial and dorsal arteries of the foot, but found none. (Ice applications continued as before.)

May 26th: Œdema of the leg and thigh manifests itself; the tumour appears to increase, and at its middle part feels softer. On the 28th of May I see the patient for the first time; he is apyretic; pulse regular; stethoscopic sounds, and pulsations of the heart normal. All the organic functions act with regularity. The right thigh is enormously swollen. At its internal part there is a tumour three times as large as the hand clenched, livid, and presenting at its most sloping parts blackish plates, evidently pointing out the traces of effused blood in the subcutaneous cellular tissue. At its most salient or prominent point a parchment-like excoriation may be observed, the impression of the rim of the horse shoe. The circumference of the tumour is ill defined, and its margin is imperceptibly continuous with the general tumefaction of the thigh. The circumference is hard; in the centre there is a sensation of fluctuation, where also pulsation and expansive motion isochronous with the pulse at the wrist may be perceived. When the femoral artery is compressed these pulsations cease, and the tumour becomes diminished in a very appreciable manner; yet this diminution is not so evident as one might suppose at first sight. Upon auscultation, a *bruit de souffle* may be clearly heard corresponding with the arterial diastole, and the expansive movements of the tumour itself. If the stethoscope be applied over the femoral artery on a plane with the crural arch, the *bruit de souffle* may be heard louder and more distinctly than at the centre of the tumour.

Auscultation at the same point of the femoral artery of the sound limb will give no *bruit de souffle*. A little painful on pressure, this tumour has been the seat of spontaneous pains, which were very sharp on the 24th, but afterwards considerably diminished, and now there is scarcely any. The knee is swelled; the patella is lifted up by the effusion of liquid, which has no communication with the tumour. The leg is œdematous; its temperature to the hand appears to be the same as that of the sound leg. It is impossible to perceive any pulsation in the dorsal artery of the foot (*la pedieuse*), and also in the posterior tibial. On the 29th of May, with the kind and valuable assistance of Doctors Quesnel, Levillain, and Toutain, I placed a ligature on the femoral artery on a level with the top of the triangle of Scarpa. The incision encroached a little upon the circumference of the base of the tumour. The cellular tissue surrounding the muscles is infiltrated with blood; nevertheless, the operation was easily performed. The vessel is laid bare, and denuded to a small extent, about five millimètres (*the one-fifth of an English inch*), and appears quite sound. A strong ligature is applied; one end of which is cut close to the knot, and the other fixed outside the wound. A piece of charpie spread with cerate, about 15 millimètres in size, served to prevent reunion of the wound by the first intention, from the vessel to the skin. The rest of the wound is reunited by means of the twisted suture. (Lukewarm cataplasms lightly applied to the tumour, and hot bottles around the limb).

31st May: On the day of the operation the patient experienced intense pain in the limb, and much agitation during the night. Next day the same state continued, with delirium, which yielded to a very strong opiate draught. To-day the patient is calm and free from fever; he complains of a little pain in the limb. The wound is suppurating in the course of the ligature. The pus is of good quality. There is no reunion at the points of suture; the leg is hot and œdematous. The tumour formed by the aneurism feels hard in some parts and fluctuating in others. It appears to have diminished; no pulsation can be perceived in it. At its centre the little eschar produced by the impression of the horse-shoe begins to be detached. (Cold cataplasms moistened with saturnine lotion applied over the tumour; the wound over the ligature is dressed with charpie soaked in alcoholic tincture of walnut leaves.)

3rd June: Patient in same state as on the 31st ult. On applying the stethoscope over the femoral artery in the groin we could not distinguish any *bruit de souffle* again.

7th June: No fever; wound looks well. The tumour fluctuates less, and is diminished. The eschar at its centre has fallen off, and at the bottom of the wound a clot of dark blood of from seven to eight millimètres in diameter (three and a-quarter English inches) may be perceived. A little sero-sanguineous matter is being discharged from the wound; the leg is resting on its outer side; and along the course of the fibula, where the pressure of the limb on the cushions is greatest, a sphacelated band of three centimètres broad (about one and a quarter English inch), and from fifteen to twenty centimètres long (six to eight English inches) may be perceived. We now change the position of the limb, and recommend that care be taken that the leg does not rest too long upon the cushions on a level with the same points. (Cataplasms discontinued; compresses soaked in alcohol applied over the aneurismal tumour.)

21st June: The ligature of the artery came away yesterday; the wound is almost entirely cicatrized; the eschar of the leg is detached; it includes the entire thickness of the skin. The tendon of the peroneus longus lateralis is exposed, as well as a part of that muscle itself. The foot is less swelled; the aneurismal tumour has diminished to almost half of its original size. The orifice of the wound, which is in the centre, is at least fifteen millimètres in diameter (one four-fifths of an English inch), and at the bottom at a depth of one centimètre (two-fifths of an English inch), some dark clots may yet be perceived. There is no suppuration, but an oozing of blackish blood. The tumour is still a little soft at its centre, and feels as if it still contained some fluid. (Both wounds are dressed with charpie soaked in tincture of walnut leaves). General state good; appetite good; digestion good; little fever.

30th: Within the last three days the aneurismal sac has diminished. A large quantity of dark blood mixed with pus is discharged from the wound. On introducing the finger we immediately arrive at a large circuitous subcutaneous cavity, then we enter a deep canal in the muscles close to the femur, which is not denuded. There is a little swelling in the popliteal space. Following the axis of the limb I made a large incision of ten centimètres long (four English inches); then this wound was dressed with charpie soaked in tincture of walnut leaves. A tent impregnated with the same is introduced into the canal which runs close to the femur.

10th July: The tendon of the peroneus longus lateralis has exfoliated, and is cast off. The aneurismal wound looks well. After five days an enormous fibrous clot, which filled the aneurismal cavity, is detached, and was extracted from the wound. Since then suppuration has very much diminished, and cicatrization proceeds rapidly. General state good. In the beginning of September the wounds were closed, and the patient able to sit up.

On the 1st of October he began to walk and support himself upon the limb. The movements of the articulations are very free. There is a little œdema of the ankle-joint. On the aneurismal surface there is a long depressed cicatrix adhering to the bone.

Remarks.—In the history of this case many important and peculiar circumstances present themselves to the mind. In the first place, the formation of aneurism in this way is of very rare occurrence. A man receives a kick from a horse at the inner part of the thigh. All the soft parts, muscles, and femoral arteries comprised between the femur, which is not fractured, and the extremity of the horse-shoe, are divided. The skin alone, thanks to its elasticity, escapes unbroken, yet at this point it is so contused that after a short time it becomes stricken with sphacelus. Without dwelling further on the development

of the tumour which I have already sufficiently described, we arrive at the chief point of consideration—that is to say, the treatment. When I saw the patient for the first time, the tumour was so voluminous, it increased so rapidly, and the limb was so much tumefied, that I considered it necessary to act, and to act in a manner at once the most prompt and efficacious. Three ways at once present themselves for consideration:—

1st. Compression of the artery in the groin.

2nd. Opening the sac and placing a ligature on the proximal and distal ends of the artery.

3rd and lastly, placing a ligature upon the artery above the aneurism, after the method of Anel. Compression could not be borne by the patient. I tried several times to compress the artery in the groin with the finger, and at each time the patient complained of intense pain. Besides, this region was now infiltrated with blood, and much swollen. Now, under such conditions, compression would infallibly promote gangrene of the tissues, or at least, suppurative inflammation of them. Moreover, if the preceding considerations had not caused me to reject such treatment, I should not have employed it with this patient, not that I for a moment question, or refuse to acknowledge the positive efficiency of the treatment by compression, or that in a great number of cases it possesses a marked superiority over other means employed for the cure of aneurism, but I regard it as altogether impracticable in country practice. When one is many miles away from his patient, whom he can only see at rare intervals, how can he attend to compression? How can he practise it in a methodical and skilful manner? and I speak here only of compression with the compressing instrument, for nobody could dream for a moment of digital compression under such circumstances. Compression, then, being out of the question, nothing more remained but to open the sac, or tie the artery after Anel's method. The opening of the sac in this case appeared to us to be positively contraindicated.

In fact, the artery was situated too deeply; it would be necessary to look for it at the point where it passes round the femur to become the popliteal ("fémorale postérieure"). Would any one feel certain of finding both ends of the vessel in this immense focus, in the midst of a mass of dead and disorganized animal matter? Would not one run the risk of opening the femoral vein in the course of these searches? In short, the excoriation which existed at the summit of the aneurismal tumour appeared to be superficial, and nothing would lead one to suppose for a moment that the aneurism should necessarily give way at this particular point. We would then take away all possible chances of resorption of the tumour, and place in contact with the air a large cavity infiltrated with blood, and the inflammation whereof would spread to remote parts and cause the death of the patient. Anel's mode of operation, which we preferred, enabled us to avoid some of the dangers of the old method, and the results happily confirmed our anticipations. Resorption commenced to set in, the effusion of the knee-joint disappeared; and, when the aneurismal cavity became exposed by the casting off of the eschar, and that we were obliged to cut into the aneurismal sac, the tumour had already become much diminished, the neighbouring parts were less exposed to the spread of inflammation, and we had a suppurating surface much less extensive than we should have had at first. Dressing the wounds with alcohol or tincture of walnut leaves, which, I consider, all the same, appears to have had in this case a most happy influence in promoting the cicatrization of the aneurismal cavity, preventing the putrid ramollissement of the effused blood, stimulating the wound, and, at the same time, promoting a healthy suppuration and the development of fleshy granulations, which have already filled up the immense void formed in the middle of the soft parts of the thigh. I think it still useful to direct attention to the gangrene which became developed along the course of the fibula during the few first days after the application of the ligature. This sphacelus, owing to the whole weight of the limb constantly bearing on the same points where the capillary circulation was diminished by the effect of the ligature, and by the action of the aneurismal tumour itself might have been, I think, avoided if we had taken the precaution of changing the position of the limb often during the day. Be that as it may, this accident has not had any influence upon the happy issue of the disease, and, our patient now perfectly cured, has recovered the use of his limb.

Reviews.

LECTURES ON CLINICAL MEDICINE. By A. Trousseau. Translated and Edited, with Notes and Appendices, by P. Victor Bazire, M.D.Lond. and Paris. Part I. Pp. 276. London. Robert Hardwicke. 1866.

The great reputation of Professor Trousseau as a practitioner and teacher of medicine in all its branches, and more particularly in those relating to the nervous system, renders the present appearance of his Clinical Lectures in an English form particularly welcome. These discourses are the more useful to the British practitioner, because they are eminently practical, the aim of Professor Trousseau having always been to cure or alleviate disease, as well as to describe it.

The contents of this first Part relate entirely to disease of the nervous system. A few of the Lectures may be already familiar to our readers, as they formed part of the first edition of the French original, but most of them are devoted to perfectly novel subjects, among others, those on Aphasia (loss of speech), Progressive Locomotor Ataxy, and Glosso-Laryngeal Paralysis.

The Lecture on Aphasia, or, in the author's own words, on "the loss of the faculty of expressing one's thoughts by speech, and in most cases, also, by writing and by gestures," may be justly regarded as a model of clinical teaching. Never, we believe, has the peculiar talent, which Professor Trousseau possesses, of clearness of exposition, logical reasoning; and accurate observation, been shown to greater advantage. The symptomatic history of this singular affection, its varieties (whether accompanied or not by hemiplegia, and the side of the body which is affected), the post-mortem appearances found in several fatal cases, the conclusions deducible therefrom as regards the localization of special faculties in particular and determinate parts of the brain, and the psychological aspect of the question, every point is examined and discussed in all its bearings and details. We would specially direct attention, therefore, to this able *exposé* of a most interesting subject, interesting alike to the physician and the psychologist. Perhaps no cases of this affection are so striking or so interesting as those in which the aphasia is transitory, of a few days' duration only, and is unaccompanied by paralysis. The following case, given by Dr. Trousseau, is an excellent instance in point:—

"Some of you may recollect a young mechanic, about twenty-five years old, who occupied bed No. 2 in St. Agnes ward. He had walked to the hospital, he was not lame, he used both his hands perfectly, his face was full of intelligence, and yet he was not able to answer any of my questions, although his tongue was very mobile. He heard me well and looked at me whilst I questioned him; his gestures, his looks, showed that he understood all I said; it seemed as if his mind were full of thoughts which he could not express in words. He knew how to read and write, and yet when I gave him a pencil and some paper and asked him to write his name down, he held the pencil properly, but only wrote meaningless letters, and then threw away the pencil in a fit of impatience. He, however, remembered a few words which he kept constantly repeating, showing at the same time by his manners that he well knew how little those words expressed his meaning. His illness had set in suddenly after certain excesses. . . . . Before a fortnight had elapsed

the young man recovered completely, without having been subjected to any treatment, and was able to leave the hospital. . . . ."

As to the question whether aphasia depends on a lesion of the posterior portion of the third left frontal convolution, as asserted by Mr. Broca, or on disease of some portion of the left hemisphere of the brain, as first suggested by Dr. Dax, we must refer our readers to Dr. Trousseau's work for the cases and arguments showing the untenability of either of those views. For our part we fully endorse the author's opinion that aphasia may coexist with *left* hemiplegia, although, in the great majority of instances, the paralysis, when present, affects the right side of the body.

Progressive locomotor ataxy is an affection to which prominent attention has only been given of late years. The late Dr. Todd had noticed that in certain cases of paraplegia the faculty of coördinating voluntary movements, was principally, if not alone, at fault, and that in such cases the posterior columns of the spinal cord were, after death, found to be disorganized. But Dr. Todd only said a portion of the truth, and by retaining this affection in the group of paraplegia, he clearly showed that the other phenomena, indicating progressive locomotor ataxy to be a distinct form of disease, had escaped his notice—namely, the implication of some of the cranial nerves, chiefly those of the eyeball, and the extension of the ataxy to the upper limbs. Dr. Duchenne (de Boulogne) undoubtedly deserves the credit of having been the first to give a complete and accurate clinical account of this malady. Romberg's description of tabes dorsalis evidently refers to the same affection, although it is inaccurate in some respects, and notwithstanding the grave error made by the great German neurologist with regard to the actual motor power of the patient. Be this as it may, Dr. Trousseau's Lecture on Progressive Locomotor Ataxy will be found to contain the best and fullest account of this affection, taken in conjunction with the Appendix added by the Editor, who has put on record a highly interesting series of cases of this disease which came under his observation at the National Hospital for the Paralyzed and Epileptic. These cases, which have been carefully observed by Dr. Bazire, and are fully reported, will well repay perusal. The most characteristic symptom of progressive locomotor ataxy is the peculiar gait of the patient, which, when seen once only, can never be mistaken. The description of it by Dr. Trousseau is so good and so truthful that we cannot resist the temptation of quoting it:—

"If you ask an individual suffering from ataxy to walk, he staggers, makes great efforts to maintain his equilibrium, and, feeling that his muscles do not respond to the influence of his will, he seeks for a point of support. It is especially at starting that this difficulty in maintaining the equilibrium of the body is remarkable. When once started, the patient is able to walk, although he does it badly, and throws his legs about to the right and to the left. Occasionally he loses his equilibrium entirely and falls down, unless he be supported, especially when he turns round. Formerly a man whose gait was uncertain, whose legs were thrown to the right and to the left, was set down as suffering from paralysis, and if no serious impairment of the intellect were present, the disease was localized in the cord, and called paraplegia. No physician before Dr. Duchenne (de Boulogne) ever thought of testing the muscular power of these so-called paralytic patients. The idea first occurred to this *savant*, and he it was who detected that their muscular power was considerable, and that they only lacked the faculty of coördinating their movements. . . . . Whereas in true paralysis the leg is slowly lifted off the ground, and is dragged along; in ataxy the foot is thrust forward in variable directions, and comes down suddenly. Instead of the measured flexion of the knee-joint, which obtains normally, the flexion is sudden and followed by forcible extension."

Glosso-laryngeal paralysis is an affection about which very little is known, and for the little we know we are indebted to Dr. Duchenne and Dr. Trousseau. It is still a question *sub judice*, however, whether it should be regarded as a distinct affection or merely as a variety of that obscure disease, progressive muscular atrophy, so often improperly called wasting palsy. A case detailed by Dr. Bazire, in which glosso-laryngeal paralysis coexisted with marked atrophy of the muscles of the limbs, and even of some of the muscles of the trunk, would lead one to believe that paralysis of the lips, tongue, and soft palate, is only a complication, although a rare one, of progressive muscular atrophy.

Dr. Trousseau's views with regard to epilepsy, and the service which he has rendered to practical medicine by calling attention to nocturnal epilepsy, and to that peculiar modification of the disease which has been inaptly called vertigo and is better termed *petit-mal*, in contradistinction to the violent convulsive seizures or *grand-mal*—the epileptic fits proper—are too well known to require more than being adverted to. The remarks on treatment are sensible and practical, the importance of the mode of administering belladonna, which the author regards as the sheet-anchor in the treatment of this dire disease, is fully dwelt upon, and deserves the consideration of every practitioner. Of late years a new remedy, the bromide of potassium, has come into vogue in the treatment of epilepsy in this country, and from the statements made by the Editor in an Appendix on the physiological and therapeutic effects of this drug, and on the results which he has obtained at the Hospital for the Paralyzed and Epileptic, we may feel inclined to indulge the hope that this remedy will not, like so many others, be put by and laid on the shelf, and that we may at last have found a drug capable, if not of curing, at least of diminishing the frequency and severity of epileptiform seizures in general.

According to Dr. Bazire—

"The therapeutic effects of bromide of potassium are manifested within a short time. It has a decided and marked power of checking the fits, and short of averting them, of diminishing their severity and their duration. Under its influence they become less frequent and severe, the intervals between them more and more prolonged, so that patients who used to have a fit every day, and sometimes several fits in the day, are free from any seizure for a week, and for two, three, four weeks, and more. This influence is extremely marked in recent cases of epilepsy, and seems to diminish in proportion as the disease has extended over a long period of years. In the first class of cases, the intervals between the paroxysms go on increasing in length, whilst in the second, the only sure effect obtained by the administration of the medicine, is a diminution in the number and severity of the fits."

The first Lecture contained in this Part—namely, that on "Venesection in Cerebral Hæmorrhage and Apoplexy," is of the highest importance in a clinical point of view. There has been, of late years, a growing dislike to the use of the lancet in the treatment of disease, and whether or not disease has really undergone a "change of type," certain it is that we find it advantageous to bleed now-a-days infinitely less than our predecessors did. We feel sure, therefore, that Dr. Trousseau's rejection of bloodletting in any shape, in cases of apoplexy, will meet with the concurrence of many practitioners in this country.

We have only to state, in conclusion, that Dr. Bazire has most ably performed his part of the work as Editor and Translator. Himself a pupil of Professor Trousseau, and now carrying on in London the same species of investigations as those which have so long engaged the attention of his distinguished teacher, Dr. Bazire has enriched the book with a number of notes and appendices, which, while they in no way interfere with the text, often amplify and corroborate the views advanced in the Lectures, and prove in no ordinary degree his own talent for original observation and research.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 21, 1866.

PREVENTIVE MEDICINE.

It would be dishonest, even on the part of the Medical Profession itself, to over-rate or exaggerate the powers of Medicine, to pretend that it holds the balance between life and death for the human race, or that it has found a remedy for all diseases. While this allowance must in fairness and truth be made in the case of certain accidents and maladies of pretty frequent occurrence, it must also be made, although in a somewhat modified degree, in relation to most epidemics, and in a less degree still, to the whole tribe of what are now generally known as zymotic affections. It is the province of quackery to pretend that human skill has discovered a remedy for the dissipation of a cancerous tumour, has invented a medicine for the solution of a cataract, has devised drugs which can cut short the paroxysm of a fever, or has hit upon a panacea which shall arrest an epidemic of cholera. Legitimate Medicine is not ashamed to confess that her weapons are powerless in certain cases, and that all she can hope to do in many instances is to allay present suffering, and perchance to smooth the passage to the grave; while quackery, on the other hand, holds out hope where there is no hope, and what is worse, extorts from the credulous patient large sums of money which the honest practitioner would refuse to accept.

In reference to the class of epidemic and epizootic maladies, to which our present remarks are intended particularly to apply, the difficulties encountered by legitimate Medicine are avowedly very great. It is true that there is nothing impossible in the idea that a cure may hereafter be found for an attack of Asiatic cholera, just as an antidote may one day be discovered for a large dose of prussic acid. Death in both cases is caused by the presence of a poison in the human body, and if this poison can be eliminated or neutralized, health may be restored; but in the present state of our knowledge it must be confessed that, in either case, the medicinal substance has not yet been discovered which can overcome the subtlety and the rapidity of the morbific agent. In a less degree than in the case of cholera or of poisoning by prussic acid, the march of some of our more common indigenous maladies, such as typhus and small-pox, sometimes defies the powers of Medicine, and casts a kind of opprobrium, however undeserved, upon the professors of the healing art.

The observations we have made are, we conceive, particularly appropriate at the present time, when, both abroad and at home, we have been visited, and are still visited, by some of the most fatal scourges, in the form of epidemics, that the world has ever known. On the great continent of India, cholera, instead of being, as with ourselves, an occasional intruder, is a constant, though most unwelcome, guest, and the same epidemic, spreading from the plains watered by the Ganges and the Indus, has extended by rapid marches to the shores of Europe, and has not only threatened, but actually attacked, our own land. Whether our recent experience of this malady has shown that it has touched us only slightly, or whether its transient ravages are really the forerunners of a more dreadful visitation in the ensuing spring and summer, are problems only to be solved by the progress of time, and their contemplation should teach us neither to allow ourselves to be lulled into a false security, nor to abandon ourselves to needless despair.

In the meantime, however, we have among us the plague among the cattle and typhus among ourselves. In the case of the former, no remedy has yet been devised on which any reliance can be placed, and as for the latter, Medical Science has often been baffled in its treatment. It is no part of our duty, any more than it is our inclination, to pretend that we possess a cure for the rinderpest, or that by the administration of drugs we can stop an attack of typhus, or protect communities from its infection. But what we do know is, that by measures of prevention we can preserve the healthy from contamination from the sick, and that it is mere waste of time to delay such measures while we are discussing the merits of some useless though much-boasted nostrum. Even in the case of cholera in India, where the disease, as is well known, is seen on a very extensive scale, the fatal results may, in a great measure, be averted by timely precautions, and just as the rapidly falling barometer at sea warns the mariner to steer his vessel beyond the circumference of the cyclone, so the occurrence of a few cases of cholera in the Asiatic plains may warn the general to remove his troops as fast as possible from the centre of infection to a more salubrious locality, and thus to save hundreds or thousands of lives.

Typhus, although it may be allied to cholera, is certainly not produced by the same identical causes, and is not amenable to exactly the same laws. We have never heard of typhus fever attacking an army on the march in the open plain; nor have we ever heard of cholera being perennially located in Bethnal Green or in the St. Pancras Workhouse. There is much reason to believe that while cholera is generated by certain undefined and mysterious conditions of the atmosphere, and travels over large tracts of countries, seas, or rivers, typhus, on the other hand, is produced, or it might even be said, manufactured, by well-known endemic causes, as overcrowding, bad ventilation, poverty, and dirt. Experience has certainly shown that the last-named conditions are the fertile sources of typhus, and that when they are removed, typhus ceases to exist. Cases in illustration have of late been so common, or rather

they have lately been so prominently brought before the public through the medium of coroners' inquests and the industry of the press, that it is almost unnecessary to dilate upon the relations between cause and effect, which these revelations are daily developing. As Medical writers, we have known all these truths long ago, and our brethren have repeatedly represented them to the local authorities, but hitherto without avail. Now, however, the eyes of the general public are opened, and the fearful consequences of local mismanagement and local jobbery are made manifest. *Now*, it is shown that parochial Vestries have been guilty not only of ignorance and apathy, but that some members of those bodies have resisted sanitary improvements on mere selfish and sordid grounds, and because their own interests were concerned in the retention of existing nuisances. *Now*, it has been shown that the Medical Officers of Health, appointed expressly for the purpose of guarding over the public health, have been compelled to ignore the existence of death-producing causes, because their representations might have compromised their salaries. *Now*, it is likely that Legislative interference will compel the Vestries and the so-called Guardians to fulfil the trust which they have shamefully and almost criminally betrayed, or to resign their power into other and more competent hands. The ignorance and the vanity of the local Boards have at last been exposed, and there is now a glimmering of hope that sanitary science and the principles of preventive Medicine will have a chance of being understood, at least by those who exercise the supreme control over public affairs, but who have hitherto, from a false feeling of non-interference, allowed the principle of local government to run into unwarrantable excess. It is this principle, which, though good in itself, has enabled a few demagogues and upstarts in the city parishes to turn a deaf ear to the teachings of science and even to the voice of humanity, to sacrifice the health and comfort of the poor, to insult the Medical Profession, and finally, to bring disgrace upon the system of which they themselves are the administrators.

NOTES ON THE CURRENT TOPICS OF THE WEEK.

THE HUNTERIAN LECTURES AT THE COLLEGE OF SURGEONS OF ENGLAND.

Professor Huxley is now delivering the annual course of Lectures on Comparative Anatomy in the theatre of the College, his present subject being the structure of the Cetacea, a class of animals in which John Hunter took a very great interest, and many specimens of which are contained in the College Museum. These curious, and, in some respects, paradoxical animals, the mammalia of the sea, are divided into two groups by modern zoologists, one termed the Sirenia, and comprehending only two genera, the halicore, or dugong, and the manatus, and the other group comprising the true cetacea, as the whales, dolphins, and porpoises. The largest of these creatures, as is well known, is the whale or *balœna*, and this again is divided into two species or rather genera—namely, the Northern and the Southern whale, called respectively the Balæna mysticetus and the Kalæna (or Eubalæna) Australis. Of the former the Museum of the College now possesses a magnificent and complete specimen, which has only very lately been fitted up in the large hall of the Museum, where it forms the most conspicuous and imposing feature of the collection. As this is the only complete specimen of the Northern whale yet exhibited in this country, all lovers of Natural History and of Comparative Anatomy should not fail to visit it. Besides its enormous bulk, it illustrates many interesting points in morphological anatomy, which are carefully displayed by Mr. Flower, the Conservator of the Museum, under whose able superintendence the huge monster of the deep has been placed in close quarters. Among these points we may notice the hyoid bone, forming with the detached styloid processes, and the petrous portion of the temporal bone, a ring of bony and fibrous tissue, for the passage of the trachea and œsophagus; and the curious rudimentary pelvic bones, with their dwarfed femoral bones, representing the pelvis and lower extremities of the terrestrial mammalia. The Balæna mysticetus is the whalebone of the North Seas, and the head is exceedingly large, the great space between the upper and lower jaws being enclosed by the layers of whalebone, the interstices of which entangle the small soft and semi-gelatinous animals abounding in myriads in the Northern and Southern Ocean, and forming the natural food of the whales.

THE LEGISLATURE AND THE CATTLE PLAGUE.

The change of opinion that has occurred in the public mind on the subject of the cattle plague has been most remarkably exemplified by the proceedings in the Houses of Parliament since they began their sittings, and more especially by the alacrity with which the House of Commons has been pushing on the Bill proposed by Sir George Grey. It is only due to the Cattle Plague Commissioners to state that in October last they recommended, but in vain, the very steps which are now being taken to prevent the spread of the disease. At that time, public opinion, followed and encouraged by the Solons of the *Times*, ridiculed the fears expressed by scientific men, denounced their recommendations as impracticable, and encouraged the quacks to waste precious time in the trial of their pretended panaceas. The consequences have been even more disastrous than were contemplated, and the disease has extended so rapidly that universal alarm has at length compelled the public to take measures of safety, and has aroused even a slothful Government into activity, if not energy. So great is now the excitement throughout the country, and in consequence, among the members of both Houses of Parliament, that their zeal for repressive measures outruns that of the Ministry, and the latter were actually beaten on Thursday night on an amendment which proposed that all traffic of cattle should be absolutely stopped. The Government, in their Bill, had rendered this step permissive only, but the amendment made it obligatory, and as we have stated, the Ministry was defeated. So rapidly is the Bill, with its stringent amendment, passing through committee, that it is not improbable it may be the law of the land before the present number of this journal is in the hands of our readers. The chief features of the measure will, no doubt, be the slaughter

of the infected cattle, the isolation of those in contact with the disease, the absolute stoppage of transit of the beasts, the establishment of dead meat markets, and the slaughter of foreign cattle at the port of debarkation. There will necessarily be some inconvenience to the buyers and sellers, and perhaps to the consumers of meat, but the steps to be taken are imperatively required, unless greater evils are to be brought upon us by our apathy and negligence.

NATURAL SCIENCE AT CAMBRIDGE.

Some important changes are in progress at Cambridge in reference to the cultivation and encouragement of Natural Science in the University. Dr. Clarke, who has for a long time held the appointment of Professor of Anatomy, has sent in his resignation, and it is expected that Dr. Humphry, who has for some time most ably performed the duties of the Professorship, will be elected to the vacancy. A Demonstrator of Anatomy is also to be appointed at a salary of £100 per annum, and a new professorship is to be formed of Comparative Anatomy and Zoology, at a salary of £300 per annum. We understand that the competition for the last named post is open, the candidates not being required even to be members of the University.

THE SPHYGMOGRAPH.

Dr. B. W. Foster communicated last week to the Midland Medical Society a paper on the investigation of the pulse in disease by the sphygmograph, which, as far as we know is the first systematic treatise on the subject, which has been laid before any English Society. We hope to give the paper in abstract in a coming number. The paper was illustrated by a large number of pulse tracings which the author had taken from various cases of heart disease and other affections. Dr. Foster pointed out the manner in which the use of the instrument afforded not only valuable aid in diagnosis, but also in prognosis.

DEFICIENT BRAIN SUBSTANCES IN THE MORALLY INSANE.

We understand that the brain of Mr. Windham, the notorious amateur footman and coachey, has been subjected to examination since his death, and that the result goes to prove that the depravity of mind which he displayed during life was at least coincident with smallness of brain. He died of embolism of the pulmonary artery. We need not mourn for his loss, for his vices were even more ruinous to public morality, as an example to young men, than they were to himself, his fortunes, and his family.

THE PROFESSORSHIPS OF HUMAN AND COMPARATIVE ANATOMY AT CAMBRIDGE.

A Congregation was held on Thursday last, when motions were submitted having for their object the adoption of the report of the syndicate appointed to consider of the best mode of providing for the teaching of anatomy and zoology in the University. The first proposed that the Professor of Human Anatomy and Physiology be appointed, separate from the other departments, and that the sum of £300 per annum be continued to him on certain conditions, this was carried by 152 placets to 15 non-placets. The second proposing the appointment of a Demonstrator in Anatomy, at a stipend of £100 per annum was unopposed. The third proposing the appointment of a Professor of Zoology and Comparative Anatomy, who should arrange with the Professor of Anatomy, the lectures so as to be mutually dependent, and serve the medical as well as the natural science students, the salary to be £300 per annum, was carried by 163 placets to 17 non-placets.

QUACK ADVERTISEMENTS.

The Editor of the *Sporting Times* takes the credit which is justly due for refusing the income which his contemporaries derive from quack advertisements. It is hardly in the power of the medical profession, by its patronage of the *Sporting Times*, to recoup the loss; but we have no doubt that the public are not without appreciation of such a sacrifice of personal interest. We are aware that a large number of medical men have transferred their orders from the *Daily Telegraph* to the *Standard* and *Morning Herald*, feeling themselves, though in many instances, not concurring in politics with these latter journals, bound to support the right of conscience against the might of pocket.

PROVINCIAL INTELLIGENCE.

BIRMINGHAM.

FROM OUR OWN CORRESPONDENT.

February, 1866.

In Birmingham, as many of the readers of The Medical Press and Circular are doubtless aware, there are two Medical Schools—the Queen's College and the Sydenham College. The first mentioned of these institutions has been developed out of the Royal School of Medicine and Surgery, and was incorporated by Royal Charter in 1843. For some years it enjoyed great success, but for the past ten years or so it has by no means advanced. Scarcely a year has passed over without some resignation in the staff; many have seen an almost wholesale retirement of the Medical Professors, and on each occasion the public press of the town has been favoured with the full details of these squabbles. In this way the College has pursued its declining path, ever mindful "to wash all its dirty linen outside its own doors," till at last its continued existence as a Medical School has become a mystery to some, and to others the strongest proof of its inherent vitality. Under the guidance of its present Principal, the Earl of Lichfield, the College has reached that haven, the Court of Chancery, to which all such institutions drift sooner or later in the endeavour to find some mode of reformation; and only a few days back the Solicitor of Her Majesty's Attorney-General held a Court at the College for the purpose of receiving suggestions as to the scheme to be proposed for the future regulation of the institution. The meeting was not a large one, for the public of Birmingham have become very weary of hearing of the College and its affairs. The College debts were stated to be about £10,500, and several schemes were suggested whereby the sum might be raised. Some few unimportant proposals were also offered for the future management of the Medical School; but, strange to say, no mention whatever was made in favour of the only scheme on which the restitution of the College can ever be thoroughly realized—viz., the amalgamation of the Sydenham and Queen's Colleges. Some few months back, before the case of the Queen's College had been certified to the Attorney-General, an attempt was made to bring about this most desirable of all reforms, but without success. This fusion

of the Medical Schools would, however, if accomplished, yield such great results, that one wonders that a single failure under very exceptional circumstances should be accepted as decisive. Birmingham, with its two large General Hospitals and its special institutions in addition, its almost unrivalled material for the surgeon, and its central position in the midst of perhaps the most populous district in England, might have by the united energy of its medical men the best School of Surgery in the Kingdom, and the most flourishing Medical School in the Provinces. The existence of two Medical Colleges is fatal to the great success of either, and it is to be hoped that the scheme of the Attorney-General will include some arrangement whereby the Physicians and Surgeons of the General and Queen's Hospitals may be united in the work of a single Medical School. Any plan that can secure the coöperation of the staff (or even a majority of them) of both Hospitals in one College, must necessarily lead to the construction of *one* flourishing School from the materials that now support *two* of moderate size.

At the Midland Medical Society two interesting meetings have been held this year, and some remarkable pathological specimens have been exhibited before the reading of the papers. By a law of the Society it is arranged that the first three-quarters of an hour of each meeting be devoted to the presentation of pathological specimens; by this means the meetings have been rendered much more popular and instructive. At the first meeting of the year Dr. Casey of the General Hospital brought before the Society a remarkable specimen of acute necrosis of the tibia and femur. This affection has recently been described by Dr. Roser (*Archiv der Heilkunde*) under the name of "Pseudo-Rheumatic Ostitis." The case from which the bones were exhibited had been admitted into the General Hospital, suffering apparently from acute rheumatism. Symptoms of severe periostitis and suppuration about the joints supervened, and after death the tibia and femur on the affected side were found in a state of acute necrosis. The specimens excited much interest. At the same meeting Dr. Wade read a paper on "A Peculiar Form of Alcoholism" observed by the author in young women. The patients were usually found in a state of complete insensibility; no smell of alcohol on the breath, no stertor was observed, and no symptom of hysteria was detected. Dr. Wade had doubt about the cause of these appearances for some time till he had the opportunity of tracing the symptoms to the effect of alcohol. The paper was ably prepared, and excited much discussion among the members.

At the last meeting of the Society, Dr. Foster read a paper on "The Investigation of the Pulse in Disease by the Sphygmograph." The paper was illustrated by numerous pulse-tracings collected by the author.

Much remark has been excited here by a review which appeared in a late number of the *Lancet* on a book by Dr. Earle of this town, "On Flooding after Delivery." The *Medical Times and Gazette*, the *British Medical Journal*, and the *Medical Circular* had previously *each contributed* their share of approbation to the work, when it attracted the notice of the *Lancet* reviewer, and at the same time his severe criticism. It is not the place here to enter into the merits or demerits of the book in question. We can only mention the treatment Dr. Earle has received as indicating a very bad state of medical criticism. Three papers of acknowledged standing notice the work favourably, and then an unfavourable notice appears in the leading medical journal. There are many obstacles to the improvement of the present state of medical criticism, but we think they are not insurmountable ones. Its chief fault is less often its severity than its laxity, and until a more searching style of criticism is adopted reviews cannot be esteemed for much. In THE MEDICAL PRESS AND CIRCULAR justice will, we trust, always guide the pen, severity will appear when needful, partiality never.

MESSRS. MAW'S CATALOGUE.

MESSRS. MAW and SON have just issued a new edition of their Catalogue of Surgical Instruments, Air and Water Beds, Pillows and Cushions, Bandages, Trusses, Elastic Stockings, Inhalers, Galvanic Apparatus, and other appliances used by the profession. The work is very handsomely got up, and abundantly illustrated with engravings of the various appliances described, and, independently of its utility as a guide to the Messrs. Maw's repertory, it may be said to form a complete epitome of the armamentarium of the physician and surgeon, the instruments themselves not only being figured, but, in some instances, the mode of using them being also delineated. We understand that Messrs. Maw's instruments may be obtained from most respectable chemists throughout the United Kingdom on the same terms as if purchased direct from the London establishment.

MEMORANDA OF THE MONTH.

AN able letter from Dr. W. D. Moore of Dublin appears, rescuing his personal friend, the great physiologist, Van der Kölk, from a series of heteradox views ascribed to him recently in a leading London *Review*, the fact being, as stated now by Dr. Moore, that in place of such materialistic ideas, the great Dutch anatomist opposed these views, and in place of the assumption of our *Fortnightly Review* of a voluntary will or mind, even in the spinal cord, Van der Kölk looked on it as an absurdity, "the nervous system being arranged as a perfect minister of the soul and will."

Considerable discussion has taken place and continues in the *Times* as to the first demonstrations in London of the nature of trichina in pork. A preparation in Guy's of 1828 seems to be the earliest*, while the *Athenæum*, in the well-known and admirable book notices ascribed to Dr. Lankester, gives nearly all the credit of what has been since written by Virchow, Althaus, Kuchenmeister, &c., to an entirely different writer of the German school.

The French claim for Pinel the merit of establishing the non-restraint system in lunacy, and to Flourens is due the first use of chloroform, copied subsequently in Edinburgh. So it is of interest to know, *en revanche*, that all the glory of trichiniasis is not French or German.

An interesting practical fact, enunciated in the late Hastings Prize Essay, seems to be of more or less importance in these days of "Health of Towns" dissertation—viz., that sulphate of zinc and sawdust is the best combination as a deodorizer, especially where it is necessary to make post-mortems or preserve bodies in private houses. Tar and chlorine are not pleasant, as they have well-known and not agreeable odours of their own. We

* Dr. Jacob, the Professor of Anatomy and Physiology at the Royal College of Surgeons in Ireland in the year 1814, observed and called the attention of Professor Colles to a subject in the dissecting-room, the muscles of which were affected with trichinous disease.—ED. M. P. & C.

have seen charcoal also used in St. Bartholomew's and other dead-houses in London with considerable success.

To those curious in hospital statistics perhaps mention may be made here of some of the resources, startling, if not luxurious, of our London hospitals. St. Bartholomew's hospital has 600 beds; each bed is occupied ten times a year by a new patient, equivalent, of course, to 6000 patients a year. It has 30 "Sisters" or head nurses, divers of whom would "put up" a fracture or pick out the appropriate splint better than any of the students, besides 100 ordinary nurses, and its income from capitalized receipts of sale of lands given by Parliament is £32,000 a year! Fifteen pipes of port wine alone a year is given to the patients, with innumerable other cordials and vinous tonics. Epsom salts are, we suppose, bought by the ton, castor oil in hogsheads. £600 worth of quinine has been purchased at one order. There are four apothecaries, and a steam engine grinds the drugs.

In some excellent clinical remarks one day this month by Sir W. Fergusson, on two cases of inflammation of bone and necrosis, a somewhat bold practice was advocated, that of early search for the dead bone, whether loose or not, as, when the bone is loose, the sequestrum is easily removed, giving much ease to the patient; and when the bone is not yet loose a tissue, soft like lead, is cut through, and leaves the subsequent issue of the dead bone easier often preventing amputation being had recourse to, though there are conceivable uncertainties as to the time that dead bone in reality separates.

We have had a remarkable case of Cæsarean section at St. Bartholomew's Hospital. The child was saved, but the shock to the poor mother was too great for her to survive. The Chemical Society has had an able lecture and debate on the often vexed question of town sewage, the general conclusion being that the liquid sewage is only applicable to irrigation of grass crop, when the yield of grass is increased three or fourfold. This does not square with the view of our learned contributor, that we should have no sewage or sewers. Of other points of less or more physiological interest it may be noted that the Pathological Society has been improving the occasion of the debates on Jamaica to send at their own expense a special ethnological commissioner, Mr. Pritchard, to that island to report on the peculiarities as to races, which have been the ultimate causes of the late negro outbreak. The long expected and capital work of Gamgee on "The Cattle Plague," published by Hardwicke, has this week seen the light. This and the book of Marion Sims, and one half-printed by Baker Brown on "Epilepsy," prove to be the most interesting of the season. A new work, by Professor Roen, on "Fishes and Reptiles" also engages attention as on the great question of Darwinism or development, the ex-curator of Lincoln's-Inn Fields still seems to take rather with Lanarck than the red-hot Huxley school.

DR. PATERSON AND THE PRITCHARD CASE.

FROM AN AUSTRALIAN POINT OF VIEW.

HAVING just received the *Australasian Medical and Surgical Review* for November 1st, 1865, we make the following quotation from it for the purpose of showing that, although doctors are proverbially said to differ, we are at one all over the world in repudiating the idea over which Dr. PATERSON so complacently glories, that he, Dr. PATERSON, had done all in the power of an honourable man to do, under the peculiar circumstances of the case, and had successfully shifted the burden of disgraceful concurrence in the PRITCHARD crime from his own to the Registrar's shoulders:—

"Whether Dr. Paterson would have saved Mrs. Pritchard's life, had he told Pritchard that he suspected she was being slowly poisoned, it is difficult to say. If he had secured some of her urine and fæces when he visited her during Pritchard's absence at Edinburgh, he would have furnished himself with sufficient proof of the existence of the drug to have enabled him to put a stop to what he knew was going on, especially as he had seen another person die in the house under suspicious circumstances. It must, no doubt, be a subject of deep regret to him now that he allowed his chivalrous feeling to over-ride his judgment, and allow a second murder to be committed."

When the writer comes to read the self-glorifying speech delivered in Glasgow on the 21st of December ult., he will perceive with sorrow that Dr. PATERSON is still too full of self-conceit to permit as yet the entrance of any of those feelings of deep regret at his ill-advised conduct, feelings which must sooner or later make themselves felt, or he must be something—at least different—from ordinary men.

PROFESSOR W. T. BRANDE, D.C.L., F.R.S.L. & E.

WE have to record the death of this well-known chemist, who, although never in actual practice, was a member of the Medical Profession. He was born in 1786, and was grandson of a physician who came from Hanover with George III., and was that king's physician. After an education at Westminster he was sent to Hanover, but in 1803, on the panic of Bonaparte's invasion, he returned home and entered at St. George's Hospital, attending the lectures and the dissecting-room, and communicating several papers to *Nicholson's Journal*, notably one on guaiacum, which was read before the Royal Society. In 1808 he examined the calculi at the Hunterian Museum, and lectured on chemistry at Dr. Hooper's, in Cork-street. Then he became connected with the new medical school in Windmill-street, and fairly embarked as a teacher and demonstrator of chemistry. In 1809 he became F.R.S., received the Copley Medal in 1813, and from 1813 to 1826 was Dr. Wollaston's successor as senior secretary to the society. In 1812 he became Professor of Chemistry and Materia Medica to the Apothecaries' Company, and in 1851 was elected Master. In 1813, on Sir H. Davy's recommendation, he was appointed Professor of Chemistry at the Royal Institution, and delivered lectures for many years in conjunction with Mr. Faraday, who was also associated with him as editor of the *Quarterly Journal of Science* for many years. In 1825 he was appointed superintendent of the die department of the Mint; in 1836 Fellow, and in 1846 Examiner on Chemistry at the London University. Besides Professor Brande's famous "Manual of Chemistry," which has been translated into many foreign languages, he was author of "Outlines of Geology," "Dictionary of Science and Art," &c. In 1853 he received the honorary degree of D.C.L. from Oxford University.

Although Mr. Brande had attained a somewhat patriarchal age, he was until very lately in the enjoyment of excellent health, and died of an attack of chronic bronchitis, after only a few days' illness. His death has severed another link between the present and the past, as he was fellow-lecturer with Sir Humphry Davy at the commencement of the present century, and at the time of his death was preparing another edition of his work on "Modern Chemistry." Mr. Brande will long be remembered by a large circle of pupils and friends as one of the best lecturers on chemistry of recent times, his delivery being clear, fluent, and graceful, and his experiments uniformly successful. He was an excellent speaker and a ripe scholar, and his manners were kind and urbane. Although not possessing the originality of genius of his colleague, Mr. Faraday, he was a man of sound and extensive scientific attainments, and the reputation of the Royal Institution as one of the most distinguished schools of chemistry in this country lost nothing while he held the position of one of its Professors.

ARMY MEDICAL SCHOOL, ROYAL VICTORIA HOSPITAL, NETLEY.

Examination at the close of the Eleventh Session, between January 31, 1866, and February 6, 1866.

A. *Written questions; three hours for each paper.*

Wednesday, January 31, 1866.

I. Military Hygiene.—Prof. E. A. Parkes, M.D., F.R.S.

1. Give an account of the present system of ventilating barracks on home service. State what amount of air must be supplied to maintain proper purity of air, and how you would ascertain that the air of a room is pure, and is being supplied in proper quantity.

2. What is the evidence that cholera may be produced by impure water? How would you detect organic impurity in water, and how would you remove it?

3. Give a brief account of the amount of sickness and mortality on home service and in the West Indies, and state what preventive measures you would adopt against typhoid fever at home and yellow fever in Jamaica.

Thursday, February 1, 1866.

II. Military Medicine.—Prof. W. C. Maclean, M.D., Deputy Inspector-General.

1. Give a general description
   - *a.* Of the symptoms of yellow fever.
   - *b.* The geographical limits within which it can be propagated; the temperature necessary for that propagation; the elevation above the level of the sea to which it is usually restricted, and any remarkable exception to the rule of elevation with which you are acquainted; state
   - *c.* Whether it is a form of malarial remittent, or whether it is specifically distinct.
   - *d.* What are the conditions which most favour its propagation?
   - *e.* What advice would you give to the officer in command of troops in a town or garrison attacked or threatened by the disease? describe
   - *f.* The arrangements you would make for treating the sick, should the disease establish itself among the troops.

2. Give a definition of cirrhosis of the liver; its cause, its consequences, and its final results, with an account of the management of a case,
   - *a,* in the early,
   - *b,* in the later stages of the disease.

3. What are the causes that appear to excite heart diseases in the army? What are the signs of mitral disease? Describe the phenomena in their natural sequence which lead in this disease to a fatal termination, and the best mode of mitigating their effects as they arise.

Friday, February 2, 1866.

III.—Military Surgery.—Prof. T. Longmore, Deputy Inspector-General.

1. What are the characteristic features of wounds inflicted by bayonets? Name the chief points to be attended to in the treatment of a stab by one of these weapons.

2. Describe the various kinds of wounds of the bladder which result from musket balls, the complications which occasionally accompany them, and their treatment.

3. What are the optical effects produced by removing the crystalline lens, as in an operation for cataract, according as the eye operated upon has been previously emmetropic, myopic, or hypermetropic?

B. PRACTICAL EXAMINATION.

Monday and Tuesday, 5th and 6th February, 1866.

I. Military Medicine.

Make an examination of the case of ———.

You are required to write, concisely, a history of the case, your diagnosis, prognosis, the probable effects of the treatment, and the influence of the disease on the man's fitness for service as a soldier.

Written notes may be taken.

Twenty minutes allowed for the examination, thirty for the description.

II. Military Surgery (no Clinical Cases available.)

Write a description of any one of the preparations which you choose to select out of the four placed upon the table, and indicated by the letters A, B, C, and D. Describe the surgical injury which the preparation illustrates, and state any facts with which you are acquainted in reference to it, bearing upon diagnosis, the pathology of repair, or treatment.

Twenty minutes allowed for observing the preparation, and one hour for writing your remarks upon it.

III. Military Hygiene. (Three hours allowed.)

1. Chemical examination of various specimens of water.
2. Examination, for acidity, of a sample of vinegar.
3. Microscopic examination of a sample of adulterated mustard.

IV. Pathology. (Three hours allowed.)

1. *a.* Name each of the parasites in the jars marked respectively A, B, C, D, and E;
   - *b.* State what parts of the bodies of men or animals they each inhabit;
   - *c.* Mention the probable source whence each may enter the body of man.

2. Examine microscopically, by section or otherwise, the portion of tissue in the gallipot before you.

State of what organ it is a part, and describe its morbid condition.

3. What are the lesions shown in the preparations numbered respectively 1, 2, and 3? Mention the diseases of which they are the results, and the probable stage of the disease to which they correspond.

4. Determine the magnifying power of any one of the four microscopes marked 1, 2, 3, and 4; appending the magnified image of the scale used.

Saturday, February 3, 1866.

IV. Pathology.—Prof. W. Aitken, M.D.

1. Describe the lesions which are peculiar to typhoid or enteric fever and characteristic of that disease. Describe them as regards—
   - *a,* Their anatomy;
   - *b,* Their progress and development in relation to the progress and duration of the fever;
   - *c,* The modes in which the lesions heal or prove fatal.

2. Mention the normal temperature of the human body at completely sheltered parts of the surface (say axilla), and give a concise account of the pathological significance of records of temperature, taken daily, in cases of acute diseases, and the precautions to be observed in taking the observations.

3. Describe the prominent lesions seen at the post-mortem examination of Private James O'Connor, who died January 14, 1866, and whose body was examined on January 18th. He had completed one year and four months service, and was 25 years of age. His service had been at home and at Malta. When at Malta, in August, 1865, he was attacked with continued fever, which was followed by rheumatic fever, cardiac pains, and endocarditis. A permanent aortic bruit followed on this last illness. On admission here in December last he was emaciated, his face was puffed, and his ankles were œdematous. He had frequent attacks of dyspnœa, with harassing cough. The cardiac bruit was loud and systolic, and heard loudest at the base and along the course of the large vessels. Describe
   - *a.* The lesions seen in the heart and pericardium;
   - *b.* The condition of Peyer's glands;
   - *c.* The condition of the spleen;
   - *d.* The condition of the kidney.

Give a pathological summary of the case, and state the probable immediate cause of death.

Correspondence.

THE FELLOWSHIP OF THE COLLEGE OF SURGEONS OF IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read with considerable interest your able article in this week's issue regarding the Fellowship of the College of Surgeons, and I have no doubt it expresses the feelings of the great majority of the Licentiates on the subject. When we consider the small number of gentlemen, and their *status* in the profession, who have obtained the Fellowship since 1844, it is evident that a reform in the bye-laws is needed

should the College wish to extend its corporate privileges. If carried, I cannot see what benefit will accrue to the College by Mr. Macnamara's motion—a few pounds more may be annually obtained, principally from Army and Navy Surgeons. If the College funds be in a dwindling state, why not throw open the portals as in 1844, and admit to the Fellowship any Licentiate willing to pay, say forty guineas. As to the clause forbidding Fellows "selling drugs and thereby making a trade of their profession," I would abolish it altogether. Indeed, it is absurd for a College of Surgeons or Physicians to insist on solemn declarations, &c., when no such exactions are demanded by the Universities from their graduates. If the Irish College of Surgeons wish to recoup its finances and maintain its influence in the Provinces it must popularize the Fellowship and give country practitioners a voice in its government. Then *aquirel vires eundo*, for at present I am afraid it remains *in statu quo*. Thanking you for opening up the Fellowship question, I remain, yours very truly,

CHARLES GARLAND, L.K.Q.C.P.I., L.R.C.S.I.

We cannot concur with our correspondent in advising the Council of the College to abolish the restriction on the selling of drugs or the establishment of another year of grace. A line must be drawn somewhere, and we think the admission of persons not qualified to compete for the honour at other times by the expedient of a year of grace is alike unjust to those who have gone before and who come after.

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I shall feel obliged by your giving insertion to the following letter from the Poor-law Board. I strongly advise the Poor-law Medical Officers to forward their subscriptions, as it is quite possible we may yet have to fight the battle in the House of Commons, and therefore shall have need of funds. I am preparing a pamphlet explanatory of the various Clauses in the Bill, otherwise the Members of the House of Commons may be deceived, as the Select Committee were on a recent occasion.—I am, &c.,

RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, Feb. 10, 1866.

Mr. Prowse of Amersham, has received the following:—Barker, Mr. Aldershot, 10s.; Bywater, F. E. G., Pontefract, 10s. 6d.; Meymott, H., Ludlow, 5s.; Pink, G., Petersfield, 5s.; Knaggs, S., Huddersfield, 5s.; Davies, F., Pershore, £1 1s.; Reddrop, J., Tiverton, 5s.; Norris, H. E., Bridport, &c., 5s.; Weston, R. P., Wellington, 10s.; Thomas, J. L., Carmarthen, 5s.; Holtom, C., Stoke-on-Trent, 5s.; Pearson, J., Cockermouth, 5s.; Morgan, W. W., Newport, 10s. 6d.; Jennings, O. C., Newport, 5s.; Harday, G., Rugby, 10s.; Raymond, L. R., Bromsgrove, 5s.; Rhodes, G. W., Huddersfield, 10s. 6d.; McLachlan, R., Halifax, 10s.; Savory, J. T., Wycombe, 5s.; Spurgeon, C., Sainford, 5s.; Few, W., St. Ives, 5s.; Muriel, J. S., Cosford, 5s.; Leech, H. P., Stow, 5s.; King, E. P., Chepstow, 5s.; Dean, P. T., Upper Norwood, 5s.; Kingdon, A., Bideford, 5s.; Kendall, J. M., King's Lynn, 5s.; Newington, J. W., Cranbrook, 10s. 6d.; Royle, O. N., Kendall, 10s. 6d.; Elliott, J. R., South Molton, 10s.; Whitehead, W., Mansfield, 10s. 6d.; Lipscombe, R. M., Berkhampstead, 5s.; Pilkington, W., Blackburn, £1 1s.; Marley, H., Columb St. Major, 6s.; Hall, C. S., Carlisle, 5s.; Pritchard, W., East Retford, 10s. 6d.; Organ, R., Barwick, 5s.; Davison, R. S., Castleward, £1 1s.; Breach, J., Bradfield, 10s.; Raynes, H., East Retford, 10s.; Cook, M., Barnstaple, 10s.; Hemsted, H. Whitchurch, 10s.; Jeffery, B., Worcester, 10s.; Day, R. W., Epping, 5s.; Robertson, W., Alnwick, 2s. 6d.; Foster, W. F., Isle of Wight, 10s.; Moore, A. J., Henley, 5s.; Cooper, W., Bristol, 5s.; Frankland T., Ripon, £1; Fitch, F., Kidderminster, 5s.; Jeston, A. F. W., Malmesbury, 10s.; Salter, G., Malmesbury, 10s.; Wheeler, G., Chelmsford, £1 1s.; Francis, W., Yeovil, 10s. 6d.; Herbert, W. A., Hemel Hempstead, 10s.; Fothergill, J., West Ward, 2s.; Cooke, R. E., Southwell, 10s.; Taylor, T., Cricklade, and Woolon Bassett, 10s.; La Fargue, P. A., Meriden, 5s.; Handcock, G., Hemslet, 5s.; Hodges, H., Hertford, 5s.; Pridham, P. L., Bidiford, 10s.; Lloyd, Hugh, Machynlleth, 10s.; Pugh, John, Machynlleth, 10s.; Deynes, F., Newport Pagnell, 5s.; Fleming, A. Samford, £1; Elliston, W. A., Ipswich, 5s.; Edwards, G. E., Ipswich, 10s.; Manning, F., Samford, 10s.; Reynolds, R., Saffron, Waldon, 5s.; Wright, A. J., Caxton and Arrington, 5s.; Brooks, T. G.. Caxton and Arrington, 5s.; Stamford and Felice, Launceston, 10s. 6d.; Rogers, G. O., Newport Pagnell, 5s.; Taylor, F., Woodstock, 10s. 6d.; White, J. G., Woodstock, 10s. 6d.; Collingwood, J. Bourne, 5s.; Gaye, W., Williton, 10s.; Crish, N., Wokingham, 10s.; Underhill, T. Dudley, 10s.; Clapham, J., Peterborough, 10s. 6d.; Perry, Ch., Aylsham, 5s.; Alderton, T., Aylsham, 5s.; Scarr, R. T., Bishop Stortford, 10s. 6d.; Meade, E. Tunstead and Happing 5s.; Francis, R, Felstead, 10s.; Wildash, H. C. Elham, 5s.; Rhys, W. Meath, £1.; Meree, W. Ticehurst, 10s.; Stawman, W. Barnsley, 5s.; Davies, F. C. Dolgelly, 5s.; Glover, J. Atcham, 5s.; Heaton, C. Leek, 7s.; Turnock, R., Leek, 7s.; Cooper, R. Leek, 7s.; Smith, W. B., Ticehurst, 5s.; Wilcock, C. Wareham, 5s.; Daniel, W., Wareham, 5s.; Williams, W., Wareham, 5s.; Prowse, W., Amersham, 5s.

Mr. Griffin has received the following:—

Bucknill, S. B., Rugby, 10s. 6d.; Fox, L. O., Stockbridge, 10s.; Turner, N. B., Sutton, &c., 5s.; Roe, R., Barton-on-Irwell, £1; Dorrning, D., Barton-on-Irwell, £1; O'Reilly, T., Ware, 10s.; Sedgwick, C., Hollingbourne, 10s.; Giles, W. F., New Forrest, £1 1s.; Rencraft, H., Southampton, 10s. 6d.; Cheeseman, G., Southampton, 10s. 6d.; Griffin-R. W. W., Southampton, 10s. 6d.; Lawrence, L. A., Southampton, 10s. 6d.; Diblin, T., Southampton (not union), 10s. 6d.; Tweddle, J., Cockermouth, 10s. 6d.; Nason, T. J., Stratford-on-Avon, 10s. 6d.; Nevin, J. B., Liverpool (not union), 10s. 6d.; J. W. F., 10s.; Taylor, H., Guildford, 10s.; Foster, O., Hitchen, 10s.; Colbourn, W. W., Chippenham, £1 7s.; Crisp, J., Chippenham, 5s.; Ludlow, A., Castlecoombe, 10s.; Mackie, J., Darlington, 5s; Clark, H., Sedgefield, 5s.; Clark, D., Durham, 5s.; Lizard, H., Weymouth, 10s.; Brown, F. J., M.D. (not union), Rochester, £1 1s.; Shilliter, R. R., Hitchin, £1; Wilkin, J. F., Cranbrook, 5s.; Hernan, R., Tavistock, 5s.; Pearce, T., Tavistock, 5s.; Northey, W. C., Tavistock, 5s.; Reeves, W., Carlisle, £1; Doidge, J. G., Tavistock, 6s.

LETTER FROM THE PRESIDENT OF THE POOR-LAW BOARD.

Poor-law Board, Whitehall, 5th February, 1866.

SIR,—I am directed by Mr. Villiers to acknowledge the receipt of your letter of the 3rd inst., together with the draft of a proposed Bill "For the better Regulation of Medical Relief to the Poorer Classes in England and Wales," and I am to inform you that the provisions contained in the Bill shall receive the consideration of this Board.—I am, Sir, your very obedient servant, JOHN THORNELY.

Richard Griffin, Esq.

ANDERSON'S UNIVERSITY.—A *pro re nata* meeting of the Trustees of Anderson's University was held on Tuesday in the Philosophical Society's Hall, when, out of the eighty-one, the whole number of the trustees, sixty-two were present. The object of the meeting was to appoint a Professor of the Practice of Medicine, in the room of Dr. J. B. Cowan, now Professor in the Glasgow University. The candidates for the chair were Dr. Thomas McCall Anderson, a relative of the founder of the University, and P. A. Simpson, M.D.—Mr. William Euing, President of the Managers of the University, on taking the chair, announced the object of the meeting, and read a letter from Dr. Simpson, who, in deference to the high professional talent of the other candidate, and the fact of his being a relative to the founder, requested that his name should be withdrawn from the list of candidates. The announcement was received with applause. Mr. Smith, of Jordanhill, then in warm terms proposed the appointment of Dr. Anderson, which was seconded by the Rev. Dr. Craik in a highly eulogistic speech. On a ballot being taken, Dr. Anderson was unanimously elected.

REPORT OF THE

COMMITTEE APPOINTED OCTOBER 18TH, 1864,

TO INQUIRE INTO THE

TREATMENT AND PREVENTION OF VENEREAL DISEASES IN THE ARMY AND NAVY.

We learn from the *Lancet*, that the report of this Committee upon that part of their instructions which has reference to "any practical rules which the Committee can suggest to the military and naval authorities to diminish the frequency of the cases of contagion, and which are capable of adoption in the daily life of the ship or barrack," is now in the hands of the authorities, and has been privately circulated amongst a few of those persons who show an interest in the important subject. The loss of service arising from these diseases in the army in 1864 was equal to that of the whole force serving in the United Kingdom for an entire week. The daily loss of service in the navy (1862) was about that of 586 men per day. Besides, it must be considered that other secondary diseases arising from the same cause disable a number of the men, and that the permanent damage in health cannot be expressed in figures. Communications appended, from Sir Henry Storks and others, show that eminent success has attended preventive measures in Malta and in the Ionian Islands. The Committee find that the Contagious Diseases Prevention Act has in several respects been eminently successful. The unfortunate women with whom it has to deal are far from opposing its operation: they appear to appreciate its value, and magisterial interference has been the exception. Out of sixty-two witnesses examined, however, forty-four declared that the Act "did not go far enough," the remaining eighteen having no information on this branch of the subject. Sir Henry Storks showed that in the Ionian Islands, as the result of "careful and periodical inspection," the disease may be said to have almost disappeared; and so other witnesses as to other places.

The Committee recommend—the periodical inspection of all known prostitutes in the garrison towns placed under the provisions of the Act; the appointment of a surgeon for this purpose vested with all necessary powers; punishment for infringement of the Act; extension of its operation to all garrison and seaport towns in the kingdom where troops or ships of war are stationed; the prohibition of the residence of public women in beershops; that the Lock hospitals should be placed under Government control; and that the police supervision of the women in the streets of such towns be more stringent. They propose these amendments in the interests of public health and of the women themselves. They then consider the difficult subject of the periodical inspection of the men. A large amount of evidence has been brought before them showing the utility of such inspection, which, indeed, is self-evident; and the Duke of Cambridge, Mr. Trotter, Professor Longmore, and Sir Henry Storks bear strong practical testimony to its necessity. The Committee believe that by classification of the men (as to marriage, conduct, age, and so forth), and a careful method of conducting the inspection, it might be carried out without being offensive to the feelings of the men or of the medical officers. The most eminent civil witnesses were also unanimously of this opinion.

They further suggest increased facilities for ablution, and means of improving the moral and physical condition of the men: the fostering by Government of sailors' homes and savings banks. The Committee, however, point out that although they confidently believe the foregoing regulations would greatly reduce the amount of venereal disease amongst the men of the army and navy, yet they would leave untouched its introduction by the merchant sailors of our own and foreign navies—a matter involving so many important considerations that they only venture to call serious attention to it. It is signed, F. C. Skey (Chairman), B. G. Babington, T. Graham Balfour, M.D. (who dissents from many of the recommendations for reasons stated), Edward Cock, James Donnet, M.D., Richard Quain, Samuel Wilks, M.D., Spencer Smith (Secretary).

The Cholera Conference.—This Conference was opened at Constantinople on the 13th inst., with an address from Aali Pasha. The regular sittings will begin on the Monday after the Bairam.

Medical News.

We regret to learn that Sir James Simpson has lost his daughter, aged 17. Miss Simpson died on the 15th inst. Since his baronetcy, barely a month ago, domestic affliction has been Professor Simpson's lot. In that short time he has had to mourn the untimely demise of his eldest son and this young daughter.

The Pistolgraph.—Under this name Mr. Skaife of Pall Mall, London, has designated an instantaneous method of taking photographs on glass, and which are suitable for being worn in a brooch or locket. The likeness is taken by means of the magnesium light, although this mode of illumination is not indispensable, and the resemblance to the original, as in photographs in general, is perfect.

The Specific for Cattle Plague.—Mr. Maurice Worms of Ceylon has introduced a new cure for the cattle disease. It consists of shalot, garlic, ginger, assafœtida, and rice water, and is said to have been tried with success in Lord Leigh's and Sir A. Rothschild's herds.

University College Hospital.—A contribution of £50 has been received from Mrs. Bishop, and another donation of £50 from Mr. Nathaniel Gould.

A private letter from Hong Kong states that the immense mortality of the 11th Regiment, 82 dead and 200 invalided, was caused by the fact that the 11th, on their arrival at Hong Kong, were put in an old hulk, the *Hercules*, and then into sheds at Kaolwon, on the swampy mainland opposite Hong Kong. The 9th Regiment, however, who were in good barracks, also lost a great number. The disease which causes such frightful inroads there is called choleraic fever. Many civilians died of it during the winter months.

Cholera.—Cholera still lingers in Guadaloupe, and it is stated that one-fifth of the entire population of Basseterre have fallen victims to the pestilence.

At the meeting of the Pathological Society of London, on the 6th inst., a most valuable collection of morbid specimens was exhibited.

Mentone.—During the last five weeks the weather has been extraordinarily fine and mild, even for that favoured locality, old inhabitants bearing testimony to the unusual fineness of the season. The sun has shone day after day with increasing power, and not a sign of winter exists, to remind us of northern frosts and snows. So clear is the atmosphere that the outline of Corsica may often be seen on the horizon—most frequently before sunrise, but occasionally, as now, distinctly visible during the day. Corsica is distant about eighty miles. The visitors, especially English, are very numerous this season.—*The Cosmopolitan.*

The Holborn Union.—The Poor-law Board have had more cases of the disregard of the officers of this union reported to them.

A Novel Suture.—In a private letter from Dr. Chas. Dorat, Santa Anna, State of Salvador, Central America, he says:—"I will mention a curious case of native surgery I witnessed a short time ago. The patient had received a severe stab in the abdomen, from which protruded about half a yard of intestine and a portion of omentum, the former having a longitudinal slit about three inches long. On my arrival I found an Indian *medico* had sewed up the wounded gut *with the nippers of a large ant.* The insect, which is very savage, was taken by the body and its head presented to the united lips of the wound, which it bit and held fast. The operator then, by a pinch of the fingers, killed the ant, [nipping off its body and?] leaving its head fixed to the gut. Another and another ant thus applied, to the number of a dozen or fifteen, effected this singular suture. The gut was then replaced, and, no inflammation ensuing, the man recovered speedily. This curious practice is said to be usual in this part of Central America."

Hunterian Society.—On Wednesday evening, the 7th, the annual oration was delivered at the Society's rooms, by Mr. D. De Berdt Hovell, who, in his address, gave a comprehensive sketch of the modern practice of medicine as influenced by recent discoveries in science, and as viewed

in reference to the life and period of John Hunter. The dinner took place on Friday at the London Tavern, Alfred Smee, Esq., F.R.S., the retiring president, in the chair. Seventy gentlemen sat down to table, a larger number than usual, the president having specially invited several prominent members of the various learned, scientific, and art societies to meet the members of the Hunterian Society on this occasion.

Royal College of Surgeons of England.—A valuable and painfully-interesting collection of original drawings by the late Sir Charles Bell, which his widow has just presented to the country, through the Minister of War, is now on view in the museum of this institution, by permission of the Council, before being forwarded to the Royal Victoria Hospital at Netley. They are 17 in number of his large class drawings, illustrative of the terrible effects of war as exhibited in the soldiers wounded at the battle of Waterloo, and who had been taken into the churches and hospitals at Brussels, to which city Sir Charles Bell repaired and offered his professional services as soon as intelligence of the great victory reached England; and it was during his attendance on the wounded, French as well as English, that he had time to make these drawings, so valuable to the medical officers at our great military hospital at Netley, to which establishment they will be sent in the course of a week. By a singular coincidence, Mr. Wormald, the President of the College, has just discovered another series of 17 original drawings of anatomical subjects by Sir C. Bell, which he presented to the library of the College at the last meeting of the Council, and at the same time Sir William Fergusson presented another by John Bell, showing the nature of the wounds at the battle of Camperdown. The Council of the College of Surgeons has just presented to all the recognized provincial hospitals possessing libraries sets of the valuable illustrated catalogues of the museum, of the collective value of £690. The metropolitan hospitals and many learned and scientific societies, both at home and abroad, had previously experienced a similar act of collegiate liberality.

Sickness in the Indian Army.—Accounts from Bhoothan report that the troops are very sickly in their present quarters. The 9th Native Infantry had 100 in hospital out of 600, after some weeks at Dewangiri, and the rest in proportion. Yet it is stated that these head quarters of dysentery are to be made a permanent infantry station.

The Powers of the Coroner.—Dr. Lankester has been astonishing the London police authorities by a brief exposition of his powers as a Coroner—powers, in most points, as extensive as those of the Chief Justice of the Queen's Bench, and in several points more so. An Inspector, under instructions from his Superintendent, who, in his turn, had been advised by the Chief Commissioner, refused to protect a surgeon who was making a post-mortem examination under the Coroner's precept. Dr. Lankester told the Inspector that if he so offended again he should commit him to prison; and he explained that he had power, not only to command the service of the police, but, if he found it necessary, to call out the military. His ordinary warrant, he said, was addressed to "*all* constables and *others*;" it was signed in the name of the Queen; and any subject of the Queen, excepting some few of the higher Officers of the State could be called upon to assist in executing it.

Poor-law Board.—Dr. Edward Smith has been appointed Medical Officer of the Poor-law Board, in addition to the Office of Inspector of Poor-law. This appointment may be looked upon as evincing a desire, on the part of Mr. Villiers, to introduce the medical and sanitary element at the Board over which he presides. There was much need for such an appointment, but its value will really depend upon the degree in which the Poor-law Board avail themselves of it. At present the duties will probably be such, of a medical and sanitary nature, as the Board may think fit to refer to the medical officer; but in due time the office will, it is to be hoped, develop itself and occupy a position of both usefulness and prominence.—*Lancet.*

St. Pancras Workhouse.—A fresh outbreak of fever has occurred in this workhouse; four patients have been removed to the Fever Hospital.

Testimonial to a Surgeon.—A public meeting was held on the 25th ult., at Milford, to present a testimonial to Mr. H. Byers, a surgeon of that place. Mr. Byers had been upwards of fifty years in practice in that town, and had won the esteem and gratitude of all classes of persons. The testimonial consisted of a richly ornamented flower vase and a purse of one hundred sovereigns. There was a dinner in the evening, which was attended by a great number of gentlemen in the neighbourhood, the chair being occupied by Colonel Greville.

The Cholera Conference.—Since our last the following further appointments to the approaching Cholera Conference have been announced:—Dr. Goodeve, to be the English medical colleague of the Hon. W. Stuart; Salih Effendi, director of the Medical School at Koombarhané; and Dr. Bartoletti, member of the Board of Health, to represent the Porte; Drs. Pelikan and Bykow and Mr. Lintz to represent Prussia; Drs. Grissinger and Herch to be the Prussian representatives; and Dr. Salvatore, with the Chev. Vernoni, first dragoman of the Italian legation, to represent Italy. Dr. Goodeve, our own medical representative, has had great experience in India, and was strongly recommended to Lord Clarendon by the India Office as of exceptionally high qualification for this mission. He is expected to reach Constantinople by the Trieste steamer of Friday. Count Lallemand, the French representative, arrived by the Masseilles packet of Sunday. The precise time for the opening of the Conference has not yet been fixed.—*Levant Herald*, Jan. 24.

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, February 10, 1866, in the following large Towns:—

Boroughs, &c.	Estimated Population in middle of the Year 1866.	Persons to an Acre. (1866.)	Births registered during the week ending Feb. 10.	Deaths.* Corrected Average Weekly Number.	Deaths.* Registered during the week ending Feb. 10.	Temperature of Air (Fahr.) Highest during the Week.	Temperature of Air (Fahr.) Lowest during the Week.	Temperature of Air (Fahr.) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2315	1400	1316	55·0	35·9	45·8	0·90	91
Bristol	163680	34·9	117	73	90	54·1	38·1	46·0	2·12	214
Birmingham	335798	42·9	264	163	217	54·8	37·3	45·5	0.77	78
Liverpool	484337	94·8	396	281	347	53·8	40·3	46·3	0·97	98
Manchester	358855	80·0	285	203	237	55·0	36·5	44·4	1·41	142
Salford	112901	21·8	83	57	66	54.7	34·9	44·5	1·49	150
Sheffield	218257	9·6	194	115	140	52·2	36·7	44·1	1·19	120
Leeds	228187	10·6	164	116	151	55·0	35·5	44·8	1·13	114
Hull	105233	29·5	85	49	45	51·0	33·0	41·7	0·50	51
Newcastle-on-Tyne	122277	22·9	61	65	70	53·0	35·0	42·1	0·35	35
Edinburgh	175128	39·6	129	84	70	51·7	33·0	41·1	1·50	132
Glasgow	432265	85·4	371	252	230	52·3	32·3	40·7	2·21	223
Dublin	318437	32·7	178	156	184	55·3	34·0	45·5	0·65	66
Total of 13 large Towns	6122894	34·4	4642	3014	3165 Week ending Feb. 3.	55·3	32·3	44·0	1·17	118
	(1863)					Week ending Feb. 3.				
Vienna	560000	...	...	...	380	...	...	39·4	...	

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·624 in. The atmospheric pressure rose to 29·91 in. on Sunday; and fell to 29·33 in. on Sunday.

The general directions of the wind was W.S.W., W., and S.W.

* The average weekly numbers of births and deaths in each of the above towns have been corrected for increase of population from the middle of the 10 years 1851-60 to the present time.

† Registration did not commence in Ireland till January 1, 1864; the average weekly number of births and deaths in Dublin are calculated therefore on the assumption that the birth-rate and death-rate in that city were the same as the averages of the rates in the other towns.

‡ The deaths in Manchester and Bristol include those of paupers belonging to these cities who died in workhouses situated outside the municipal boundaries.

§ The mean temperature at Greenwich during the same week was 45·1 deg.

MEDICAL DIARY OF THE WEEK.

Wednesday, Feb. 21.

Royal College of Surgeons of England.—4 p.m. Prof. Huxley, "On the Classification and Structure of the Mammalia."

Hunterian Society.—7½ p.m. Council.—8 p.m. Mr. Hutchinson, "On Compression of the Brain."

Thursday, Feb. 22.

Royal Institution.—3 p.m. Professor Tyndall, "On Heat."

Friday, Feb. 23.

Royal College of Surgeons of England.—4 p.m. Prof Huxley, "On the Classification and Structure of the Mammalia."

Royal Institution.—8 p.m. Mr. William Pengelly, "On Kent's Cavern, Torquay."

Saturday, Feb. 24.

Royal Institution.—3, p.m. Prof. Westmacott. "On Art Education, and how Works of Art should be viewed."

MEDICAL APPOINTMENTS.

[The Editors will feel obliged by receiving information respecting appointments as soon as possible after their being made.]

Bland, Mr. W. C., has been appointed Assistant to the House-Surgeon at the Huddersfield and Upper Agbrigg Infirmary.

Brennan, R., M.R.C.S.Eng., has been appointed Resident-Surgeon to the Birmingham and Midland Counties Lying-in Hospital and Dispensary for the Diseases of Women and Children.

Bird, W. V., M.D., has been appointed Honorary Surgeon to the Bootle (Liverpool) Dispensary.

Foster, Balthazar W., M.D., M.R.C.P.L., has been elected Physician to the Birmingham General Dispensary.

Gentle, Dr. N., has been elected a Member of the Anthropological Society.

Hammond, Edward, C., M.R.C.S.Eng., has been appointed Honorary Surgeon to the Wallasey Dispensary, Egremont, Birkenhead.

Oliphant, John, M.D.Edin., has been appointed Junior House-Surgeon to the Northern Hospital, Liverpool.

Pocock, Gavin E., M.R.C.S.Eng., has been appointed Consulting-Surgeon to the Brighton and Hove Dispensary.

Sankey, W. H. Octavius, M.D.Lond., has been appointed Lecturer on Mental Diseases in University College, London.

Knox, J., M.B., M.D., L.R.C.S.Ed., L.M., has been elected Physician and Surgeon to ths Bakewell Dispensary, and Surgeon-Accoucheur to the Ladies' Charity, vice D. Knox, M.D., resigned.

Mapleson, H. T., M.R.C.S.E., has been elected Medical Officer in Ordinary to the St. Marylebone Provident Dispensary, Duke-street, Portland-place, vice J. Gayleard, M.R.C.S.E., resigned.

Mouat, F., M.D., has been elected a Member of the Royal Institution of Great Britain.

Thorp, D., L.R.C.P.Ed., has been elected Resident Surgeon-Accoucheur at the General Dispensary, Birmingham, vice T. Holyoake, M.R.C.S.E., resigned.

Anderson, T. McCall, M.D.Glasg., has been elected Lecturer on the Practice of Medicine in Anderson's University, Glasgow.

Newett, Robert H., L.R.C.S.Edin., has been elected House-Surgeon, and Superintendent of the Belfast General Hospital.

Kerans, R., L.K.Q.C.P.I., has been elected Public Vaccinator, and Registrar of Births, Marriages, and Deaths, for the Banagher Dispensary District of the Parsonstown Union, King's County, vice W. B. Tarleton, L.R.C.S.I., deceased.

Levey, J., M.D., has been elected Medical Officer to the Workhouse of the Bailieborough Union, County Cavan, vice J. Taylor, L.F.P. & S. Glas., deceased.

Thorp, H., M.D., Consulting Physician to the Donegal District Lunatic Asylum, has been elected Medical Officer to the Letterkenny Union Workhouse, County Donegal, vice W. F. Grueber, M.R.C.S.E., deceased.

POOR-LAW VACANCIES.—RESIGNATIONS.

Atcham Union.—Alderbury District; area, 16,430; population, 2098; salary, £30.

Forehoe Incorporation.—The Fourth District; area, 8415; population, 3426; salary, £50. Workhouse; salary, £25.

Sheffield Union.—North District; population, 25,125; salary, £10.

Thorne Union.—Belton District; area, 8530; population, 1871; salary, £17.

Totnes Union.—Dartmouth District; area, 200; population, 3176; salary, £17.

Walsingham Union.—Fakenham District; area, 12,539; population, 4655; salary, £52.

North Staffordshire Infirmary.—Office of Physician, vice Dr. Gooday. Election, March 8th. Candidate must be an M.D.

Carmarthen Lunatic Asylum.—Assistant Resident Medical Officer.—Salary, £100, with board and residence. Election, March 1st. Candidate must speak Welsh.

Holloway Dispensary.—Assistant Medical Officer.—Salary, £90. Election, February 28th.

Chester General Infirmary.—House-Surgeon.—Salary, £80. Election, March 26th.

Lurgan Union—Moira Dispensary.—Salary, £75. Election, February 28, 1866.

NOTICES TO CORRESPONDENTS.

Eblanensis.—We understand from very good authority that there is no truth in the statement (at least in the sense intended to be conveyed) that ten per cent. of the prisoners at the Pentonville establishment have been sent to the Broadmoor Lunatic Asylum. It is true that something like that proportion were told off some years ago to work as artificers at the construction of the buildings at Broadmoor, but they were not sent as inmates of the asylum, and the whole statement is therefore a *suggestio falsi.*

X.—We have not heard the names of any gentlemen eminent in the science as candidates for the appointment.

A Vestryman.—We conceive that the Medical Officer of Health only fulfilled his duty in making the report alluded to.

Dr. B.—In the case of paupers the certificate of one medical man is sufficient, but an examination by a magistrate must also be gone through.

Mr. H. G. D.—The subject is mentioned in another place.

Mr. Augustus S. Mayhew is thanked for the copy of his letter on the cattle plague, which, however, we have not room to insert. Many of Mr. Mayhew's facts are valuable, but we doubt the correctness of several of his inferences.

L.R.C.P. et S.I.—The letter has been received.

Mr. W.—The subject is under consideration.

Dr. J. T.—The paper has been received.

A Fellow.—There will be two vacancies at the next annual meeting.

BOOKS RECEIVED.

Transactions of the Obstetrical Society of London. Vol. VII.

Vegetable Charcoal; its Medicinal and Economic Properties. By James Bird, M.R.C.S. Hardwicke.

Clinical Surgery. Part VI. By Thomas Bryant, F.R.C.S. Churchill and Sons.

Photographs (Coloured from Life) of the Diseases of the Skin. Second Series. No. 1. By Alex. Balmanno Squire, M.B.Lond. Churchill and Sons.

MEDICAL AND SCIENTIFIC PUBLICATIONS.

Braithwaite (William)—On Cholera: its Pathology and Treatment. 12mo. pp. 26, sewed, 6d. (Simpkin.)

Brewer (Dr.)—My First Book of Chemistry. 18mo. sewed, 9d. (Cassell.)

Drewry (G. O., M.D.)—Cholera and Typhus. 8vo. sewed, 1s. (Williams & N).

Dublin Examination Papers, 1866. 12mo. cloth, 2s. 6d. (Longmans).

Hamilton (W. E.)—Elements of Quaternions. Edited by his Son, W. E. Hamilton. 8vo. pp. 760, cloth, 25s. (Longmans).

Intellectual Observer. Vol. 8, 8vo. cloth, 10s. 6d. (Groombridge).

Journal of Botany, British and Foreign. Vol. 3, 8vo. cloth, 25s. (Hardwicke).

Journal of the Geological Society of Ireland. New Series. Vol. I. Part 1. 8vo, pp. 102, with 5 plates, 2s. 6d. (Dublin, Williams & N).

Neligan (J. M.)—A Practical Treatise on Diseases of the Skin. 2nd edit., revised and enlarged. Post 8vo. (Dublin, Fannin), pp. 556, cloth, 9s. (Longmans).

Ophthalmic (The) Review. Vol. 8vo. cloth, 12s. (Hardwicke).

Playfair (Lyon)—The Cattle Plague in its Relation to past Epidemics and to the present Attack. Reprinted, with additions, from North British Review. 12mo. (Edinburgh, Edmonston & D.) pp. 64, 6d. (Hamilton).

Sims (J. M.)—Clinical Notes on Uterine Surgery. 8vo. cloth, 21s, (Hardwicke.)

Squire (Peter)—A Companion to the British Pharmacopœia. 3rd edit. 8vo. cloth, 1s. 6d. (Churchill.)

Symons (G. J.)—British Rainfall, 1860 to 1864. A Complete Set of the Annual Pamphlets, or the Distribution of Rain over the British Isles during the Years 1860 to 1864, as Observed at from 500 to 900 Stations in Great Britain and Ireland. 8vo. cloth, 10s. (Stanford.)

Tales from "Blackwood." Vol 10, 12mo, sewed, 1s. (Blackwood & S.)

Taylor (Isaac)—Saturday Evening. New edit., post 8vo, cloth, 5s. (Bell and D.)

Thimm (Franz)—The Literature of Germany. 2nd edit., 12mo, cloth, 5s. (Thimm.)

Thomas (Annie)—Walter Goring: a Story. 3 vols., post 8vo, pp. 900, cloth, 31s. 6d. (Chapman and H.)

BIRTHS.

Ashworth.—At Market Overton, the wife of G. M. Ashforth, M.D., of a daughter.

Davis.—At Croydon, the wife of Theodore Davis, jun., M.D., of a daughter.

Eames.—The wife of Dr. Eames, of H.M.S. *Gladiator,* of a daughter.

Hamilton.—At Liverpool, the wife of Robert Hamilton, F.R.C.S.Eng., of a daughter.

Liveing.—At 52, Queen Anne-street, London, the wife of Edward Liveing, M.B., of a son.

Sibley.—At 12, New Burlington-street, London, the wife of Septimus W. Sibley, F.R.C.S.Eng., of a daughter.

Taylor.—At Ebury-street, the wife of Theophilus Taylor, M.R.C.S.Eng., of a daughter, still-born.

Thompson.—At Westerham, Kent, the wife of Charles R. Thompson, M.R.C.S.Eng., of a son.

Williamson.—On January 21, at Maryport, the wife of J. N. Williamson, M.D., of a daughter.

Fleming.—At Stranraer, N.B., the wife of Ebenezer Fleming, M.D., L.R.C.S.E., of a son.

Moffat.—At Thornhall, Polmont, N.B., the wife of Robert Moffat, M.D., of a daughter.

Little.—January 28, at Lower Dominick-street, the wife of Dr. Little, of a son.

Moore.—January 31, at 67, Fitzwilliam-square, the wife of William Moore, Esq., M.D., of a son.

MARRIAGES.

Brown—Gates.—At Plumstead, Alfred G. Brown, M.R.C.S.Eng., to Emma Hodgson, only daughter of Charles Gates, Esq.

Gornall—Guest.—At Warrington, John H. Gornall, M.R.C.S.Eng., to Mary, youngest daughter of the late John Guest, Esq.

Hawkins—Hick.—At Harpurhey, Manchester, Thomas Henry Hawkins, M.R.C.S.Eng., to Mary, daughter of the late B. Hick, Esq.

Miles—Beddoe.—In Hereford Cathedral, Edwin J. Miles, M.D., to Frances Anne, youngest daughter of John Beddoe, Esq.

Shepheard—Wymer.—At Lowestoft, John Shepheard, M.R.C.S.Eng., to Fanny Olivia, youngest daughter of the Rev. E. Wymer.

Davidson—Campbell.—At Edinburgh, Robert H. Davidson, M.D., Deputy Inspector-General of Hospitals, to Burella Elizabeth, second daughter of Arthur Campbell, Esq.

DEATHS.

Brittain, Thomas L., M.D.Edin., House-Surgeon, General Infirmary, Chester, on February 1.

Brown, Frederick, M.D., at Benham Lodge, Newbury, on February 2, late 4th Dragoon Guards.

Geisow, Dr. F. L., at Frankfort-on-the-Maine, on February 5.

Giraud, Frederick F., M.R.C.S.Eng., at Faversham, on February 11.

Hawthorne, Arthur, F.R.C.S.Eng., at Eccleshall, Staffs., on Jan. 28.

Jones, William, M.D. St. And., at Torquay, on February 6.

Riddell, Robert F., at the Grove, Clapham-common, S., late Superintending Surgeon Hyderabad Contingent, on February 7.

Ward, Nathaniel, F.R.C.S.Eng., at the Ferns, Clapham-rise, on February 10.

Williams, Henry D., M.R.C.S.Eng., at Llansiffraid, Conway, North Wales, on February 6.

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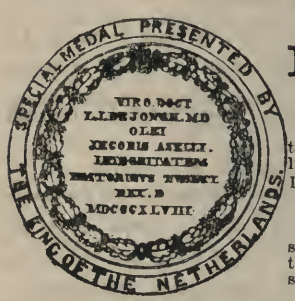

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CASES OF INJURIES OF THE PELVIS:

WITH REMARKS.

By CHRISTOPHER FLEMING, M.D., F.R.C.S.I.,

SURGEON TO THE RICHMOND HOSPITAL, AND VISITING SURGEON TO STEEVENS' HOSPITAL.

INJURY OF THE PELVIS.—SEPARATION OF THE OSSA PUBIS AT THE SYMPHYSIS.—EXTENSIVE ECCHYMOSIS OVER THE PUBES, IN THE SCROTUM, AND IN THE PERINÆUM, ACCOMPANIED WITH SIGNS OF EMPHYSEMA.

Case 1.—A little boy, aged 2 years, was crossing a roadway, when he came in contact with a dray and was thrown down. It was stated that one of the wheels passed over him, but his exact position at the time of the accident could not be ascertained; he got up, attempted to run, and immediately fell, when he was carried to the hospital. No injury of the extremities could be detected, neither was there any injury of the trunk discernible. Next day the child was again brought to the hospital, when considerable ecchymosis over the pubes, into the scrotum and the perinæum, attracted attention. The accompanying swelling was very remarkable nnd prominent, especially over the site of the symphysis of the pubes. He passed water with pain, and with much difficulty, and it was free from any stain of blood. His bowels had also been spontaneously freed since the accident. He now lay heavy and listless in his mother's arms, had much fever, and could not tolerate the slightest movement of the pelvis or lower limbs. The tenderness over the pubes was extreme for some days, and in proportion to its subsidence and that of the ecchymosis, a distinct sulcus or inter-space, with unnatural mobility, was traceable in the site of the symphysis. About this period also, a remarkable crepitating feel over the seat of the extravasated blood was communicated to the fingers on pressure of the integuments around; this condition quickly subsided with the other symptoms, by rest and the ordinary antiphlogistic treatment. A pelvic bandage was subsequently applied, and after a fortnight the boy could not be prevented from moving about the ward, but it was yet obvious that his gait was shuffling and unsteady. Within a month, however, he had perfectly recovered from the accident and was brought home.

Perhaps the most instructive features connected with this case are, the extreme youth of the child, the presence of the peculiar emphysematous crepitation to which attention has been elsewhere directed, and the rapidity with which the effects of the accident passed off.

In the adult, the symptoms of such injury are to a certain extent equivocal, yet attention to details will enable the surgeon to form a tolerably accurate estimate of them. In the following case the displacement of the bones of the pelvis occurred at the symphysis pubis, and at the left sacro-iliac synchondrosis.

SEPARATION OF THE BONES OF THE PELVIS AT THE SYMPHYSIS PUBIS, AND AT THE LEFT SACRO-ILIAC SYNCHONDROSIS.—HÆMORRHAGE FROM THE URETHRA.

Case 2.—A countryman, about 20 years of age, was assisting in pitching up hay on a large rick, and was the uppermost man, with his back to the rick, on a ladder used on such occasions, when, in the act of throwing up the hay, by some awkward movement he lost his footing, and fell on the pavement below from a height of twelve or fourteen feet. According to the account given, he fell obliquely, striking his left buttock in particular against the ground. He was crippled up, and was unable to move, was carried home, and next day brought to the hospital in a cart. He had not passed water since the accident; he said he had some bleeding from the urethra, and complained of great tenderness and uneasiness about the left hip and the corresponding thigh and leg. He had also general febrile disturbance. On placing him in bed my first impression was that the left femur was fractured in some portion of its upper end, when, whilst endeavouring to adjust the pelvis for accurate measurement of the limbs, the unnatural mobility of the left os innominatum attracted attention. There was tenderness and considerable ecchymosis in the region of the pubes, and also over the tuberosity of the left ischium and corresponding side of the sacrum, but there was no crepitus nor any defect of moment in the general movements of the thigh on the pelvis. When lying steadily recumbent on his back he was free from uneasiness, but was intolerant of any disturbance of the pelvis. A yielding of the os innominatum on the left side, in the antero-posterior direction, was perceptible when pressure was made on the front of the bone, whilst pressure on the tuberosity of the ischium caused it to move in the vertical direction. At the symphysis there was much effusion of blood, with a decided irregularity and separation of the bones of the pubes; but there was so much pain on pressure that an accurate examination was impossible. The bladder was relieved, and as much steadiness of the pelvis was secured as could be accomplished with ease to the patient. The urine was free from blood. About the third day from the occurrence of the accident the integuments covering the left iliac and gluteal regions were very extensively ecchymosed. This condition, however, with the attendant fever, gradually subsided, the bladder quickly recovered its functions, the bowels acted satisfactorily, and after two months' confinement with a pelvic bandage, and with the limb adjusted in the extended position as for fractured thigh, the man was removed from the hospital with every prospect of complete recovery, he being at the time enabled to go about on crutches. With their assistance he could then move with tolerable freedom, no appreciable displacement of the left side of the pelvis being traceable, nor any alteration in the position or direction of the limbs being perceptible.

The opportunity afforded for ascertaining the effects of the absolute injury inflicted in the following case renders it worthy of record; and this is, perhaps, the more desirable, as the causes of such mischief are now comparatively unfrequent.

FORCIBLE SEPARATION OF THE BONES OF THE PELVIS AT THE SYMPHYSIS PUBIS, WITH PARTIAL DISJUNCTION AT BOTH SACRO-ILIAC SYNCHONDROSES.—VERTICAL FISSURE THROUGH THE BODY OF THE SACRUM.—LACERATION OF THE BLADDER AND OF THE URETHRA.

Case 3.—A labouring man, beyond 60 years of age, was employed in undermining one of the side walls of a house in the neighbourhood of the Richmond Hospital, when, in the act of stooping forward, the wall gave way, and he was crushed beneath it. He was, with much difficulty, removed from under the rubbish, and was brought to the hospital some hours afterwards, sick and faint, groaning with agony, and totally powerless. When undressed, extensive ecchymosis was visible over the regions of the pubes and sacrum; blood was flowing from the urethra, and was effused under the integuments of the penis and scrotum, and, moreover, distended the left inguinal canal, so as to resemble a hernia in that situation. Every, the slightest movement, of the lower limbs gave pain, but the principal suffering was referred to the region of the bladder, and to the symphysis of the pubes, in the latter of which situations the tenderness was so extreme that the slightest pressure could not be borne. The symmetrical relations of the pelvis and the lower extremities were, as far as could be ascertained, unimpaired, and their motor powers and tactile sensations were tolerably perfect. The immediate treatment had reference chiefly

to the state of collapse present, and to the allaying of pain. Subsequently, it became necessary to relieve retention of urine by the introduction of a catheter, which, after some slight obstruction about the region of the bulb, reached the bladder, and gave exit to urine, in amount about four ounces, and perfectly free from any tinge of blood. The lower region of the abdomen gradually became swollen and tympanitic, the ecchymosis increased in extent, and crepitation of air was distinctly traceable under the surrounding integuments. Any attempt to change the poor man from the horizontal posture on his back produced agonizing pain, and he could not bear the slightest movement of his limbs on the pelvis. Reaction was never restored; his restlessness increased; his countenance became pallid and haggard, and he sank with all the symptoms of internal hæmorrhage in about forty-eight hours after the accident. A post-mortem was obtained with much difficulty, when the ecchymosis, tympanitis, and emphysema noted in the history of the case were found to occupy the hypogastric, the iliac, and the inguinal regions, and to extend to the left inguinal canal. On the left side of the symphysis pubis a distinct projection was felt, the points of the fingers sinking into a hollow along its inner margin. The walls of the abdomen being perforated in the hypogastrium, a quantity of air devoid of any fœtid odour escaped, and now, its cavity being opened, the spaces intervening between the walls and the peritoneum in that region were found to be largely infiltrated with blood. This was also traceable between the muscles, especially near the symphysis pubis, and was continuous with that effused into the left inguinal canal, and into the cavity of the pelvis. There was a distinct separation of the bones of the pelvis at the symphysis pubis, the left horizontal ramus being on a plane considerably above and behind that of the right, and a thin scale of bone being detached from it—firmly adherent to the intervening fibrous structure. There was a deep sulcus stained with blood between the true ligaments of the bladder, and, on tracing the anterior wall of that viscus, a vertical rent was found in it, somewhat about a quarter of an inch in extent, anterior to the reflexion of its peritoneal coat; the edges of the rent lying so closely applied to each other, that it was only discoverable by the escape of bubbles of air from within the cavity of the bladder, when it was compressed. The bladder contained from two to three ounces of urine, untinged with blood; but around it, and towards the rectum, there was a great amount of blood effused external to the peritoneum. The ecchymosed and lacerated state of the perinæum and scrotum rendered it utterly impossible to insulate the urethra, it being apparently torn across in its membranous portion. On proceeding to remove the pelvis, the additional lesion of a partial separation of its bones was found at each sacro-iliac synchondrosis, and also a vertical fissure extending through the right side of the body of the sacrum. The bladder and the pelvis were removed, and in the accompanying excellent delineation, by Mr. Oldham, the separation of the symphysis pubis, the consequent disarrangement of its bones and its arch, the disjunction of the sacro-iliac articulations, and the fracture in the sacrum alluded to, are each distinctly shown. The occurrence of retention of urine, and of the wound in the bladder, without the presence of hæmaturia, are not the least interesting features connected with the case; the latter of which may perhaps admit of explanation on anatomical grounds, from the peculiarity of distribution of the arterial supply to that viscus. There was no trace of inflammatory action in the peritoneum, or elsewhere.

With reference to injuries of the pelvis in general, it may be remarked, that the diagnosis of the special lesions which its several parts may have suffered is frequently involved in obscurity, and that the attempt at too accurate an adjustment of their attendant displacements is often extremely questionable. As in certain cases of fractures of the ribs, mechanical compression of the thorax cannot be tolerated, so likewise in fractures or other injuries of the pelvis, the agony resulting from the adoption of any

constrained provision for adjustment is frequently extreme, and its advantages are very questionable. In such cases, I believe that if attention be paid to the proper position of the pelvis, measured by its symmetrical relations to the lower extremities, all that is desirable in local treatment will be accomplished. Too much anxiety to detect the crepitus of fractures on the one hand, or, on the other, to remedy any accompanying deformity, may be followed by consequences of a fatal character—such, for example, as uncontrollable hæmorrhage, or additional injury to the viscera contained within its cavity. A certain amount of deformity must be submitted to. It is unnecessary to particularise further, as the cases recorded will, it is hoped, be found sufficiently explanatory. They severally tend to illustrate the different effects of violence applied to the bladder and the urethra in those injuries, the obstructions which the current of the urine through the latter may or may not have to experience, and the modes whereby relief may be afforded. Be the effects merely contusion, or be they fractures, or displacement of the bones, accompanied or not by laceration of important organs, they severally demand the greatest caution in treatment. Attention to symptoms will teach the surgeon the impropriety of unnecessary operative interference in one class of cases, and the great value of promptness of action in another. An urgent desire to pass water is often amongst the immediate symptoms attendant on the more severe of those accidents involving the bladder or urethra, and hence the very great hazard attending them. In many such cases, however, the areolar tissue surrounding the seat of the lesion becomes almost instantaneously injected with blood, and thus a protection is, as it were, given to that tissue; the relations of it to the rent in the bladder or the urethra are, moreover, altered, and so the injurious effects of the urine, which may happen to have been extravasated, are materially modified. The satisfactory issue of the case, where, undoubtedly, urine had escaped through the torn urethra, is by no means an unfrequent occurrence, and that of the torn bladder, is most instructive. It is important to bear in mind the possible complication of laceration of the urethra or of the bladder with such injuries, and the deceptive characters of the accompanying symptoms; the most accurate diagnosis, both absolute and

differential, is hence required, whereby the surgeon will be prepared for the perplexing contingencies which he may have to contend with. In many of the periodical's of the past and the present day most complicated cases of that class are recorded on unquestionable authority, where favourable results have ensued which never could have been calculated upon. The extensive extravasations of blood so often present, the varied periods at which such extravasations may manifest themselves, and the occasional peculiarities which may accompany them, are not unimportant practical considerations for the surgeon, and are well deserving his attentive investigation.

ON CHOLERA AND CHOLERAIC DIARRHŒA.

By J. R. GREENWAY, L.R.C.P.Ed., Sandy, Bedfordshire.

Diarrhœa of a severe character, and in several instances attended with choleraic symptoms, prevailed to a great extent in this neighbourhood during the latter part of August and the month of September last. The majority of cases were male adults, residents of the district, which is badly drained. One case of cholera, and the only true case of this disease I am aware of, that occurred within a few miles of the same locality during the epidemic referred to, I would specially mention. Other cases reported to be such came under my notice, but since the very name of cholera carries with it alarm, I fear this fact has too often been taken advantage of by some medical men over anxious (I presume) to establish a reputation, calling disease by the name, yet wanting all the severe characteristics of this dangerous malady. I regret to say that in several instances I have found such to be the case. Early on the 28th of August I was summoned to visit a farmer, distant four miles in the country, by the message, "come immediately, he must have the cholera and is dying." Not being a stranger to such a message during the epidemic, I questioned in my own mind the gravity of the case; but on reaching the patient I at once marked his ghastly aspect, extreme restlessness, livid and clammy skin, and the peculiar effluvia arising from the body. The patient was 31 years of age, had previously enjoyed good health, was a well-developed muscular man, and had led an active industrious life; he had not recently been away from the district. On the night preceding the day I saw him, diarrhœa symptoms were troublesome, and these gradually increased in severity; the pain which ushered in the attack subsided, but violent cramp in each extremity ensued, attended by retching and vomiting, and alvine evacuations more and more constant and profuse, in appearance resembling rice water; the extremities were livid and cold, but the patient complained of being oppressively warm; the pulse was slightly perceptible, but could not be counted; the tongue dry and covered with a brown fur, thirst excessive and constant, the pupils dilated, urine suppressed, a low hoarse voice, and restless uneasiness, made up the state in which I saw the patient. There could be no mistaking this man to be stricken with cholera in the worst of forms it visits our island.

The objects I had in view, and the treatment I carried out to fulfil these objects, I shall briefly state, in order that should such stand the test of experience it may be useful to others; if not, these remarks will not have been lost should they call forth that criticism the treatment of such diseases justly demands.

Regarding cholera and choleraic diarrhœa symptomatic of a poisoned blood condition, by which symptoms nature is manifesting every effort in her power to get rid of the enemy, but in the above-named case was well nigh exhausted in the struggle—I at first endeavoured to relieve, if possible, the more urgent symptoms of the case—viz.,

1. To rouse the vital powers from their collapsed condition.

2. To check the retching and vomiting, and the no less constant action of the bowels.

3. To relieve the cramp and spasm, in my opinion the reflex symptoms of an irritated intestinal canal performing excessive functions induced by the depraved blood condition.

I prescribed the following treatment, waiting a time with the patient to see my orders implicitly carried out. Strong brandy and water was given and rejected. The patient was surrounded by blankets; bottles of hot water were applied to the feet, bags of hot bran to the inside of thighs, hot bran poultices sprinkled over with turpentine to the bowels and cardiac region, and these applications frequently renewed. The following mixture I prepared before visiting the case and took with me:—

℞ Calcis saccharatæ, ʒii.*
Sp. chloroformi, ʒiv. (pars. i., ad. ix.)
Tincturæ opii, ʒj.
Tincturæ lavand. comp. ʒj.
Aq. ad. ʒvj. Misce.

One tablespoonful to be taken in as much water, as often as directed.

The first dose was rejected; after a few minutes another dose was given and retained; the medicine was then directed to be given every hour, but in case the vomiting returned a dose to be given a few minutes afterwards, and so repeated if necessary.

Nourishment and stimulants being indicated, they were given, as soon as they could be borne, in the following manner:—Two tablespoonfuls of brandy to be mixed with half a pint of cold water, to be given by spoonfuls as often as agreeable, to relieve the patient's distressing thirst; a larger quantity or stronger preparation invariably induced a return of the vomiting. After a few hours the vomiting was much less frequent, but the other symptoms had scarcely improved. Taking advantage of the improving gastric condition, milk thickened with corn flour, to which a little lime-water was added, was frequently administered by spoonful doses. By nine p.m. all remedies exhibited were retained, except upon one occasion, when the patient also vomited about two ounces of a dark coffee-coloured fluid, and afterwards seemed less restless, and the cramp was less constant and severe. He still complained of insatiable thirst, which, no doubt, ice would have relieved had it been procurable, though I consider it might prove a very depressing agent in the early stage of the disease. Raw eggs were ordered to be beaten up with the milk food.

August 29th: This morning the aspect of the patient indicated improvement. Retching and vomiting had ceased, alvine evacuations much less constant, pulse rallying, and symptoms generally improving. Plenty of albuminoid food was ordered, in the form of eggs beaten up with warm milk and a little brandy added.

30th: The patient has slept a short time during the night, and early this morning passed a small quantity of urine abounding in phosphates; the lividity of skin disappearing, bowels open only four times during the day and night; pupils contracting; pulse very frequent and feeble; thirst less troublesome; temperature of body increasing; cheeks flushed. The patient says upon the whole he feels comfortable, but still feels faint, and is occasionally troubled with fits of cramp. Diet to consist chiefly of farinaceous articles made up with raw eggs, beef-tea to be given twice during the day, the brandy-and-water to be made weaker and administered less frequently. On the 4th and following day the bowels were open twice; in other respects, the symptoms were more of a typhoid character. Strong beef-tea and the farinaceous food, as before described, with the addition of brandy, was ordered to be frequently administered in small quantities, and the following mixture prescribed:—

℞ Liq. ferri perchlorid. ʒi.
Sp. chloroformi, ʒiiss. (i. ad. ix.)
Tincturæ opii, ♏xl.
Aq. ʒviiss. Misce.

Two tablespoonfuls to be taken three or four times a day,

* Prepared by General Apothecaries' Company, Berners-street, London.

which was given till the patient was able to resume his usual duties, who continued henceforth daily improving, and walked out of doors on the eleventh day, though contrary to my injunctions.

In several cases of severe diarrhœa with choleraic symptoms, as cramp, clammy skin, prostration, vomiting, and profuse evacuations, the latter presented a yeasty rather than a rice-water character. In two cases there was marked lividity of skin, but the pulse was distinct though feeble, and there was pain more or less severe in the bowels; the aspect and effluvia peculiar to cholera cases were wanting; the urine was not suppressed; thirst less distressing, and reaction commenced after a few hours, and the symptoms rapidly improved under the treatment adopted, which was similar to that prescribed in the cholera case, modified according to the severity of the attack. In all the cases disinfectants were supplied to be exposed in each patient's room, and the least objectionable and most serviceable preparation of this character that was used was the "deodorizing powder," prepared by the General Apothecaries' Company, Berner's-street, Oxford-street, London. After the severity of the attack was over, the patient was advised to change his room and bedding, and everything belonging to the sick rooms was exposed out of doors, and, when practicable, washed or cleansed, and the room left open to currents of air for two or three days; and in no single instance did any serious attack of gastric or intestinal derangement affect any of the attendants.

In the majority of cases in which I was consulted during the epidemic, the mixture containing calx. sacchar. sp. chloroform., &c., checked the sickness and diarrhœa after two or three doses had been exhibited, and effected a cure in from twenty-four to forty-eight hours, and no death came under my notice. In a few cases presenting an after-state of debility requiring medical treatment, a chalybeate mixture, containing pernitrate of iron and chloroform, seemed very beneficial in restoring the patient's strength. In most cases, after the first twenty-four hours, the bowels were constipated for two or three days, but acted naturally after that time without the aid of aperient medicine.

In mentioning what was evidently the cause of the epidemic referred to, I must explain that large quantities of manure constantly arrive in this neighbourhood from London about the time of year named. This year the manure so sent was highly offensive, and abounded in putrid animal substances, some of it evidently animals that had been a prey to an existing epidemic, even large portions of flesh and limbs, and entrails of bullocks in a putrescent state could be seen in the railway manure trucks, and was thence carted along the roads to the neighbouring fields. My suggestions influenced a neighbouring M.P. to kindly take steps to suppress the nuisance, and on manure containing such pernicious matters being forbidden by the conveying companies, the health of the district from that time improved, and such diseases ceased to occur, along with diseases of an indefinable name, but manifesting much gastric derangement, with retching or vomiting, loss of appetite, clammy skin, and prostration, and, in some instances, accompanied by a pustular eruption. Two cases which came under my notice are worth citing, as these symptoms disappeared on change of air, and returned the day following the patient's return to this neighbourhood. I am, therefore, disposed to infer that there is no specific medicine for the diseases in question; but that in prevention and cure medicine must ever be subservient to duly enforced hygienic measures, and with this proviso I have found the remedies cited effective collateral aids.

Simple diarrhœa is generally very prevalent here early in the autumn. Little fruit is grown; but at that season decaying vegetable matter everywhere abounds, though during the few years I have resided in the neighbourhood I have not during any former year seen a single instance of its manifesting a choleraic tendency.

RETROSPECT OF THE JOURNALS.

The *Medical Times and Gazette*, under the head of a "novel phase of medicine," draws attention in a very satirical tone to the position of surgeon to a railway company as revealed a few days since in the trial of "Meaken *v.* Midland Railway." The surgeon mixes a little business with his profession, and endeavours to act as mediator. In the case in question he acknowledged to having carried cheques about with him for the purpose of effecting a settlement.

Under the head of "Thermometer in Disease," cases are related showing the value it affords as a means of diagnosis. The variance of temperature is, however, so small that it will hardly come much into fashion, being so liable to error.

Dr. Richardson's instrument for producing local anæsthesia is being used extensively and successfully in minor operations. It is to be regretted that the instrument has been patented.

M. Le Fort, treating of the mortality of lying-in women, has found that one death occurs in thirty cases delivered in hospital, but that one in one hundred and fifty or two hundred represents the mortality among women delivered at their own homes:—

"On the occasion of the presentation of M. Le Fort's work to the Academy of Sciences, General Morin observed that the Consulting Hospital Committee of the Ministry of the Interior had been occupied with this question, and had arrived at the same conclusion as M. Le Fort's figures led to, that it was preferable that women should be delivered *à domicile*; but, as many of these women had no homes, it was impossible, even for their sakes, that maternities should be suppressed. The most that could be done was to ameliorate their condition by diminishing the number of beds, and very much enlarging the space occupied by each. The plan, too, found so efficacious at Dublin will also be adopted—viz., the assigning four wards, each capable of holding ten beds, to thirty patients, so that there shall always be an empty ward, which, in its turn, is cleansed and whitewashed. He added that public opinion had suffered a great shock from this frightful mortality at lying-in-establishments, and that it was very important that it should be made acquainted with the solicitude with which the administration was endeavouring to remedy so sad a state of things."

The *British Medical Journal* refers to Dr. Richardson's new method for producing local anæsthesia. Continued success attends the use of his instrument, and it may fairly be looked on as an accomplished fact. There will be some difficulty in procuring the ether as pure as is necessary, but it is a rule that where there is a demand there will be a supply. We may anticipate that in future there will be fewer cases of death from chloroform, as these generally occur after minor surgical operations.

Dr. Chambers gives some details of 257 cases of rheumatic fever, some of which were treated without medicines, and these were discharged from hospital after a shorter sojourn than any of the others in which drugs were administered.

Dr. G. Johnstone gives a paper on the "physiological correlation of the lungs, liver, and kidneys, as illustrated by the phenomena of choleraic collapse."

From Middlesex Hospital three cases of diphtheria are related, in which tracheotomy was performed. They proved unsuccessful. One of the cases after death was subjected to the Cæsarean section, but ineffectually.

A very valuable and interesting paper on the sanitary condition of England during the middle ages is given by Dr. Russell. Our forefathers certainly had not much to be thankful for in the way of domiciles. The paper was read before the University Graduates Club at Birmingham.

The widow of the late Sir Charles Bell has given a most valuable collection of sketches of gun-shot wounds and injuries as a presentation to Netley Hospital. The sketches are highly interesting, as having been done in Brussels by the great surgeon himself, immediately after Waterloo.

Proceedings of Societies.

HARVEIAN SOCIETY OF LONDON.

Dr. TYLER SMITH, President.

Dr. Drysdale exhibited to the Society

A CASE OF SYPHILITIC IRITIS,

which had been treated with the simplest means and without specifics. The patient, a young man, aged 20, had come to the Farringdon Dispensary on January 1st with a bad attack of iritis in the right eye. He was covered from head to foot with a papular syphilitic eruption. There was at that time circumorbital pain, pink zone around the pupil, great effusion of lymph and irregularity of the pupil, with complete absence of vision. A drop of solution of sulphate of atropia (gr. j. ad. ℥j.) was directed to be dropped into the eye twice a day, and he was told to take a purge in the morning. No shade for the eye nor any other specific treatment was ordered. In about a week the lymph was absorbed, and at the end of the third week (although contrary to Dr. Drysdale's orders) the patient worked at his occupation as a printer. This case was one of several he had successfully treated in a similar manner. Williams of Boston, Carmichael of Dublin, Hughes Bennett, and J. Z. Laurence, had shown how needless the injection of mercury or salivation was in such cases, as in all other inflammations.

Mr. de Meric observed that many persons who treated syphilis without mercury had observed that the eye disease bore a great resemblance to the skin eruption, and was therefore, they thought, likely to do as well as the latter without the mineral. He thought that the experience of the past as to the value of mercury in iritis ought not to be disregarded, and believed that, although *this* case was successful, it might have turned out quite the reverse, and thus we were not justified in making experiments in hospitals and dispensaries when the chances were against us.

Mr. James Lane thought that there was great variety in cases of syphilitic iritis, and that each particular case should be treated on its own merits. Thus in some cases mercury was not required, whilst in others it was a valuable agent, although he thought that its use had been too much erected into a dogma.

Dr. Drysdale said that Mr. de Méric's argument was one of the order of oratorical or *ad captandum* appeals: it did not touch the question. Of course any medical man who would treat a poor patient differently from the way in which he would himself desire to be treated, was unworthy to carry on his important social functions. The question was not to be evaded by such fallacious appeals to popular prejudices, but must be met by facts such as those he had just brought before the Society. He did hope before long that many of the ophthalmic specialists of London and elsewhere would try to do without so empiric a treatment as mercury in iritis. By so doing they would, he believed, advance medical science, and do more good to persons with iritis.

Mr de Meric read a paper

ON SYPHILISATION,

in which he combated the practice. The chief aim of the author was to show that the *rationale* of the numerous inoculations to cure syphilis was defective, that this peculiar method of treatment was not superior to those already known, and was fraught with extreme inconvenience. To render the subject quite intelligible, he attempted a historical sketch of the rise and progress of the practice, dwelling especially on Auzias-Turenne, the originator, and Sperino and Boeck, the warm promoters. He then contended that the term syphilisation was erroneous, as the patients were already syphilised by the constitutional complaint, and endeavoured to show that the improvement noticed was quite independent of the inoculations, which latter he considered cruel and useless. After alluding to the unfavourable effects of the practice upon the moral tone of the girls experimented upon, he agreed that the trials lately made at the Lock Hospital were quite in the spirit of fair play, and regretted that Auzias had met with denial at Paris when he wished to try his method in the hospital for female delinquents. Mr. de Méric concluded by complimenting all those concerned on the tone of moderation and forbearance that had hitherto marked the discussions on the subject.

Mr. Gascoyen said it might have been conjectured that, in bringing forward the subject of syphilisation at the present time, Mr. de Méric was animated by a desire of giving an opportunity to those who had taken an interest in the subject of producing their experience; but there was no mistaking the intention of the present paper: it was an attack on the practice of syphilisation. Now, although the short time elapsed since its introduction into this country did not seem to warrant any strong expression as to the success of the method, yet there had been more than time enough to form an opinion as to the amount of reliance we should accord to the teaching of the French school when syphilis, and especially syphilisation, is its theme. It is now fifteen years and more since the latter subject had been mooted in Paris, and what do we find in the most recent productions of the French press concerning it? Nothing but a repetition of the most wilful misstatements and the vilest caricature. First in order stands that stupendous assertion that matter from soft chancres is inoculable *ad infinitum*. In the experiments, as Mr. de Méric is pleased to call them, under progress at the Lock, the soft chancre is very commonly carried through a series of 8 to 12 generations, more rarely as many as 20, and only once has a series of 30 been obtained. It is true that in his large sphere of practice at Christiania, Dr. Boeck once got 83 from matter of an uncommon character and quality. Opposed to this experience in every modern French treatise on syphilis, in Aimé Martin's Manual, and in the latest work on the subject, that of M. Rollet, we find repeated the same idle tale of a German physician who inoculated himself with 2200 chancres, and after this he ceased to count, but still went on inoculating for ever and a day: the body of the poor man was seamed with scars, and his syphilis was unrelieved. Now, this story is a mere fable, but as it seems to serve their purpose they keep it going. Indeed there is good reason for believing that when Ricord framed this dogma of the perpetual inoculability of the soft chancre, he only knew of a series of eight having been obtained, but subsequently, as he affirms, he inoculated 1000 chancres on the body of one of his students, without witnessing any change in the character of the inoculations or condition of the patient. This story is equally incredible with the other, and only possible if, as is stated to have been the case, Ricord blotted out the inoculations with caustic soon or immediately after they had been made. Dr. Boeck, who cordially admires the man, says it was not openhearted of Ricord to publish the fact without divulging the method, and the speaker certainly thought so too. In discussing Dr. Boeck's practice, among other misstatements, M. Rollet, restricting the practice of Boeck to the use of matter from soft chancre, goes on to say that such treatment is not isopathic, but indeed in a high degree antagonistic. M. Rollet carries dualism as far as that. Well, if that be so, if it be really antagonistic, there is a *rationale* of treatment at once; but no advocate of syphilisation ever ventured on so bold an explanation as this of M. Rollet. These men are blinded by their prejudices and so far lost to reason. The speaker then quoted Victor Hugo, as to the influence of French thought in Europe, and how the French prided themselves on such conquests; if, the speaker said, they wished to make their

conquests permanent they must keep themselves allied with truth. There was no more disgraceful page in the history of science or of society, than the treatment of Messrs. Auzias and Sperino by the Academies of Paris and Turin, in support of certain interests predominant in those cities or intriguing there. These two gentlemen have been made the subject of the grosses calumnies and misrepresentations. In the present hour there is no one who does not accord to them the title of honourable men. But who is to make them amends for the past? What was the crime of M. Auzias-Turenne? No other than that he succeeded in doing that which Messrs. Ricord and Cullerier had failed in accomplishing—viz. the inoculation of chancres on the brute creation, now received as an acknowledged fact in science. When M. Auzias had further observed that these inoculations were limited in the individual, both as to number and significance, there arose out of this discovery suggestions of the most obvious application and character, which were the property of all Europe; and Signor Sperino, highly experienced as he was in the treatment of syphilis, availed himself of the discovery simultaneously with M. Auzias, and quite independently of him. In both instances, however, the most violent persecution was brought to bear against the pursuit and development of science, originally in Paris, and afterwards at Turin, in humble imitation of Paris. At least no one has accused Dr. Boeck with not being a decent man. It is a significant fact that only within a few months have we in London known anything about syphilisation. Dr. Boeck's visit to England was not, perhaps, strictly of a voluntary and extemporised character. He lived under the impress of great truths which are vital to the well-being of our community. Like many foreigners, he seems to have entertained the idea that we are a practical people, and not insensible to personal merit. In London it is certain his success has not been great. After he had resided here for three or four months, two or three assistant surgeons of hospitals began to have a little faith in the treatment and some inkling as to the merit of the introducer, but as this feeling was not supported by any amount of attentive observation or strengthened by reflection and inquiry, the thing broke down upon the very first difficulty, and now there is only one small hospital in the suburbs where the treatment is continued. There is little excuse, therefore, to sound the alarm. In the paper we had listened to there was a certain show of argument with a strong admixture of wit. A clever pen would handle any subject in that manner. We see enough of that in the *Saturday Review*. But the duty of physicians is more serious. The word syphiliser, or syphilisator, is none of our seeking or accepting: it has grown out of a coarse attempt to place the infecting person and the physician on one and the same level. Referring to early experience, the speaker said his very first lesson in physic was in dealing with essential fevers, erysipelas, scarlatina, and small-pox: these diseases, he was rightly taught, were incurable, but by helping the patients through them he had saved many lives. So with syphilis, what we pretend is to help the patient through with it. We find a man with syphilis, and we give him more of it. Yes, that is also true; we find him a perplexed and suffering man; we leave him a healthy and a confident man. Mr. de Méric denies the fact that we do syphilise the patient, on the ground that if we did so his eruption would extend and increase under the inoculations. Now, in fact, the eruption does so behave in a large proportion of cases before it begins to fade away. It has also been objected that syphilisation is a painful process. We do not deny that there is some amount of pain. This depends much on the selection of the matter; some matter will give pain, other kinds give but little or no pain. It is objected that the immunity obtained is not perfect, and then again that immunity is highly improper, because it fits the patient for the *postribulum*. Turn either way, we catch it on both sides, but to all these objections we can find sufficient answers.

Mr. James Lane said he had listened with great attention to Mr. de Méric's interesting paper. He thought, however, it must be evident to all who heard it, that he spoke in the character of a determined opponent of syphilisation, rather than of a calm inquirer into its real merits. Mr. de Méric had expressed regret that individuals should have been found in this country ready to "march under the banner of Professor Boeck," and to afford a footing here to the practice of syphilisation. He (Mr. Lane), speaking for himself and his colleagues at the Lock Hospital, wished to say that they were not marching under anybody's banner; they had initiated the present inquiry, and had followed it up as far as their limited opportunities permitted, because they could not help seeing that syphilisation had attained such a degree of importance in other countries that it was high time the profession in England had an opportunity of forming an impartial judgment about it. They had approached the subject in a perfectly impartial spirit, and for himself he could truly say that he was entirely unbiassed by anything except what he had seen with his own eyes. It was important that the Society should not be led by Mr. de Méric's paper to lose sight of the real question at issue respecting syphilisation. It was briefly this:—The method had been practised abroad to a large extent, and in Norway more especially very important results were alleged to have been obtained, by men of high scientific attainments, whose good faith no one ventured to call in question. They told us that inoculation would cure constitutional syphilis with greater certainty than any method hitherto known, and would be attended not only with a smaller number of relapses, but that the relapses which did occur would be only of a trivial character, and would usually disappear of themselves without further treatment. Now, was the treatment of syphilis ordinarily pursued, whether mercurial or non-mercurial, altogether satisfactory? Was it so satisfactory that we could afford to ignore other means when they were offered to us? With respect to mercury, he believed it exercised a remarkable influence over the disease. Properly used it would cure the great majority of cases, and properly persevered in would prevent relapses in a large proportion; but it was impossible to say that relapses would not take place, and that in some cases, in spite of it, the patients might not go on from bad to worse, and suffer from all the well-known later consequences of the disease. By the *non*-mercurial treatment, he believed the progress of the patients would be infinitely more tedious, but not ultimately more satisfactory. If syphilisation would do what its advocates professed it would, we should have a remedy which, though undoubtedly severe in its operation, would do its work without any injurious effect on the system, and we should escape in a very great measure, if not entirely, from all the more serious effects of the disease. Whether it really possessed this curative value was the question to be decided. Sufficient time had not yet elapsed to enable him to express any opinion on this point from his own observation; he was, however, able to say in favour of syphilisation, that hitherto, as far as he had seen, it had effected everything which had been promised for it. The progress of the cases in the Lock Hospital had, in almost every detail, corresponded to the predictions of Professor Boeck respecting them. In several of those who had been longest under treatment, immunity from inoculation with primary syphilitic matter had been arrived at. The reality of this immunity, which had been hotly contested abroad, appeared to him to be unmistakable. It amounted to this, that though fresh syphilitic matter would produce by inoculation a more or less perfect pustule, that pustule would not afford matter capable of successful re-inoculation. Ricord himself admitted that it was not a sufficient test of successful inoculation that a pustule should be produced; any irritant might do as much; it was necessary that the matter of the pustule should be poisonous in its character and capable of reproducing its like. The question of immunity, however, though of great scientific interest, was quite subordinate to the main issue, respecting the curative powers of syphilisation. On this all-important

part of the inquiry he (Mr. Lane) still maintained a neutral position. The lapse of time and continued patient observation could alone lead to trustworthy conclusions. It was a practical question, in the settlement of which epigram and satire would avail but little.

Dr. C. DRYSDALE thought that Mr. de Méric's remarks were too *a priori* in their character. For his own part, before conversing with the learned Christiania professor, and witnessing his Lock Hospital practice, he had, like Mr. de Méric and others, thought that syphilisation was only one of the whims into which enthusiasm will sometimes drive great men. But in the Lock Hospital he had seen remarkable phenomena resulting from inoculations made on persons suffering from secondary syphilis. In the first place, it was an undoubted fact that in almost every case the inoculations began to fail, to become ulcers after ten or fifteen generations; and, again, in two cases of old and severe tertiary syphilis, which had been inoculated by Dr. Boeck, there had been no result until the inoculations had been repeated perhaps a dozen times, with fresh matter each time, and then—but not till then—they began to take, and ulcers arose. Such facts were most curious, and contradicted Mr. de Méric's opinion that a person with ordinary secondary disease being *saturated* with the virus, Boeck's plan was to saturate the system with the poison, in order that the disease might, like scarlet fever, &c., run through its phases more rapidly, and finally quit the system altogether, and without any chance of relapse. For his own part, after seeing this practice and Ricord's plan, he must say that he would infinitely rather submit to be inoculated twice a week for the cure of syphilis to undergoing a long, perhaps a six months' course of slow poisoning by mercury, even under the auspices of such eminent mercurialists as Messrs. Ricord, de Méric, or Acton. A little pain was not to be compared, in his humble opinion, with the terrible effects he had so often witnessed from that detestable mode of treatment—mercury. At the same time he would say that in *almost every* case of syphilis he had himself treated, or seen treated, without mercury, and by sound principles of good rational therapeutics, he had not seen any necessity for resorting to syphilisation. Patients in almost every case did admirably with care, good diet, external appliances when required, and vapour baths for the eruptions. It was only in those *extremely rare* cases, when the disease is from nearly the outset of a rupial character, that he had much desire to see syphilisation tried. Were such a case to come under his notice soon, he thought he would recommend syphilisation to be tried. It could, at least, do no great harm; whilst mercury made such cases nothing short of fearful calamities. He congratulated Mr. de Méric on the way he had spoken of the non-mercurial treatment of syphilis, since he had confessed that it was a very good method of treating the disease, and also that he was at that moment treating indurated sores without the mineral. From the rapid progress recently made by Mr. de Méric, Mr. J. Lane, and other eminent mercurialists, towards abandoning their *old love*, mercury, he fondly hoped to see both of them, and also the majority of the profession, soon converts to the sound doctrines of Fricke, Syme, John Thompson, Hughes Bennett, and the illustrious band of anti-mercurialists. Then at last should we get rid of the great opprobrium of modern medicine, and be able to frame a rational practice of the great healing art. The day was, he was convinced, fast approaching when mercury, as an internal remedy for any disease, would be looked on as *a thing of the past;* but syphilisation was perhaps a great discovery and an important therapeutic agent. At any rate, it was a way of kicking out mercury.

Dr. CLEVELAND had hoped that Mr. de Méric would have brought forward some facts this evening to oppose to the practice of syphilisation. As to the arguments he had used, he protested against them. To say that a mode of treatment was disgusting and immoral was not saying anything to the purpose. What he wanted to have heard was some reasons derived from observation, not from appeals to prejudices.

Mr. GASCOYEN, without wishing to be included in the ranks of the syphilisators, and, for the present, withholding any opinion as to the merits of syphilisation as a curative treatment, yet thought it was a practice which ought to be tested by us in consequence of the very high evidence in its favour adduced by its advocates, and more especially by Dr. Boeck, whose statements we are bound to receive until they are disproved, and which our personal knowledge of the Professor further compels us all, and even Mr. de Méric, to accept. Dr. Boeck's statistics show that syphilisation possesses a great superiority over all other therapeutical measures in the permanency of its cure, and such being the case it was our duty to the profession and to the public to make trial of it, and more particularly so when we were offered the advantages of the Professor's superintendence and experience. Although much prejudiced against the practice before seeing it, I must now admit that the process, though by no means a pleasant one, is not nearly so painful or objectionable as I had expected; and I am quite sure that, if we can confidently promise our patients a lasting cure, so that they shall never be troubled again with an attack of their constitutional disease, numbers will willingly give up the requisite time and cheerfully submit to the inconveniences of this method of treatment. Mr. de Méric has alluded to a very brief paper on this subject by Mr. Holmes Coote, in a recent number of the *Lancet*, as substantiating his own objections to the practice; but I do not think that much support, whether *pro* or *con.*, can be derived from that communication based upon the observations of only three incomplete cases. The very interesting paper we have just heard seems to me somewhat inconsequent, since the truth of Professor Boeck's statements is admitted by the author; for whilst urging us to adopt the method of treatment which offers the best results, he condemns *in toto* that by syphilisation, which, according to the abovenamed tables, is most successful in preventing relapses. The cases now in the Lock Hospital prove that attacks of constitutional syphilis will get well either in consequence of, or in spite of, syphilisation; but this can be claimed for various other modes of treatment. The advantage which this method is said to possess over all others consists in its power of effecting a permanent cure; but this time alone can prove, and with our present knowledge of syphilisation, we are not yet in a position to give a definitive opinion as to its value, or the reverse.

Mr. DE MERIC, in reply, said it was quite evident to him that anything he could say against syphilisation would not avail at present, since every speaker at the Medical Society and this evening seemed in favour of the practice. He confessed to being a partisan against the treatment, and as it was pretty clear, from what was going on in the medical profession, that some kind of revolution was impending, he was endeavouring to act the part of a "drag," to prevent the vehicle running down the hill too rapidly. When he found proofs of the value of syphilisation he would give in, but in the meantime he thought it a good thing to oppose it as far as possible, in order to make the other side prove its tenets. With regard to what his friend, the honorary secretary (Dr. Drysdale), had said of his seeming tendency towards the non-mercurial treatment of syphilis, he merely used the arguments of the non-mercurialists to combat the syphilisers, he agreed with them.

UNIVERSITY OF DUBLNN.—At the spring commencement held in the Examination Mall of Trinity College on Shrove Tuesday, the 18th inst., the following degrees and licenses in Medicine and Surgery were conferred:—*Baccalaurei in Medicinâ.*—Gulielmus Morton Harman, Jacobus Thompson, Gulielmus Robertus Mac Dermott, Thomas E. Little, Alexander Leney, Michael Shanley, Christophorus Armstrong, Ricardus Edgeworth. Samuel B. Gamble. *Magistri in Chirurgiâ.*—Samuel B. Gamble, Jacobus M'Cutchan, Edvardus Kough. *Licentiati in Chirurgiâ.*—Wellington Gray, Ricardus Murray Vesey.

Foreign Medical Literature.

REMARKABLE CASE OF GASTRIC TUMOUR.

The following case, which has been reported in the *Norsk Magazin for Lægevidenskaben* (xix. Bind, 2 Hefte), by Tidemand, Physician to the Prison at Christiania, appears to possess sufficient interest to warrant me in presenting a translation of it to the readers of The Medical Press and Circular.—Yours, &c. H. Minchin, M.B.

Hans Jörgen Hansen, an inmate of the prison at Christiania, nearly 28 years of age, a working glazier, who had undergone a previous imprisonment of eight months in 1860-61, was condemned, on the 10th February, 1864, to be again imprisoned for a term of two years and eight months. Of a sound constitution, he had always enjoyed good health, and at the time of his committal had no ailment to complain of. His employment in prison during the last five months of his life consisted in ornamenting little caskets and such like with compressed plaster-figures, and covering the whole afterwards with thick shellac varnish. In the beginning of July of the same year he began to experience a sense of weight and oppression in the cardia, accompanied with a kind of spasmodic intermitting pain through both hypochondria; also impairment of appetite, with pyrosis, and occasional nausea. In the latter part of July a hard bulky tumour could be felt in the pit of the stomach, extending from the left side of this region to about the median line, as well as we could ascertain. The patient meantime continued quite able to perform his work, and also to eat his food without any positive impediment. Vomiting occurred occasionally, and he continued to suffer from the pains as above stated, which, however, were not very violent in character; and although he became by degrees somewhat paler, he did not appear to undergo an appreciable loss of flesh. On the 18th October he was obliged to go to bed, as he was unable to remain upright without feeling an overcoming sensation of faintness and vertigo with an inclination to vomit. His appetite declined, the quantity he was able to consume at this time being about one-half the diet allowed by the prison diet-regulations for the sick. After meals he invariably felt an oppression in the epigastrium, as if he could not rightly get the food down. On a careful examination of the tumour, an operation which was always attended with pain, we found that in transverse extent it occupied the space from the eighth and ninth costal cartilages of the left side to about the corresponding part at the right, while from above downwards it extended from half an inch below the point of the ensiform cartilage to about half an inch above the umbilicus. The left extremity of the tumour was concealed beneath costal cartilages, but its complete extent in this direction could not be determined, while the right end appeared somewhat capable of being defined just beneath the borders of the cartilages, at about that of the eighth rib. The inferior free edge of the tumour was rounded, smooth, of considerable thickness, could not be undermined by the fingers, and appeared to extend deeply into the cavity of the abdomen. Percussion elicited a dull sound, which, towards the left side, extended a little beyond a perpendicular line drawn downwards from the nipple; but towards the right the dull sound ceased at that place where the right limit of the tumour was felt, and there suddenly gave place to a clear or intestinal sound. The tumour felt as hard as wood; it yielded to the pulsations of the aorta, but we could not discern that it was otherwise moveable. To meet the several indications of treatment which presented themselves in this case, calmative measures were employed, internally and externally; also local abstractions of blood, and derivants. The vomitings, which took place from time to time, contained nothing unusual; they were rather copious, and consisted in general of slimy bitter fluid, mingled with some remains of food.

On the 30th October he felt quite well throughout the whole day, and during a portion of the day even better than usual; the nausea was less urgent, and only once a slight ineffectual effort at vomiting occurred. At 9 p.m. he was, without any assignable cause, suddenly seized with a violent pain in the epigastrium, of a powerfully constricting character, which passed directly backwards toward the spine, and also laterally in the direction of both hypochondria, but was most severe and persistent in the left side, whence it extended through the breast to the shoulder and arm; the right shoulder and arm suffered also, but in a slighter degree. The pains, which at the commencement made the patient cry out, were particularly urgent during the respiratory and other movements of the body, which induced him to lie very still and employ the very slightest possible efforts at breathing. There was some degree of tenderness on pressure, gradually extending itself over the whole abdomen; muscular walls rigid; no distension. These pains were not accompanied with nausea at first, but after a couple of hours he had slight vomiting; the ejected matter consisting, as before, of sour fluid with some food intermixed. Pulse small, not frequent; face and extremities cold. The treatment consisted of venesection, and the application of leeches followed by a large poultice, while boracic acid and laudanum were administered internally. The violence of the pain soon abated; and on the 2nd November the report states that the uneasiness had very nearly dissapeared; no nausea or vomiting during the previous twenty-four hours; a thin scanty evacuation from the bowels on last evening; pulse 92. On examining the abnormal tumour in the epigastrium, it was found to be not so tender as previously, while its upper edge had moved downwards a full half inch, the superior border of the swelling being at this time situated more than an inch below the point of the xiphoid cartilage, and in the same way the inferior boundary had become depressed to the level of the umbilicus. On this day it was found also that the coverings were separated from the subjacent tumour, by an intermediate collection of air mixed with a little fluid, to about half an inch in depth—a phenomenon which had not been previously observed. On the following day this collection of air was hardly to be perceived, and it soon disappeared altogether.

Matters continued now to go on favourably until the 10th November, when, at about nine p.m., a violent rigor came on; this lasted for a whole hour, and was succeeded by great heat and afterwards perspiration, with headache and a feeling of soreness and numbness over the entire body. Next morning at four o'clock he was seized with nausea and some vomiting, but the nature of the matters ejected could not well be discerned in the tub of water into which he had vomited. Soon afterwards severe pain was felt in the epigastrium, of the same character as that described in the former attack, but not quite so violent. This pain continued with unaltered activity, and extended gradually in the course of the day over the entire abdomen. In the afternoon his appearance was dull and lethargic; the skin cold and clammy, especially on the hands and feet; the face, and even the tongue, cold; occasional hiccup. On the 12th the same state continued, but in an aggravated degree; pulse scarcely to be felt. During the last two days no urine was passed, and on introducing the catheter on two occasions daily scarcely two spoonfuls of reddish turbid urine came away. He died on the 12th at 7·5 in the evening.

At the necropsy, which took place thirty-eight hours after death, were found signs of inflammation extending over the whole peritoneal surface, with considerable exudation of serous and gelatinous fluids, and the tumour which had been felt during life in the epigastrium was found to be within the stomach. On account of this peculiarity in the case, the whole of the alimentary abdominal tract was removed, ligatures having been previously applied at either end, and was transmitted to Professor E. Winge, who has been kind enough to exhibit the preparation to the Medical

Society of Christiania, together with a description thereof, as follows:—"The stomach was dilated to about the size which this organ might attain when moderately distended with air. Its form was natural, with an opening or perforation on the lesser curvature of more than an inch in diameter. This organ was felt to be as hard as bone or wood, and yielded in several places a crepitating feel, which was most remarkable near the fundus at the anterior wall. After it was cut open it was found to enclose a brown mass of a woody hardness, which filled its entire cavity, so that it formed a complete cast of the form of the stomach without adhering to the walls at any part, although everywhere in contact with them. On the outer surface of the mass, where the crepitating sensation was observed, were found several smooth laminæ of the same substance partially adhering to the subjacent mass; and at the place corresponding to the perforation of the stomach, a broad prominence, about half an inch high, terminating in a sharp point. In other respects the surface generally was smooth, but marked with striæ of undulated form, such as a coagulating mass in the process of forming a cast of the lining membrane of the stomach would exhibit. It had no opening, either on the sides or at the parts corresponding to the pylorus and the cardia; it floated in water, although some parts of the mass were specifically heavier than this fluid; it might therefore contain a cavity, or might consist internally of layers with air intervening. It weighed two pounds ten ounces. On subjecting it to chemical examination it appeared to consist of an organic substance, easily soluble in warm alcohol, burning with flame and a distinct odour of shellac, and leaving behind only a small quantity of a light ferruginous ash, probably from the admixture of gastric fluids (blood and mucus). Doubtless, then, it consisted of shellac or of a resinous matter resembling it. The stomach exhibited, in addition to the perforation above mentioned, a superficial erosion on the anterior wall. On the serous surface, as on that covering the other portions of the abdominal organs, were found traces of the peritonitis, which had been the immediate cause of death, occasioned by the sharp prominence which had eroded a hole in the wall of the stomach. This surprising case, which is perhaps unique in the annals of medicine, derives an easy explanation from the information afforded by the circumstances which attended the patient. His employment in the prison was in fact to varnish toys, &c., and for this purpose he made use of a thick shellac varnish; of this he had been doubtless for a long time consuming considerable quantities, probably as a substitute for other inebriating liquors; the shellac had settled as a deposit in the stomach, while the spirit was absorbed, and thus by degrees this singular concretion became formed. It is particularly worthy of remark, that the process of digestion appears to have gone on without much difficulty, as is shown by the patient's good condition; also the fact that the symptoms, on the whole, had been so very slight previously to the supervention of the fatal perforation."

With respect to the general conduct of the deceased while in confinement, the prison director certifies that it was always irreproachable; he was a diligent and orderly prisoner, who worked with zeal and intelligence, and always appeared to be careful and prudent with anything that he had in hand. Before his imprisonment he had been addicted to drink, but while in the prison no one had ever observed that he was tipsy at any time, or even had smelled of spirits. If this latter had been remarked, however, it could easily have been assumed that he was continually inhaling the vapour of the varnish that he employed. The attendant who had the immediate care and inspection of his work had remarked truly enough that there was a very large quantity of shellac varnish expended, but with regard to this the prisoner declared that, as the principal things to which the varnish was applied were plaster ornaments and wood, these porous substances imbibed so much of the material that the apparently excessive expenditure thereof could be explained in that way; and, as this kind of work had never been previously performed in the prison, no one was able from experience to estimate the probable waste of varnish which had thus occurred. The varnish which had been employed contained about five and a half ounces shellac to one quart of spirit (Norwegian sp. of 14°), and was of the consistence of ordinary syrup. The lump found in the stomach weighed, as already stated, two pounds ten ounces, or forty-two ounces, of which only an insignificant portion by weight consisted of other substances than shellac. Assuming it probable that the concretion then contained forty ounces, which, according to the proportion of resin to spirit in the varnish above given—five and a half ounces to the quart—may be about equivalent to the contents of seven and a quarter quarts of varnish. This, then, is the quantity which the deceased had swallowed during the five months, or 150 days, he had this material in his hands; and in order to drink these seven and a quarter quarts, which, estimated by the volume of a spoonful, would contain about 464, he must have taken somewhat more than three spoonfuls daily; of which portion, insignificant when considered with reference to the quantity of work which he delivered, it was hardly possible to keep an account.

ON THE PATHOGENY OF CYSTOID KIDNEYS.

By W. KOSTER.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, Ie Deel, 2e Aflevering, Utrecht, 1864, for THE MEDICAL PRESS AND CIRCULAR.

By WILLIAM DANIEL MOORE, M.D.Dub., M.R.I.A.,

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THE circumstances under which cysts become formed in the kidneys are very various. In general, however, the occurrence of cysts may with great probability be referred to changes in the tubuli uriniferi.

Every gland which contains closed vesicles or tubes has in its structure a tendency to the formation of cysts. The thyroid gland, the ovary, and the kidney may in this respect be taken as types.

In a tubular gland, such as the kidney, obstruction to the efflux of the secreted fluids will produce dilatation of the tubes. If other circumstances be favourable, the foundation of the formation of cysts is laid.

This view is so simple, and so much in accordance with the process of development of cysts in other places (excretory ducts of larger glands: salivary, mammary glands, &c.), that we are naturally led to explain the occurrence of renal cysts in general in this way. Anatomical investigation has already brought to light many facts in confirmation of this opinion.

But if we study the pathogeny of renal cysts more closely, a number of questions suggest themselves. Thus the consideration immediately arises, and it is applicable to all other cysts—can they be developed *ab initio*, or do they spring always from a normally existing cavity with a proper wall?

Moreover, we meet with renal cysts in very different alterations of tissue of the kidneys. Sometimes they have no remarkable influence on the function of the organ; they are discovered casually in the course of post-mortem examinations. In other cases the development of cysts is evidently the morbid process, which must be looked upon as the proximate cause of the deranged vital phenomena and of death. Sometimes we can find no distinct predisposing cause of the occurrence of the cysts; sometimes the primary morbid process is distinctly demonstrable. At one time many and large cysts co-exist with slight alterations of tissue; at another a kidney exhibits no cysts in the midst of very important degenerations.

But, as the title of my essay indicates, my object is not

to treat of the whole extensive range of the pathogeny of renal cysts. I would only contribute something to our knowledge of the occurrence of a definite form in which renal cysts appear, while some of the questions alluded to come now and then incidentally under consideration. To explain the nature of my subject, a short review of the forms in which renal cysts occur is necessary.

To find very small and larger cysts to the number of two, three, or more in a kidney, which otherwise presents no morbid changes, is very usual in the course of post-mortem examinations. Rarely do we succeed in demonstrating the mode of origin of these cysts in a given case; we must deduce this from what investigation has taught in other instances.

Moreover, we meet with small cysts in atrophic kidneys, whether the atrophy is to be considered as physiological, proceeding from the changes of age, or whether it constitutes the last period of other morbid alterations of tissue (often comprised under the general name of Bright's kidney). The kidneys may then be studded with small microscopic cysts, but may also contain some larger ones.* Especially in cysts, arising under these circumstances, colloid occurs in different forms.

The fresh formation of cysts, in which the singular products occur, which are known under the name of Dermoid, is but very rarely met with in the kidneys.†

In these forms cysts, &c., appear. I shall not speak more fully of their mode of origin, their consecutive changes, and their contents.‡ There is, however, another comparatively rarer mode of development of cysts; that in which the whole kidney is changed into a great quantity of partly coherent, partly wholly closed sacs, filled with serous fluid, which assemblage of cysts may occupy a great space. Here we have to deal with no accidental development of cysts occurring with other processes; the entire kidney is changed into cysts; the occurrence of the latter is the characteristic of the process.

This typical development of cysts may be distinguished by the name of *cystoid kidney*, or *cystoid degeneration of the kidney*. It forms a characteristic independent morbid process, which may occur in fœtal life, as well as in adults, but in the latter it is met with in general in advanced age.

In order to avoid repetition, and to place before the reader a clear sketch of the change of the kidney in question, with the present position of our knowledge on the subject, I shall refer to Förster's accurate description (in his *Handbuch der pathologischen Anatomie*, Th. ii., p. 497), and shall copy a part thereof: "Much more rarely than the isolated cysts, we sometimes meet with such a massive formation of cysts that the whole kidney is destroyed by it: *cystoid degeneration of the kidneys*, the change always affects both sides, being sometimes less extensive on one side than on the other. In the most perfect cases the kidney is considerably enlarged, sometimes to the size of a child's head and more; its surface exhibits small and large cysts closely compressed together, between which not a trace of normal substance is visible. If the kidney be cut through in the usual manner, we see on the surface of section nothing of the normal texture, no remains of a division into pyramids and cortical substance, which placed close together, allow to be seen between them only *débris*, consisting apparently solely of connective tissue and vessels." Further, the composition of such a cystoid kidney of larger and smaller, sometimes microscopic vesicles, is described, while the discovery of dilated tubuli uriniferi in the small portion of interstitial substance which still remains, indicates very distinctly the origin of the cysts. But whether in all cases, Förster continues, "of cystoid degeneration, particularly in adults, the cysts are formed in this manner, is still uncertain; I have in no case been able to refer their origin to the connective tissue cells of the renal stroma. Beckmann thinks he has observed such a case, but his results are capable also of another explanation. The renal calyces are for the most part obliterated, or are still only just indicated. In less exquisite cases the number and size of the cysts are less, and between them more normal renal tissue is preserved; the enlargement of the kidneys is less considerable. This degeneration occurs at all ages, even in the fœtus."

In this description of Förster's the leading points of what is known respecting the pathogeny of cystoid kidneys is comprised. *Probable development of the cysts from altered tubuli uriniferi or Malpighian corpuscles, in the cortical substance of the kidneys; absence of the Malpighian pyramids, and of the renal papillæ in the fully-developed cystoid kidneys; occurrence of the degeneration at any age, even in fœtal life*—constitute the few data which are available for an account of the origin of the cystoid change. Of the alterations of tissue in places where no cysts as yet exist, Förster does not speak—*between them sometimes more normal tissue is preserved.* To his statement also, *that the disease occurs at every period of life*, we must again revert.

The numerous and admirable investigations of O. Beckmann* have very much extended our knowledge of the origin and further changes of renal cysts. But in consequence of the nature of his work, he has not treated of the development of the *cystoid kidney* as a distinct process, but has spoken of the formation of the contents and walls of cysts in general, the metamorphoses of their contents, their origin from newly-formed or already existing morphic elements, &c. The application of his results to the metamorphoses of the distinct cysts in cystoid degeneration is easy; but the consideration of the latter as a *process*, the tracing of the nature of the degeneration, and of the proper pathogenic element, are wanting.

Under these circumstances it appeared to me not unimportant to communicate the results of my investigation respecting two kidneys, which were in an early stage of cystoid degeneration. Probably it is to be attributed to the want of a special pathogenetic consideration of the cystoid degeneration of the kidneys, that we rarely meet with other than fully-developed examples of this disease, such as those represented by Rayer† and Lebert,‡ which quite agree with a preparation in the anatomical museum in Utrecht. I shall first give a short case, with a description of the renal changes found after death, and shall then proceed to make some remarks on other cases in connexion with mine, concluding with an attempt at a pathogenetic explanation of the same.

a.—History and Anatomical Examination of a Case of Cystoid Degeneration of the Kidneys.

On the 12th of January, 1864, N. W., a married woman, aged 51, was admitted into the Hospital of Utrecht. From the notes kindly given me by Dr. Imans, the following appears:—The patient had previously in general enjoyed good health, but eight or ten days before her admission she had, according to her statement, "a nervous attack," after which she continued to feel pain throughout her whole body, and was rigid in her movements. On her admission consciousness was unimpaired; she complained of universal pains, had a gastric loaded tongue, and a quick pulse. The following day she suffered from nausea and diarrhœa. On the 14th she complained of difficulty of breathing, and on physical examination some infiltration of the lower lobe of the left lung was discovered. In addition, slight convulsive spasms of the muscles were observed, especially of those of the face.

* Conf. on this subject, anatomico-pathological works, and the essay of Gildemeester: On Morbus Brightii and Albuminuria in the Nederl. Tijdschr. tot bevord. der geneesk. 1st Jaarg., p. 379.

† Paget, *Chirurgical Pathology*, II., p. 84.

‡ The literature of renal cysts is to be found in any manual of pathology. Among the later essays those of O. Beckmann, in Virchow's *Archiv*, Bd. ix., p. 221, may be named.

* Virchow's *Archiv*, Band xi., pp. 50 and 121, and elsewhere.

† *Maladies des reins*, Atlas, pl. xxvi.

‡ *Anatomie pathologique*, t. ii., pl. 138.

At night she was restless and began to rave. On the 15th the convulsive movements increased, without, however, the occurrence of decided fits; in the evening the woman fell into a semicomatose state. On the 16th she was very much collapsed, comatose, cyanotic, had cold extremities and an exceedingly quick pulse. Under these symptoms she died at two o'clock in the morning, without a diagnosis having been made. The only thing which might have led to the otherwise wholly undefined idea of renal disease, was the very small quantity and extremely dark colour of the urine voided, in which, however, no other peculiarities were discovered.

The *post-mortem* was performed on the following day.

The membranes of the *brain* were highly congested, the cerebral substance also on section exhibited many points of blood. The upper part of the medulla spinalis, which could be examined, exhibited no morbid changes.

The *thorax* was badly developed, flat and slightly compressed in the middle. The thoracic organs occupied their usual situations. The heart and the right lung were normal. The left lung contained much fluid—in the upper lobe mixed with air and yellowish, in the lower lobe thicker and of a brownish-red colour. Moreover, the lower lobe contained air only in the air-tubes, while the proper pulmonary tissue was jelly-like, and was of a reddish-brown colour.

In the *abdomen* a peculiar spot on the upper surface of the right lobe of the liver, close to the suspensory ligament, at once caught the eye. There were there numerous little cysts, of the size of grains of millet, and of hemp-seed, the two or three largest being as large as a pea. All these sacs contained a clear light-yellow albuminous serum. The surface of the liver, on which these vesicles were situated, or *in which* they properly lay, was of a whitish colour, and was formed of a layer of connective tissue two or three millimètres (about one-tenth of an inch) in thickness, which passed, without defined boundaries, into the hepatic substance. The liver had quite the appearance of an incipient cirrhotic liver. Beneath the spot with cysts just mentioned, and where the tissue was again of a brown colour, an extraordinary quantity of connective tissue was found, while the hepatic cells were atrophied: the peculiar lobular arrangement of the latter had disappeared; they lay irregularly scattered.

On the surface of both ovaries, especially on that of the right, numerous small cysts projected. The number of these amounted on the right side to about sixteen. These cysts, of the size of hemp-seed and of peas, all contained a serous fluid.

Of the other abdominal viscera, with the exception of the kidneys, there is nothing to remark. The kidneys occupied their normal situation, and could easily be removed. The renal pelves, the ureters and bladder exhibited no trace of morbid change. The extraordinary quantity of cysts, with which both kidneys were uniformly covered over their whole surface, immediately caught the eye.

The kidneys were remarkably larger than usual. On section it appeared that neither were the cysts wanting internally. Nevertheless, a very large portion of the renal tissue still remained. This was in general of a dark-red colour, and was loaded with blood and serum. The cortical substance contained very many cysts, and was thereby enlarged; here and there the colour was more marbled. On the surface of section of the Malpighian pyramids only a few very small cysts were seen. Most of the cysts projected, as I have already said, on the surface and along the convex margin of the kidney. They were of very different sizes, varying from that of a hazel nut to that of a pea and less. The wall of the cysts was formed in great part by the tunica albuginea. The largest had, moreover, a distinct independent fibrous wall, with an epithelial layer. The smaller, on the contrary, were bounded only by a smooth extremely thin layer, which could scarcely be looked upon as an independent membrane.

Most of the cysts, particularly the largest, were filled with a clear, serous, albuminous fluid. The smaller ones, on the contrary, contained a light-brown or dark-coloured viscid fluid. In the clear serous fluid microscopic examination exhibited no morphic constituents worth mentioning. In the light or dark-brown viscid fluid, on the other hand, all kinds of forms were visible, and indeed the same in both; only the dark, nearly black mass, contained more irregular and very dark-coloured granules. The morphic constituents were, in great part, peculiar, brownish bodies, the contents of which converging, as it were in rays, from the circumference to the centre of the body, were divided into conical portions. Each of these portions contained a small dark point. The contents were otherwise slightly granular. Their diameter was from 1-50th to 1-100th mm. Other cells, of round or oval shape, with a very thin wall, contained two, three, or four smaller cells. The enclosed cells quite agreed in size and appearance with the innumerable smaller cells which floated around in the field of vision. Their contents were slightly granular or clear; only in a few was a small nucleus seen. A third peculiar cell form was met with; these were mere oval cells, whose wall consisted of concentric layers, somewhat smaller than the large bodies divided into conical segments. Between these forms, moreover, irregular light-brownish granules and larger masses were met with. It was remarkable that the larger irregular granules, and some of the smaller, became of a very distinct violet colour on the addition of Schulze's reagent. The proper morphic constituents were not altered, while the change of some of the concentric cells was doubtful.*

The appearance of the Malpighian pyramids was very peculiar. Their size was rather diminished than enlarged. Their colour was less red than that of the cortical substance of the kidney; it was more brown, like that of healthy renal tissue. With this brown colour numerous white streaks running from the base to the top of the pyramids strongly contrasted. At the base of the pyramids the streaks were more diffuse, yellowish; towards the papillæ they became more distinct, white, and with some of the papillæ they even wholly coalesced. These papillæ were at the same time small, firm, as it were atrophic. (See Plate II., Fig. 1.) Only three or four of the papillæ in the left kidney had retained more brown-coloured tissue, and were merely streaked with white.

The nature of the changes in the pyramids and papillæ was rendered evident by microscopical and microchemical investigation of longitudinal and transverse sections. Fig. 2 gives a representation of a longitudinal section of a

* It was at first my intention to have treated still more fully of the contents of the cysts, and to have illustrated the forms described with drawings; but on referring, for the purposes of my essay, to the investigations of O. Beckmann, it appeared to me that he had seen and represented all the above-mentioned forms. Virchow, too, speaks in different places of the peculiar concentric bodies, and of those divided into segments, without giving an explanation of them. The amyloid reaction of some constituents of the cystic fluid I have not, so far as I remember, found recorded. To avoid repetition, I shall therefore confine myself to what I have stated respecting the contents of the cysts, and treat more in detail, and illustrate by drawings, only the peculiarities in the anatomical alterations of the kidneys, which are more immediately connected with my subject. If I might in passing venture a conjecture as to the signification of the peculiar morphic constituents, I should think that the bodies divided into segments are altered, but still very strongly coherent epithelial cells of the tubuli uriniferi. Their appearance, in fact, reminds one of a transverse section of a uriniferous tubule in the cortical substance. Some of the cells degenerate into the amorphous masses, and undergo chemical changes, whereby, among others, in many the amyloid reaction arises. Others continue to live under modified circumstances and produce the parent with daughter cells, met with in the contents of the cysts, while from them the many small cells might easily be derived. Only the origin of the cells with concentric layers is more difficult of explanation.

papilla strongly streaked with white, and highly atrophied at the extremity. *It appeirs that the tubuli uriniferi at the end of the papillæ are completely closed; properly speaking, on the whole they no longer exist.* We find a mass of connective tissue in which dark granules lie irregularly scattered, and only faint outlines of tubuli uriniferi, also filled with dark granules, remain. On a transverse section, too, no trace of the openings of the tubuli is met with, at least not in the situations of the microscopically visible white streaks. Between these were again spots, with the well-known cribriform appearance of a transversely cut renal papilla; in some tubuli there was still indistinct epithelium (Fig. 3.)

If we view the transverse section higher up, it will appear that the dark granular matter is contained chiefly in the tubuli uriniferi, especially in the loop-like tubuli of Henle, less in the straight ones. The tubuli are completely stopped by it. Between them the connective tissue is much increased in bulk, has here and there, as it were, pushed away the tubuli, and contains irregularly scattered dark granules. These dark granules (which were brilliantly white to incident light) were not altered by the addition of potash; the intervening matter became more transparent on the addition of weak acetic acid. Dilute hydrochloric acid immediately caused a brisk development of bubbles under the microscope, and made the dark granules for the most part to disappear. I therefore had no doubt that calcareous infarction and increase of connective tissue existed, with consequent contraction and atrophy of the renal papillæ. On longitudinal sections more towards the base of the pyramids, likewise, unmistakable increase of the connective tissue between the tubuli uriniferi was observed. The calcareous infarction extended pretty highly into some of the tubuli, especially the loop-shaped ones, but without obstructing them as completely as in the renal papillæ. Here and there highly dilated tubules were met with, evidently the commencements of cysts. (To be continued.)

Reviews.

PHOTOGRAPHS (COLOURED FROM LIFE) OF THE DISEASES OF THE SKIN. Second Series. By Alex. Balmanno Squire, M.B.Lond. London: Churchill.

The present number of this series contains a photograph of the skin eruption of the cattle plague, and the part represented is the teat and part of the udder of a cow at the seventh day of the disease. Near the roots of the teat there are exhibited four well-marked crusts of about the size and thickness of a split pea, of a brown colour, and presenting the berry-like crusts produced by small-pox in the human subject. Mr. Squire states that in other cows which he examined the eruption presented the same characters as those shown in the present photograph. The representation of this disease will be very interesting, and Mr. Squire has done well to produce it at once, because the hypothesis of the identity or close resemblance between cattle plague and human small-pox is already becoming almost a thing of the past, although the points of resemblance are in many respects very striking. The photograph, like all the rest of the series, is very well executed.

THE POPULAR SCIENCE REVIEW. Edited by Henry Lawson, M.D. No. 18. January, 1866. London: Hardwicke.

HARDWICKE'S SCIENCE GOSSIP. No. I. Vol. II.

The first of these periodicals is published quarterly, and the second monthly. Both are of a popular character, but the *Review*, as may be supposed, is of a more solid and substantial character than the *Science Gossip*. The *Review* consists of original articles, written by eminent naturalists, and illustrated by numerous well-executed engravings, some of them coloured; of reviews of the principal works on natural history emanating from the modern press; and of a Scientific Summary, recording the progress of physical science in all its branches. The *Science Gossip*, which is brought out with great profusion of illustration, and is published at a very cheap rate, consists of short articles relating to different points in natural history, not arranged in any consecutive order, but taken apparently as opportunity presents itself. Still a great amount of information is thus conveyed to the reader, and as the science is all of a sound character, the person who takes up the pages for the mere purpose of a little desultory amusement may find that he has unconsciously acquired many sterling truths in natural science. The *Review* and the *Science Gossip* are well worthy of the support which, we believe, has been extended very liberally to both.

THE HOUSEHOLD: a Magazine of Domestic Economy and Home Enjoyment. No. I. 1866. London: Groombridge.

This is a new magazine, devoted, as its title implies, to matters connected with the cares and duties and enjoyments of home. Thus we find among the subjects discussed such matters as the ordering and arrangement of dinner parties, medical memoranda for the household, cheap cookery for dear times, the cultivation of tea, and many other such topics, which are all treated with considerable ability, and in a popular and agreeable style.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, FEBRUARY 28, 1866.

RATIONALISM AND EMPIRICISM IN MEDICINE.

Every honourable Practitioner of Medicine or Surgery must often ask himself the question how far his treatment of accidents or diseases is founded upon scientific doctrines, and how far it is guided by experience or routine. Important as this question must have been to thoughtful physicians in all ages, it is still more important in the present age, when ardent minds, both among the Profession and among the general public, are exerting themselves to solve the great problems involved in the mysteries of life and death, of health and disease, with a view of determining the best and surest methods of applying remedies for the maladies incident to human beings. It is natural, too, that the mind, surveying the magnificent but awful spectacle presented by the creation around it, should attempt to fathom the design everywhere apparent, but not always definitely understood, and should moreover, when wondering at the results already achieved by human reason, aspire to know still more of causes and effects, as they are linked together in the great scheme of nature.

The truths developed by the sagacity of mankind in different ages and countries are so startling by their novelty, and so brilliant in their generalisations, that the conclusion is not unreasonably suggested that diseases and their treatment ought to be amenable to the same laws of induction as any other physical conditions in the universe around us. The laws of attraction, for

instance, explain satisfactorily and universally many of the most obvious phenomena in nature, from the fall of a stone to the earth up to the flux and reflux of the tides and the motions of the heavenly spheres, and why, it may be asked, has some similar law not yet been established to account for the phenomena of disease? or why has not some constant ratio been yet discovered between the morbid states of the human body and the agencies which restore health? Unsatisfactory as the answer may seem, it is nevertheless true that theories of diseases and their treatment have all been condemned, and justly condemned, as inadequate to satisfy the demands of intelligent inquiry, while a rational empiricism, if such a term can be allowed, appears to form the only basis of sound and successful practice.

It may, however, be asked what is meant by rationalism and empiricism in Medicine, and whether these two principles are antagonistic to, or may be made harmonious with, one another. Now, as an instance of rationalism, we may cite the well-known homœopathic dogma, *similia similibus curantur*, which is the shibboleth of the disciples of Hahnemann, and which posed to be in opposition to another dogma (which, however, has no existence) ridiculously termed allopathy. The dogma of the homœopathists has the great merits of simplicity and intelligibility, for there is nothing absurd in the idea that one disease may cure another, just as two waves of sound coming in opposite directions may produce silence, or two waves of light coming in opposite directions may produce darkness, or two moving forces coming in opposite directions may produce rest. The only objection to the doctrine of Hahnemann is that *it is not true*, or at least that it is true only in so small a number of cases as to forbid us to elevate it to the rank of a law of nature. There is no exception whatever to the law that darkness may ensue from the meeting of two opposing waves of light, that silence may result from the meeting of two opposing waves of sound, or that rest may result from the meeting of two moving forces, but the exceptions to the law that one disease cures another are so overwhelmingly numerous as to annihilate the law altogether. So, again, we must admit that the doctrine or the dogma, once entertained and acted upon, and often verbally expressed, that blood-letting was the remedy for inflammation, is equally fallacious, because inflammation may be and is cured without bleeding at all, and, what is more, will often be cured better without the supposed remedy than with its aid.

It is needless to run through all the theories of Medicine which have been invented from the time of Hippocrates and Erasistratus down to that of Brown and Broussais, for they are all alike unsatisfactory, and we are at last driven to the conclusion that the only true Rationalism in Medicine is that which derives its origin from a careful examination of healthy and diseased structures. This method of viewing the matter is very well put by Celsus in his first Book of Medicine, when, after reviewing the theories proposed by the Rationalists of his own and former times, he puts into their mouths the most stringent arguments for the study of anatomy. How, they say, can those who are ignorant of the structure of the human body be able to apply remedies for its diseases, and how can a person know the treatment of an internal malady when he does not understand the cause of the symptoms he observes? The knowledge of anatomy and physiology is, in fact, the only true rationalistic theory of disease; without this knowledge all systems of Medicine are but groundless fancies, and even with it there is still very much for the most accomplished anatomist and physiologist yet to learn.

In the employment of the word empiricism at the head of this article, it will be at once understood that we do not regard it as synonymous with quackery, but rather in its etymological signification, as indicating the knowledge gained by experience; and in this sense it will be found that the most illustrious practitioners of our Profession are really empirics. For, again, to quote Celsus in his exposition of the empirical doctrines of his time, the best physicians would be the philosophers and the students of abstract knowledge, if Medicine were based solely upon reasoning; but just as a farmer or a pilot obtains his knowledge from practice, so does a physician or a surgeon become skilful in proportion to his acquaintance with the phenomena of disease, and with the results of the treatment he has seen adopted in different places and at different periods.

We therefore come to the conclusion that the best guide to successful practice is a modification of rationalism with empiricism; the first consisting, not in ingenious though probably groundless hypotheses, on the nature of health and disease, but in a careful and conscientious study of healthy and morbid anatomy, of physiology and pathology; and the second consisting in a patient investigation of disease in the living subject, under all conceivable diversities of time and place, and under all varieties of constitution, and all results of treatment. To arrive at any consistent and faultless theory of disease, or any perfect system of therapeutics, appears to be a task beyond our present powers; but the path of laborious investigation, however toilsome, is the true road to successful practice, and the only one which can yet be trodden with safety.

TESTIMONIAL TO DR. J. SEATON REID.

The medical man's remuneration for his services is not to be measured solely by his fee; he looks for gratitude and appreciation from his patients when his work has been done well and conscientiously, and such reward is the best incentive to his exertions. We observe with pleasure that a handsome address which appears in our journal to-day and a valuable presentation has been made to Dr. J. Seaton Reid, of Belfast, by a large number of his friends, including many of his professional brethren, and we heartily congratulate Dr. Reid on the cordial feelings which the donors expressed.

THE REPORT ON THE

RANK, PAY, AND POSITION OF ARMY AND NAVY MEDICAL OFFICERS.

THE Report of the Committee appointed to inquire into the whole question of the Rank, Pay, and Position of Medical Officers of the Army and Navy has been printed.

For the Army the Committee recommend—

1. That at all boards upon which Army Medical Officers may be summoned as members, they should sit and take precedence according to their relative rank, and should preside, if senior in relative rank to the combatant officers, with the exception of courts-martial and courts of inquiry on military offences.

It is, however, suggested, for the consideration of the authorities, whether it is not advisable to establish regulations for referring all necessary questions to Medical Officers for their opinion and report, and to discontinue the system of mixed boards.

2. With the view of preventing misunderstanding as to relative rank at mess:

That invitations sent by the colonel, or officer commanding, in the name of himself and the officers of a regiment, be considered official, and that the senior combatant officer present should always preside; and

That where a second position is formally assigned on such occasions, such position should be determined by relative rank, as defined by the Queen's Regulations and Warrants.

3. That in the Monthly Army List, the names of the Medical Officers of each regiment be inserted above those of the other regimental staff, with a heading of "Medical Officers."

Also, that a general list of all Medical Officers in the army be inserted in the Monthly Army List, and that in such list the relative rank of each class of Medical Officers with the corresponding rank of combatant officers should be clearly stated; thus:

Inspectors-General of Hospital (ranking with major-generals).

Deputy Inspectors-General of Hospital (ranking with colonels), &c.

And that opposite the name of each officer should be the number of his regiment or the station on which he is serving.

That Medical Officers be replaced in the list of the regimental staff in the classification of officers in the Queen's Regulations; and it is submitted for consideration whether the Medical Department should not be placed immediately after the lists of combatant officers in the Army List.

4. That Medical Officers, ranking with field officers and being allowed forage, should be ordered to provide a charger and to appear mounted on parade.

5. That increase of pay and earlier retirement be granted, as defined in paragraphs Nos. 9, 10, and 11.

9. In view of the proper requirements of the service in this regard, and in order to encourage the coming forward of a larger number of the most eligible class of candidates, and thus to render the competitive examination really worthy of that name, and such as was contemplated upon its establishment, the Committee, from the information before them, and supported by the deliberate opinions of gentlemen of the highest professional attainments and experience connected with the Medical schools of London, who have been examined, consider that, besides the removal of the alleged grievances of Medical Officers above referred to, a certain increase of pay is absolutely called for; and with this view, and after full consideration, they recommend that an increase of pay should be extended to the Medical Officers.

SCALE OF PAY PROPOSED FOR ARMY MEDICAL OFFICERS.

Rank.	Under 5 years' service.		Above 5 years' service.		Above 10 years' service.		Above 15 years' service.		Above 20 years' service.		Above 25 years' service.		Above 30 years' service.	
	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.
	s. d.	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*	*s. d.*
Assistant-Surgeon..	10 0	10 0	11 6	12 6	13 0	15 0	13 0	17 6‡	—	—	—	—	—	—
Surgeons	...	...	...	...	15 0	17 6†	18 0	20 0	—	—	—	—	—	—
Surgeon-Majors.....	...	...	...	...	...	...	...	...	22 0	24 0†	25 0	27 0	—	—

† Or on promotion.

‡ Provided he passes his examination.

A proposal to increase the pay of the inspectorial ranks was made, but the Committee, being divided in opinion, do not make any recommendation.

10. The Committee also consider that the prospect of optional retirement at an earlier period than at present permitted would prove a further inducement to young Medical men to enter her Majesty's service; they therefore recommend that Army Medical Officers should be permitted to retire after twenty years' service on full pay; but at the same time, with a view to guarding the interests of her Majesty's service, they are of opinion that the rate of half-pay awarded to officers so retiring should not exceed five-tenths of their full pay, and that officers with this service should be permitted to retire on the present half-pay of their rank, if, after one year on half-pay, they are reported by a Medical Board to be permanently unfit for further service.

11. The Committee further recommend that, as a special reward to officers of long and good service, who, owing to the comparatively small numbers of the inspectorial ranks, have not been promoted to any higher position than that of surgeon-major, such officers, of the rank of surgeon-major, as have served for twenty-five years on full pay should, on being compulsorily retired at fifty-five years of age, receive the half pay of £1 a day, but such officers retiring voluntarily under fifty-five years of age should receive only seven-tenths of their full pay.

For the Navy the Committee recommend—

1. That Staff-Surgeons be placed on a separate list, and considered as a distinct rank, and that promotion to that rank (although twenty years on full pay may not have been completed) should be open to officers for distinguished or special service.

2. That the whole time an Assistant-Surgeon serves on full pay should be allowed to qualify for the rank of Staff-Surgeon, provided he passes his examination for Surgeon before he completes ten years' service.

3. To compensate the Naval Surgeon for loss of time, by his being placed on half-pay, and unable to obtain employment, the Surgeons' and Staff-Surgeons' full pay should increase by periods of four years, instead of five years as at present.

4. That Naval Medical Officers be granted the same allowances at hospitals at home and abroad as the Army Medical Officers, in respect to servants, fuel, furniture, or pecuniary allowances in lieu.

5. That the scale of travelling allowances, extra pay, lodging money, and compensation for losses, be fixed for Naval Medical Officers according to relative rank.

6. With respect to the question of prize money, the Committee, owing to the present principle on which the Prize Proclamation is drawn, are unable to agree upon a special recommendation, but are inclined to the opinion that the share of Medical Officers should, after the officer in command of the ship, be regulated by relative rank.

7. That in regard to cabins, while the requirements of the service render it necessary that the senior executive officer and the staff commander or master should have the cabins placed most advantageously for their special duties, Medical Officers should after them have cabins more in accordance with their relative rank in the service, and that cabins for all Assistant-Surgeons should be specially ordered, to prevent future difficulties or neglect of the existing Admiralty Order.

8. That a Staff-Surgeon, ranking with commander, be allowed a servant.

9. That a Staff-Surgeon should be appointed to all flag ships bearing the flag of a commander-in-chief on foreign stations, with an allowance of 5s. a day in addition to his established pay.

10. That the periods of retirement by age be fixed for Staff-Surgeon, Surgeon, or Assistant-Surgeon at fifty-five years; Inspector-General and Deputy Inspector-General at sixty-five years; but this regulation should only apply to new appointments.

11. That Naval Medical Officers be considered equally eligible to honorary distinctions as army medical officers.

12. That they should have equal consideration for Greenwich Hospital pensions with other officers of the service.

13. That Assistant-Surgeons, after completing their time for examination for the rank of Surgeon, be granted two months' leave of absence on full pay, on the condition of their resuming their studies at a medical school or hospital.

14. That in order to place Staff-Surgeons on an equality in rank with Surgeons-Major in the army, they should rank with commanders by date of commission.

15. That the pay of the Naval Medical Officers be increased.

SCALE OF PAY PROPOSED FOR NAVAL MEDICAL OFFICERS.

Rank.	Under 5 years' service.		Above 5 years' service.		Above 10 years' service.		Above 14 year's service.		Above 18 years' service.		Above 22 years' service.		Above 26 years' service.		Above 30 years' service.	
	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.	Present rate.	Proposed rate.
	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.	s. d.
Assist.-Surgeon.	10 0	12 6	11 6	12 6	13 0	15 0	13 0	17 6*	—	—	—	—	—	—	—	—
Surgeons.....	...	...	...	...	15 0	17 6†	18 0	20 0	18 0	22 0	—	—	—	—	—	—
Staff-Surgeons..	...	...	...	...	...	...	...	...	22 0	24 0†	25 0	27 0	25 0	27 0	—	—
Deputy Inspector-General of Hospitals and Fleets.....	...	...	...	...	...	...	...	...	28 0	30 0†	30 0	32 0	30 0	35 0	34 0	37 0
Inspector-General of Hospitals and Fleets	...	...		...	...	...	...	...	...		40 0†	45 0	45 0	47 0	45 0	50 0

* Provided he passes his examination before 10 years' service.

† Or on promotion.

16. That, as a prospect of optional retirement at an earlier period than at present permitted would prove a further inducement to young men to enter her Majesty's service, Naval Medical Officers should be permitted to retire after twenty years' service on full pay; but at the same time, in order to guard the interests of her Majesty's service, the rate of half pay awarded to officers so retiring should not exceed five-tenths of their full pay, and that officers with this service should be permitted to retire on the half pay of their rank, if, after one year on half pay, they are found on medical survey to be permanently unfit for further service.

17. That, as a special reward to officers of long and good service, who, owing to the comparatively small numbers of the inspectorial ranks, have not been promoted to any higher position than that of Staff-Surgeon, such officers of the rank of Staff-Surgeon as have served for twenty-five years on full pay should, on being compulsorily retired at fifty-five years of age or retired on medical survey, receive the half pay of £1 a day.

The Commission further recommend that competitive examination for admission of Medical Officers into the navy be established at Greenwich Hospital, after the plan adopted in the army, at Chelsea, and that professional instruction by a course of lectures and attendance at Haslar be given to Medical Officers on first entry, in some measure on the system adopted at Netley Hospital.

Some of the medical witnesses have stated that it is desirable that naval boards of survey should be made purely Medical Boards as they are in the army; on this

question, however, the Committee are not agreed, and therefore offer no opinion.

The Report is signed by Alexander Milne, H. B. Phillimore, Douglas Galton, W. O. Markham, James B. Gibson, D.G.; George Busk, and A. Bryson.

Sir James Gibson protests against the greater favour shown to the navy by the above recommendations.

Correspondence.

QUACKS AND QUACKERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

"Miseri quibus intentata nites."—HORACE.

SIR,—In your leading article a few weeks ago are many hints thrown out on the above subject deserving the serious and immediate consideration of every member of the medical profession as to "Who is a Quack?" I think in the abstract most medical men are agreed, although the definition is not so easily expressed. To my mind Walker's ("Dictionary," 1832) is a good one—viz., "Quack.—A boastful pretender to arts which he does not understand; a vain boastful pretender to physick; one who proclaims his own medical abilities in publick places; an artful, tricking practitioner in physick." But as it is not my intention to endeavour to arrive at a perfect definition, I shall say no more on this point, but venture to offer a few hints as to the mode of dealing with these vile pretenders, and believing precept and example should always (if possible) be combined in argumentation, I trust you will forgive me adducing a few examples to prove the truth of the following statements relative to the above subject:—

1st. Regarded in a medical aspect.

2nd. As regards the public in general.

I have known a legally qualified (*not* Irish) medical man see a patient who had been, *and was during treatment at his hands, at the same time, consulting and allowing himself to be "treated" by a notorious quack*, the above alluded to doctor never attempting to dissuade his patient from doing so, although knowing the circumstances well; but I assure you whatever *lapsus memoriæ* he displayed on this point he did *not* forget to take his fee regularly. To my mind the above conduct was nothing more or less (though covertly) than consenting to and approving of quackery; but between them the damage done o the patient by the one was rectified by the other, and both were benefited in pocket, so neither complained. Again, I have heard of a village practitioner, when asked why he permitted a "quack" in his neighbourhood without cautioning his patients, &c., state that, were it not for the same worthy, he would have very little to do in the way of practice, and what good would come to him by denouncing the quack and thus losing his patients.

When attending lectures in this city, I knew the case of a fellow-student who contracted blenorrhœa, and consulted a quack at that time (1859) well known in the advertising columns of the morning papers, and gave him five shillings. The visit was repeated twice in an interval of a week, but the disease went on unchecked (nothing to be wondered at, the treatment being some "stuff" taken internally and a "wash" to the external parts, which the "Professor" stated to be most potent). But Hygeia refused to be wooed by the bland "Professor," and my friend, having "invested" fifteen shillings, bethought himself of better advice, and disclosed the transaction to a fellow-student, who, being "a third year's man," effected a cure without much difficulty. But my friend, lamenting over the loss of his money struck on a happy idea, which was no more or less than another visit the "Professor," demanding his money back, on the principle, "no cure no pay." I need hardly state the threat of exposure contained a more potent spell than all the medicine of the unfortunate "Professor," who, on the departure of my friend, found himself minus £1, which he very reluctantly handed his late patient on a promise from him of no further annoyance.

Now, Sir, when the profession, qualified and unqualified, patronise (however indiscreetly) this wretched class, is it not time for us to look to our ranks and prepare for a war of extermination to purge our land of these pests? And as Government and the new Medical Act have done nothing in the matter, would it not be advisable to inaugurate a meeting of the profession in this city to consult as to the best means to be adopted to have some legislative enactment enforced to put an effective stop to quackery, by imposing heavy penalties on those convicted of practising without legal right to do so.

2nd. As regards the public in general, the question at issue is very extensive indeed, so that I shall only glance at it briefly at present; and firstly, as to the means by which these impostors make themselves known, it is obvious to any one glancing at the columns of the morning papers. Now, as these papers are for the use of, and supported by, the public, the remedy—to have this class of advertisements expunged—is in the power of the readers. Let them demand the exclusion of all such advertisements, and if not complied with by the editor, the way is clear—to exchange for a paper not admitting these obscene articles; and no doubt the desired end will be soon conceded, and all objectionable matter rejected. But however practicable this appears on paper, I fear the public in general would be slow to adopt it, so that perhaps a better mode would be to make an enactment rendering any person putting such advertisements in any public journal liable to heavy fines.

As the newspapers containing these "traps for the unwary" cannot be supposed to come into the hands of every person (and the quack knows well that small pay will not succeed except combined with large custom), the next mode employed is the publication of "a system invented and practised by the 'Doctor,' by which a speedy cure is guaranteed, failure being impossible," and these execrable little books are hawked about the public streets and thrust into the hands of every one willing or not to receive them. While passing through Stephen's-green a few days since I obtained no less than *eight copies* of one of these publications, emanating from an "Accoucheur, Lecturer on Anatomy, Physiology &c. 25th Edition." This sapient work contains the following.

"N.B.—S. L. cautions the public against the numerous quack pretenders in Dublin. They should be cautious before placing their lives in the hands of such impostors."

Warning others, in order to inveigle them into their own net and fleece them at leisure! How long will such things be tolerated? What obstetric hospital, we should like to know, can have given its diploma to such a character, and allowed him to parade it for the purpose of alluring erring mortals to inevitable ruin? Now, Sir, if a young gentleman possessing the mental ability and amount of education in the case I allude to was duped, what effect must such vile publications as the ones referred to be supposed to have over the mental feelings of ignorant and susceptible youths? Some time since I had the curiosity to watch one of these "dens," and I venture to assert few would believe the numbers observed entering during one half-hour; but what struck me forcibly was the amount of "caution" and "watching" practised by the wretched visitors, fearing any one should see them. In one case especially, where a cart drew slowly up to the door, but did not stop till a few doors further up the street, then a respectable-looking farmer and his son (I suppose)—a pale, emaciated, spiritless-looking youth, of about 20 years of age—descended, and whilst the boy secured the horse, the old man cautiously approached the "Doctor's" door,

and, after peering in for a few seconds, entered, and in about three minutes, again coming forth, led in the young man when the "coast was clear." As to their deliberations, we may suppose they were satisfactory—at least to the "Doctor"—as, after the same amount of inspection, the two soon emerged and drove away. Now, Sir, I think the above statement of what I observed on this occasion clearly proves the "victims" in this case knew the "Doctor" was not a legitimate one, and, in addition, shows the disinclination (which I have frequently observed) these unfortunates have to make known their complaints, brought about wilfully by themselves. This is the very cause of these quacks having so many victims; they terrify the unfortunates in the public prints by their obscene publications, then, by promising a speedy and *secret* cure, allure them blindly to their ruin.

Very many instances I could readily relate in proof of the above, but I fear I have already trespassed too far on your valuable space, so will merely draw the following conclusions, which I think may be deduced from the above:—

1st. No journal is deserving of public support which deliberately and wilfully inserts articles emanating from quacks.

2nd. All parties distributing obscene pamphlets in the public thoroughfares to be reported to the authorities and punished according to law.

3rd. An hospital, or portion of one, to be set apart for the treatment of the class of diseases for which these empirics are in general consulted.

Hoping, Sir, that (in conjunction with the statement so ably put forth by you in a late leading article) the few facts—and they are a very few in comparison with all that could be said, even by one comparatively a novice in the profession—so imperfectly recorded above may awaken the medical profession (especially in this city) to take immediate and effective steps to have "Quacks and Quackery" for ever exterminated, and thus terminate this evil, too long an insult to our profession and a disgrace to humanity,—I remain, Sir, very faithfully yours,

John S. A. Cunningham, L.R.C.S.I., L.K.Q.C.P.I.

Rathmines, Februry 27, 1866.

THE RINDERPEST OR CATTLE PLAGUE—ITS CURE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have carefully read over the different reports of the English Commissioners and others who have written on the nature, pathology, and treatment of the cattle plague. I am not satisfied with any treatment proposed. It certainly is a contagious and infectious disease affecting the mucous membrane and skin, closely allied to variola, but vaccination has no effect in the prevention of the disease as in small-pox. This cattle plague is essentially a disease of debility, with sinking of the vital powers at a very early stage of the disease, which, if not checked, would soon destroy the animal.

I have had very considerable practical experience in the treatment of the various endemic and epidemic diseases incident to cattle in this and neighbouring localities for the last twenty-five years and more, and have very little doubt, if the remedies which I consider appropriate are judiciously administered—of course, with modifications as to quantity, and according to age, strength of the beast, and other matters, and the stage of the disease considered—that this disease, hitherto so formidable, can be checked, and eventually *cured*. Now, as to the treatment, I propose to give the following tonic and stimulant dose every four or six hours as required: Take of powdered cinchona bark 1½ to 2 oz. infused in 1 quart of boiling water for *two* hours, and when cold add fresh powdered carbonate of ammonia, ½ oz.; spirit of camphor, ½ oz., or whisky or rum, 1 glass; porter or ale on draught, 1 pint; all mixed well together. After these remedies have been administered three or four days, according to circumstances, the animal should get every three or four hours one pint or more of the following mixture:—

Very strong infusion of gentian and cascarilla, each 1 pint; dilute nitro-muriatic acid, as much as will make these infusions slightly acid.

Should the animal labour under diarrhœa, the following dose will check it:—

Prepared chalk, 2 oz.; powdered catechu and kino, each ½ oz.; powdered ginger and extract of logwood, each ¼ oz.; powdered opium, ½ dr., to be given in 1 pint of warm milk in which a few spoonfuls of fine flour have been blended, and repeated occasionally.

If an aperient or mild purgative is required, give the following:—

Epsom salts, 8 to 12 oz.; flor. sulphur, 2 oz.; ginger powder, ½ oz.; treacle, 4 oz.; all mixed in two or three pints of warm water.

The animal, in addition to these remedies, properly administered according to circumstances, should be covered with a blanket or horse-rug, and should get chloride of soda or lime in suitable doses, at proper intervals, in the common drink. The house in which the sick or infected animal is kept should be scrupulously clean; the temperature should be warm, say from 75° to 80° Fahr. The animal should of course be well supported with nutritive diet, gruel of oatmeal, linseed, and white flour, mixed with milk if possible. Chloride of lime should be very freely sprinkled about the sheds.—I am, Sir, your obedient servant, Thomas Burke, M.D.,

Medical Officer to Scariff Workhouse.

Scariff, February 16, 1866.

CORONERS AND THEIR COURTS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I see by your last edition an extract from the *Medical Times and Gazette*, in which it is reported that Dr. Lankester, Coroner, in the holding of a certain inquest incurred the displeasure of a body of men termed "the Vestry," and also a "member of his own profession," so much so "that he was attacked by the Vestry as he seemed to throw all the blame on them for their want of energy, and that by none was he assailed so vehemently as by a member of his own profession." Now, to any one who has read the several reports of inquests at which Dr. Lankester so ably presided, or that was aware of his public usefulness, it should be apparent that there is not a more painstaking, forbearing, and valuable public officer than Dr. Lankester, and I am satisfied that in those cases in which the several suggestions and advices that emanated from his Court were practically adopted, crime was arrested and life was saved, therefore any impartial reader must regret that an angry Vestry and a "member of his own profession" should have "vehemently assailed" the should-be respected coroner. But in my opinion, this "Vestry" and this Medical should have been *made* understand that a Coroner's Court, which takes precedence in years and in importance before any other, *must* be respected. I speak not now on the *ipse dixit* of any uninformed person as to the respect which the law insists must be paid to the Coroner and his Court, but I speak on the authority of the Lord Chancellor of Ireland. I would refer the members of the Vestry and the "medical," to read at their leisure (and as corroboration of my assertion) the report of the famous trial in Dublin in 1854—viz., "The Attorney-General *versus* Orr." It was an application on the part of the Crown to remove Mr. William Olliver Orr from the office of Coroner of county Tyrone, and was made on the suggestion of Mr. Justice Torrens (then going Judge of Assize), who represented to the Government that the respondent was not a proper person to fill the office. Certain charges, apparently of a determined and summary proceed-

ing, and as not having been warranted under the circumstances, were set forth against the Coroner. Amongst these charges was his (Coroner) having ordered the police to take into custody a Dr. B——, who attended professionally at an inquest at which Mr. Orr presided.

The Attorney-General stated the case at length, and Serjeant Christian replied on part of the respondent.

The Lord Chancellor, in a full and able speech, delivered judgment, from which I extract the following passage, *verbatim*:—

"A Coroner has a duty to perform to everyone who comes before him, and must preserve order in his Court, and if he allowed it to be disturbed he would be more unfit to hold his office than a person would be who, over sensitive perhaps, to the dignity of his Court, represses with too strong a hand what he conceives to be a gross contempt. In this case provocation was given. Dr. M—— behaved in an indecent and improper manner to the Counsel, and to the Judge, and merited a strong expression of rebuke from the latter, in fact the accusation made by him was one amounting to corruption, *and if the Coroner had ordered his instant removal to jail the facts would have warranted him.* . . . . . It may be that Mr. Orr is not altogether free from infirmity of temper, but this is a freehold office, conferred by freeholders. Therefore, under the circumstances, giving all deference to the opinion of Judge Torrens, I feel I am but discharging my duty by telling Mr. Orr to return to the duties of his office, the petition therefore should be dismissed."

If the above extract should happen to come under the notice of the members of "the Vestry," and of the Doctor who so "vehemently assailed" Dr. Lankester (Coroner), I hope that before they would again do so they would be induced to chew a toothpick or ruminate a little.—I am, Sir, your obedient servant, An Irish County Coroner.

NOTES ON THE CURRENT TOPICS OF THE WEEK.

RECENT RESEARCHES ON THE ANTIQUITY OF MAN.

The difficult question as to the antiquity of man in relation to the hitherto received views of modern geologists, is still earnestly and industriously agitated in this country and on the Continent. Among the evidences that human beings existed upon the earth at an earlier period than that assigned by most geological writers, are the remains obtained by the investigation of several caverns in this country, especially in the county of Devonshire. At the meeting of the Royal Institution of Great Britain on Friday evening last, Mr. Pengelly of Torquay delivered a very eloquent and interesting lecture on some recent researches carried on by himself and a committee appointed by the British Association for the Advancement of Science, on the contents of Kent's Cavern, an excavation in the rocks near Torquay. This cavern has for a long period been the scene of many interesting geological discoveries, and it has been even reported, on apparently good authority, that the bones of man have actually been seen there in conjunction with those of animals now extinct. The late exploration, which formed the subject of Mr. Pengelly's lecture, has not at present confirmed the statement as to the existence of human bones in the cavern; but the flint implements, now so generally believed to have been constructed and used by man, have been found in abundance, and were exhibited to the audience, together with the teeth and bones of recent and extinct forms of mammalia, as lions, bears, elephants, stags, hyænas and others. The examination of this cave has revealed the presence of distinct strata, differing both in their mineralogical character, and in their organic and other remains; the upper layer exhibiting articles indubitably of human workmanship, as rings and clasps, and the lower layers abounding in the flint implements, in juxtaposition with the animal remains to which we have just referred. Many very interesting problems are suggested by these strange discoveries, and the presence of human implements with the bones and teeth of carnivorous animals, especially those of the hyæna, seems to imply that man and his carnivorous antagonists inhabited these caverns alternately, as they could not have lived there together, and the eroded condition of many of the bones appears to show that they have been gnawed or crushed by animals using them for food. The point in which many of the public are still doubtful is, whether the so-called flint implements were really fabricated by man, or were produced by natural causes; but the presence in Kent's Cavern, of one layer containing remains of undoubtedly human art, and of other and older layers containing the flint implements, together with the appearance of the implements themselves, all seem to prove very clearly the agency of man, although human bones are still the desiderata of the geologist.

THE PROGRESS OF THE CATTLE PLAGUE.

The new law on the Prevention of the Cattle Plague has not yet come into operation, owing to the fact that, although the Government Bill has passed, and has received the Royal assent, another Bill, proposed by Mr. Hunt, has not yet passed the House of Lords, and it will be necessary to harmonize the provisions of the two Bills before they can become the law of the land. In the meantime it would appear that the disease is not making such rapid strides as it has recently done, but no definite opinion can be at present formed on the subject, as it is said that the returns are imperfect. Dr. W. Farr, the eminent statistician, predicts that the disease will soon come to an end, and he states that the relative weekly number of cattle attacked shows a diminution in comparison with the early periods of the epidemic. Whether the disease is really on the decline, or whether the statements in the papers are fallacious, we cannot decide, but it would seem that more of the cattle are recovering than was formerly the case. As for the specific said to have been discovered by Mr. Worms, of Ceylon, and consisting of several anti-spasmodic substances, we know nothing of its supposed power of checking the disease, and we doubt its efficacy. Our contemporary, the *British Medical Journal*, very properly ridicules the notion that a specific fever can be arrested by swallowing leeks or wearing a collar of onions; but we find a correspondent in that journal of the present week informing the Profession that he can cure the severest forms of acute rheumatism in a period varying from four to seven days. It would be unfair not to state that the treatment said to be so efficacious in cutting short a disease which usually lasts five or six weeks consists in giving a generous diet, administering quinine and opium, and applying counter-irritation to the spine. If acute rheumatism can be cured so speedily we must not despair of finding a remedy even for the rinderpest.

A NEW MODE OF SUPPLYING LONDON WITH WATER.

An eminent civil engineer, Mr. Bateman, has lately published a pamphlet in which he shows that the supply of

water to the Metropolis is rapidly diminishing, while, in consequence of the continual increase in the population, the demand is constantly increasing; and he proposes to form a reservoir near the Welch mountains, from the sources of the River Severn, whence the water is to be brought by an aqueduct to London. The distance being a hundred and seventy miles, the plan appears at first sight to be startling from its magnitude, but as money and engineering skill can accomplish any task, the difficulties are by no means insuperable. The proposal, however, has already met with opposition on various grounds, but chiefly from the enormous expense which it would entail, and the difficulty of raising money enough for the double purpose of completing the engineering works and of compensating the existing water companies for the loss they would sustain. Another source of expense would be the compensation necessary to give to the manufacturers and others on the banks of the Severn who would be injured by the withdrawal of the waters of that river. It is stated, moreover, that the scarcity of water in the present metropolitan watershed has been exaggerated, and that the late deficiency in the supply has been due to only temporary causes.

THE ARMY AND NAVY MEDICAL SERVICES COMMITTEE.

We publish in another part of the Journal an abstract of the Report lately made by the Committee sitting on the subject of the position, pay, and relative rank of the Medical Officers of the Army and Navy; but in doing so we add a caution that the recommendations contained in the report have not yet been sanctioned by the authorities, and must not therefore be considered as definitively adopted. Under these circumstances we should not have published the Report if that course had not been already taken by one of our contemporaries; but this having been done, we have no choice in the matter. We can only hope that the liberality shown towards our brethren of the Naval and Military Services may be substantiated by the heads of those Departments, and that the ill-feeling and irritation so long existing may now be appeased. To ourselves the concessions proposed in the Report appear to be likely to satisfy the just demands of the Medical Officers, and we should have great cause for rejoicing if our brethren of the Poor-law Medical Service had anything like a similar measure of justice dealt out to them.

MR. WORM'S TREATMENT OF THE CATTLE PLAGUE.

The third bubble which the *Times* has blown respecting the cure of the rinderpest has burst, and, while it has left no good result behind, it has doubtless done much injury to cattle owners, who have been several times diverted from the prophylactic remedies of the disease. Lord Granville reports that he had sent down an inspector (Mr. Symonds, the veterinary surgeon) to Baron Rothschild's farm, for the purpose of examining Mr. Worm's systematic treatment. Mr. Symonds reports as follows:—

"Veterinary Department of the Privy Council.

"I have the honour to inform you that I went down to the seat of Baron Rothschild, for the purpose of investigating the treatment of animals affected with cattle plague, as adopted by Mr. Worms. On the 9th instant, a heifer gave indication of illness. Mr. Lepper, of Aylesbury, recognised some of the earlier symptoms of cattle plague, and as such the animal was placed as soon as possible under the care of Mr. Worms. Notwithstanding all the attention which it received, it died on the fourth day of the attack. On Saturday, the 10th instant, two other heifers were also said to be attacked with the plague, and consequently were placed aside by themselves. On Monday one, Tuesday four, and Wednesday (the day of my visit), three more of the herd were removed, as being likewise the subject of the plague. The ten animals were also placed under the care of Mr. Worms. The early cases were reported to me as having been cured, and the others as going on most satisfactorily. It required but little knowledge of the diseases of cattle to at once see that none of the ten animals had been, or were the subjects of any serious disease; and after giving to each of them a careful examination, I failed to detect the slightest symptom of cattle plague in any one of them."

Lord Granville draws the very strange deduction from the letter, considering that Mr. Symonds distinctly declares that none of the ten animals had been or were the subjects of any curious disease, that although the result was not conclusive it was rather favourable than otherwise.

The *British Medical Journal* vehemently inquires:—

"Is it in accordance with anything science has taught us to believe that, when a specific fever has got possession of a man, has poisoned his whole system, has altered every globule of his blood and every fibre of his body, a few leeks in his belly or a string of onions about his neck can arrest the fermentative, or whatever sort of process it is which is going on there? Of one thing Mr. Worms may be very sure—viz., if he can prove his case, he will have made the greatest discovery ever yet made in medicine. But great discoveries in medicine have never yet been made in this kind of way—by the importation of specific cures from Ceylon or of puccoon from Canada. Great discoveries in medicine have always been made by master minds in medicine—not by village wise-women, nor amateur physic-dabblers, nor Drs. Dulcamara."

THE CATALOGUE OF THE ROYAL COLLEGE OF SURGEONS IN ENGLAND.

We have received from a correspondent the following communication in reply to a request from him for information as to the large gratuitous distribution of the College Museum Catalogue, which was noted in the columns of The Medical Press and Circular. It seems paradoxical that, if the College be in a position to present a copy of their Catalogue to every provincial hospital in England and Wales, the same courtesy should not be extended to Ireland, inasmuch as by such refusal a very large number of its own members, resident in Ireland, and who, having contributed, have a right to expect the same privileges as their brethren in England, are deprived of the knowledge of the contents of the Museum which they are entitled to visit. If the Council of the College have burned the inch they might, we think, with more advantage "burn the candle," and it would be well that the resolution should be amended by its extension to Ireland:—

"Royal College of Surgeons of England, London, W.C.,
"February 19, 1866.

"Sir,—In reply to your letter of the 17th instant, addressed to the Curator of the Museum of this College, inquiring how you 'should proceed in order to obtain a catalogue of the Museum of this College such as is supplied to provincial hospitals,' I have to acquaint you that the resolution of the Council respecting the presentation of the catalogues of the Museum of this College, to which your attention has probably been called by an unofficial and incorrect report in some of the medical and other journals, has reference only to the libraries of all recognized provincial hospitals and medical schools in England and Wales, and that its scope does not extend to recognized hospitals and schools in Ireland.—I am, Sir, your obedient servant,

"Edward Trimmer, Secretary."

THE NEW ANÆSTHETIC APPARATUS.

Reports say that Dr. Richardson's new refrigerating apparatus for producing anæsthetic cold by ether spray has been employed with most gratifying success. It has been tried in operations for fistula in ano, phymosis, excision of a tumour, evulsion of toe-nail, and all with almost complete relief from pain, and so far no injurious result whatever. The sensation of the freezing process is variously described, some patients declaring that it was not unpleasant, others that it was sharp and burning.

CONVERSAZIONE AT THE ROYAL COLLEGE OF SURGEONS, EDINBURGH.

On Friday night last one of those pleasant and instructive reunions which were inaugurated some years ago, was held within the rooms of the Royal College of Surgeons, Neilson-street, where, at the invitation of the President (Dr. Dunsmure) and the Fellows of the College, a large and distinguished company assembled at eight o'clock. Although the subject of lecture was more of professional than general interest, there were nevertheless amongst the party a goodly number of distinguished men—medicals,—including representatives of the sister professions—the church and the law. But by far the larger portion of the audience was composed of medical men from Edinburgh and from the provinces, who had, in spite of other great attractions in the city, preferred to spend an hour or two amongst old friends and familiar faces, and listen to a paper by one whose attainments are well known.

The visitors were received by the President in the Museum, where a short time was pleasantly passed in examining the large and rare collection of anatomical and pathological specimens belonging to the College. The company then adjourned to the Lecture Room, where, after a few words of kindly welcome by Dr. Dunsmure, Dr. Balfour proceeded to read his paper entitled "The Nature of Disease, as Explanatory of the Success attending various Modes of Treatment," and which shall appear in our next number. It is not so generally known as we think it ought to be, that long ago, before the present champions of what may be called the restorative treatment of inflammatory diseases had given up blood-letting, Dr. Balfour, for the first time in Britain, drew the attention of the profession to the results of an opposite plan of treatment which he had seen pursued with success at Vienna. At that time he was assailed by those who now are amongst the most energetic opponents of bleeding, as wishing to introduce a "do-nothing" plan in the treatment of inflammation; and it was said that if such a method was attended with success in Vienna, it could lead to nothing but the most disastrous consequences if adopted in this country. A mighty change has swept over the professional mind since then, and we think that some credit is due to Dr. Balfour for having been the first to have had the boldness to advocate a system which is now almost universally adopted.

The paper was listened to with the greatest interest, and the beautiful and philosophical style of the composition was thoroughly appreciated A vote of thanks (proposed by the President of the Royal College of Physicians and seconded in an excellent speech by Lord Deas, who frequently honours the conversaziones with his presence) was conveyed to Dr. Balfour by Dr. Dunsmure; and, after partaking of refreshments in an adjoining room, the company broke up.

We wonder very much that the College of Physicians does not hold such meetings as this, which tends so much to the promotion of friendly intercourse, as well as the acquirement of knowledge.

BETHNAL GREEN AGAIN.

On Monday week the Middlesex Coroner resumed an inquiry, opened upon view of the bodies of an infant aged 9 months, and Mary Clarke aged 36 years. The child died at No. 7, Leonard's-buildings, Friars-mount, and the woman Clarke at No. 3, Reform-square. The jury found that the house No. 7, Leonard's-buildings, was occupied by a family, eight of whom had been attacked with typhus fever. The jury then crossed the black and fœtid roadway of Friar's-mount to Reform-square, a court not larger than an ordinary room. The house, No. 2, was occupied by nine persons—all had the fever, and the father was dead. At the door of No. 3 stood a boy, who took off his cap and showed that all his hair had been shaved off for fever. He stated that twelve persons occupied the house, and that seven of them had typhus. In the case of George Potter, Mr. Rumbold, surgeon, said he attributed death to inflammation of the lungs, and the jury returned a verdict of "Death from natural causes." In the second case, George Clarke, a sickly-looking ragged man, said he was a canewasher, and that the woman White lived with him as his wife. They lived in one of the two rooms of No. 3, Reform-square, for which they paid 2s. 3d. a week rent. The room below was occupied by a man and his wife and three or four children. The water flowed into the house from the pavement of the square. The deceased had been ailing for some time past. On Saturday week he found her lying on the floor, and very ill. He put a sack and other things over her, there being no blankets or counterpane, and he went for Mr. Haycock, the parish doctor, but he could not come without an order. He went to the workhouse to get one. Mr. Arnott, the relieving officer, was out, and he was told the master was ill, and he should wait for an hour. He went home and found deceased dead. She used to have enough of food. Four or five persons had been taken away out of the place to the Fever Hospital. Stephen Knight, messenger at the guardians' offices, said that he remembered the man Clarke coming at one o'clock in the day for a medical order. One of the relieving officer's pauper attendants told him that Mr. Arnott was out. On the brass plate on the door the hours for application were stated to be from 9 to 10 a.m. and 5 to 6 p.m. Unless the relieving officer chanced to be detained at the office no order could be got except during those hours. On Sundays no order at all could be obtained. Mr. John Baker, 7, Elms-terrace, Cambridge-heath, said that he was the landlord of Reform-square. He had been served with a notice from the parish authorities on the 26th of January. He had eighteen months ago put the place into thorough repair, at a cost of £120. Mr. F. J. Gant, pathological anatomist to the Royal Free Hospital, said that he made a post-mortem examination of the body of the deceased, and found the cause of death to be disease of the brain. But the condition of the place in which she lived would tend to accelerate death. The room in which she and another person lived contained 882 cubic feet of air; and the room underneath, in which seven persons lived, had a cubic space of 819 ft. Now, the *minimum* allowance consistent with health was set down at 800 cubic feet for each individual. Defective drainage, the accumulation of vegetables and other refuse, and the state of the closets would produce typhoid fever. Typhus and typhoid fevers were eminently preventible diseases. Mr. George Haycock said that he was divisional surgeon of Bethnal-green. He said that by the rules of the Poor-law Board he could not attend a patient without an order. He had attended persons in four houses in that square. Typhus and typhoid had been raging there. He had eighteen cases in two houses. He inserted the facts about Reform-square in his medical relief book, which he sent to the guardians about three months ago. A dustbin was erected and a closet emptied, but nothing else was done until within the last fortnight. Dr. Sarvis, medical officer of health for Bethnal-green, said that he dissented from Mr. Gant as to 800 cubic feet being the *minimum* quantity of air necessary for health. A meeting of medical officers had decided that 300 feet was sufficient in dwelling houses. Mr. C. A. Christie, sanitary inspector, said that on the 17th of last month, while walking down Mount-street, he saw water flowing across the pavement out of Reform-square, and he went up and made an inspection. He found the place very filthy, and when he found out the landlord he served him with notices, which were not yet fully complied with. The Coroner, in summing up, said that it was manifest that the condition of the houses in question was such as to engender disease and cut short life. The jury returned a verdict,—"That the deceased was found dead from the mortal effects of disease of the brain, and that her said death was accelerated by overcrowding, want of sufficient water supply, defective drainage, the dirty and unhealthy condition of the premises, and general neglect of sanitary arrangements, and the said jurors do further say that the intimation made by the medical officer of the district of the condition of the premises ought to have received immediate attention, and that greater facility should be afforded to the poor in obtaining medical orders in urgent cases."

The Threatened Change in the Queen's University.—We understand that the Committee of the Graduates' Association have resolved to send a deputation to London to press their views on the Education question upon Earl Russell and Sir George Grey; and that one of the graduates is to proceed immediately to London to make preliminary arrangements.

Professor Symes, who has been recently confined to the house by indisposition, is again able to attend to his professional duties.

Parliamentary Intelligence.

HOUSE OF LORDS—Feb. 19th.

CATTLE DISEASES BILL.

On the motion of Earl Granville the Cattle Diseases Bill was read a second time, and the standing orders having been suspended the House went into committee on the Bill.

The Earl of Airlie moved an amendment to the 12th clause giving to the local authorities a discretionary power to slaughter or restrain from slaughtering animals certified to be recovering from disease.

The proposal gave rise to some debate, in which the Duke of Argyll, the Earl of Derby, the Duke of Richmond, and other lords took part, and ended in a division and the rejection of the amendment by 52 to 15.

An amendment proposed by the Earl of Lichfield, to the effect that the inspector should be required to assign a reason for entering a farmer's premises prior to his inspection, and not afterwards, was also negatived, upon a division, by 22 to 21.

The Bill then went through committee, and was read a third time and passed.

Feb. 20th.

The Royal Assent was given by commission to the Cattle Diseases Bill.

After some conversation respecting various points in connexion with the cattle plague,

Lord Derby inquired what measures had been taken to prevent the spread of the small-pox in sheep, which had recently broken out in Northamptonshire?

Lord Granville replied that measures had been adopted which it was hoped would prevent the extension of the disease; and, in answer to further questions, he stated that at present it had not been precisely ascertained whether the disease had been imported from abroad.

HOUSE OF COMMONS—Feb. 19th.

The House having gone into Committee on the Cattle Plague Bill, which relates principally to the movement of cattle, Mr. Ward Hunt explained that his object had been to endeavour to establish a code that would be sufficiently elastic to apply to every county in Great Britain. The Bill would absolutely prohibit the movement of cattle on all highways, railways, rivers, and canals, up to the 25th of March next—with these exceptions only, that beasts might be conveyed along a highway from one farm to another for 200 yards; where landed from a sea-going steamer they might travel on the highway for 500 yards; and in going from the farm to the slaughter-house they might traverse on the highway not exceeding two miles. Newly-dropped calves might be conveyed in carts from the place in which they were born to the farms where they were to be reared; working oxen employed in the cultivation of the soil and in harness, which was some security for their being in health, might also be moved for a distance to be specified; and to enable emigrant and other sea-going ships to get a supply of milk on board, milch cows might be conveyed to them in covered carts. By adopting these precautions he hoped the plague would be got within manageable compass by the 25th of March. From that date it would be necessary to still further relax the restrictions upon the movement of cattle. Then incoming tenants took possession of their farms, and he proposed that beasts for the stocking or restocking of farms might be moved by licence at any time during fourteen days from any quarter-day after public notice. For the purposes of breeding, a cow or heifer might be moved with a licence for any distance not exceeding three miles, and a bull twenty miles. In like manner calves might be removed provided they were sound and not more than twenty-one days old. The consideration of the clauses was then proceeded with.

POOR-LAW MEDICAL RELIEF.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have now in the hands of the printer the draft of a Bill containing seventeen clauses, with a commentary on each clause, pointing out the reasons for their proposition. There is also a letter addressed to the members of Parliament, bringing all the important points of the subject prominently before them. A copy will be sent to each medical officer who has sent a subscription to the Association within the last twelve months, as well as to each member of Parliament, as soon as the Bill is brought before the House. If any of your readers can assist me by naming a gentleman willing to undertake the charge of the Bill, I shall be glad to hear from him. The printer informs me he cannot keep the type standing; I therefore trust that those medical officers who intend subscribing will do so without delay, so that I may order the numbers of copies of the pamphlet actually required for them.—I am, &c.,

Richard Griffin.

12, Royal-terrace, Weymouth, Feb. 17, 1866.

List of subscriptions received by Mr. Griffin :—

Norman, W. St. Columb. Major, 5s.; Allen, R. R., Belper, 10s.; Eldridge, F., Audover, £1; Higinbotham, E., Wincanton, 10s.; Combs, J. W., Ticehurst, 5s.; Wills, J., Sturminster, 10s.; Smart, J., Bethnal-green, 10s.; Jones, W., Wigton, 5s.; Mason, M., Sudbury, 10s.; Ledgard, J. A., Carlton, 5s.; Ransom, R. (not Union), Cambridge, 10s. 6d.; Dowse, J., Huddersfield, 5s.; Taylor, C., Melksham, 5s.; Parsons, C. H., Foleshill, 5s.; Hewlett, T., Hendon, £1 1s.

List of subscriptions received by Mr. Prowse :—

Dandy, C., Ormskirk, £1; Burtt, G. R., Chard, 10s.; Somerville, J. H. Walsall, 10s.; Robinson, G. S., Saffron, Walden, 10s.; Williams, W., Festiniog, 10s. 6d.; Roberts, R., do., 10s.; Douglas, T. S., Cockermouth, 10s.; Sutherland, W., Bellingham, 5s.; Barrett, J., Abingdon, 10s.; Moorhouse, J. W., Ellesmere, 10s. 6d.; Franklyn, L. H., Lexden and Winstree, 5s.; Jones, E., Merthyr Tydfil, 10s. 6d.; Cooke, G. R., Dartford, 5s.; Terry, J. J., Tenterden, 5s.; Terry, J. G., Tenterden, 5s.; Hitchins, W., Bath, 10s.; Molyneux, S., Wigan, 10s. 6d.; Renton, J., Hexham, 10s.; Dixon, W., Doncaster, 10s. 6d.; Grace, H., Bristol, 10s.; Grace, H. M., Clifton, £1; Thompson, C. M., Godstone, 10s. 6d.; Egarr, M. J., Wisbeach, 5s.; Harland, H., M.D., Uckfield, £1 1s.; Whitaker, E. F., Witney, 5s.; Hesslegrave, J., Huddersfield, 5s.; Drew, S., Wortley, 7s. 6d.; Hemingway, E. P., Eton, &c., £1 1s.; Slater, R., Ashton-under-Lyne, 5s.; Workman, F., Reading, 10s.; Bishop, H., Tonbridge, £1 1s. Macnamara, G. H., Eton, £1; Lattey, W., Southam, 5s.; Lamb, R. Islington, St. Mary, 5s.; Marshall, E., Croydon, £1 1s.; Reid, J. C. Morpeth, 5s.; Arras, W., Carlisle, 10s.; Smith, R. Epsom, 5s.; J. S. 5s.; Holyoake, T., Scisdon, 10s.; Yelf, L. K., Shipston-on-Stour 10s.; T.....s, 5s.; Tiley, J. Hitchin, 5s.

Medical News.

ARMY MEDICAL DEPARTMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

The Director-General of the Army Medical Department presents his compliments to the Editor of The Medical Press and Circular, and begs to enclose a list of the candidates of Her Majesty's British Service who were successful at the Competitive Examination in August last, and who have passed through a course at the Army Medical School, showing the combined results of the examination.

Army Medical Department, February 21, 1866.

Names.	Studied at	No. of Marks.
O'Reilly, J. J.	Dublin	4,485
M'Watters, W.	Dublin	4,310
Mally, R. N.	Dublin	4,308
Catherwood, W. A.	Belfast	4,260
Clarke, E. J.	Dublin	4,183
Johnston, W.	Aberdeen and Edin.	3,963
D'Arcy, E. F.	Dublin	3,903
Mouat, G. B.	Edinburgh	3,776
O'Brien, H. J.	Dublin	3,680
Kilroy, B. Le F.	London and Dublin	3,480
Alexander, W.	Belfast	3,468
Lowe, R. W.	Edinburgh	3,435
Purden, J. E.	Dublin	3,423
Connellan, E.	Cork	3,176
Mackinnon, H. W. A.	London	3,045
Brodie, J. F.	Galway and Dublin	2,860

Royal College of Physicians of London.—At a general meeting of the Fellows, held on the 19th inst., the following gentlemen, having undergone the necessary ex-

amination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Burn, Joseph, Bourne.
Cribb, Henry, Bishop's Stortford.
De Tatham, Hamilton, 40, Dorset-square.
Edgelow, George, Kensington-square.
Jackson, George, Plymouth.
Morrill, John, Guy's Hospital.
Webb, John Holden, St. Mary's Hospital.

At the same Meeting the following gentlemen were reported by the examiners to have passed their Primary Examination for the Licence:—

William Percival Magor Boyle, Guy's Hospital; Henry Cheesman, ditto; Charles Gôte Gurden, ditto; James Robert Hill, St. Mary's Hospital; William George Kemp, St. Bartholomew's Hospital; George Welland Mackenzie, London Hospital; John William Morris, Guy's Hospital; Arthur Wolcot Nankivell, University College; John Ockenden, St. Mary's Hospital; John Robert Perkins, King's College; John James Ridge, St. Thomas's Hospital; Eldred Noble Smith, St. Mary's Hospital; John Davies Thomas, University College; William James Todd, King's College; Arthur Tudor Humphreys Trevor, ditto.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 15th inst.:

Bolt, Robert Andrew, Blackman-street, S.E.
Edmonds, Charles George, Southampton-street, Camberwell.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—Names of candidates who passed the Major Examination, February 21st, 1866, as Pharmaceutical Chemists:—

Thomas Eitzgerald Bulmer, Preston.
Osborn Chubb, Taunton.
Thomas Harris Cruse, Warminster.
Walter Dyson, Pendleton.
Arthur Thomas Horton, Scarborough.
Edward Jones, Ryde.
Andrew MacInnes, Ardrossan.
James Stewart, Kirkcaldy.

MEDICAL DIARY OF THE WEEK.

WEDNESDAY, FEB. 28.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Prof. Huxley, "On the Classification and Structure of the Mammalia."

THURSDAY, MARCH 1.

ROYAL INSTITUTION.— 3 p.m. Professor Frankland, "On the Non-Metallic Elements."

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8 p.m. Anniversary Meeting.

CHEMICAL SOCIETY.—8 p.m. Mr. C. R. Wright, "On the Chemical Action of Sunlight."—Prof. Church, "On New Cornish Minerals."

HARVEIAN SOCIETY OF LONDON.—8 p.m. Mr. Broadbent, "On Prognosis in Heart Disease."

FRIDAY, MARCH 2.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Prof Huxley, "On the Classification and Structure of the Mammalia."

ARCHÆOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—4 p.m.

ROYAL INSTITUTION.—8 p.m. Mr. G. Scharf, "On Portraiture: its Fallacies and Curiosities as connected with English History."

SATURDAY, MARCH 3.

ROYAL INSTITUTION.— 3 p.m. Rev. G. Henslow, "On Systematic and Structural Botany."

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, February 17, 1866, in the following large Towns:—

Boroughs, &c.	Estimated Population in middle of the Year 1866.	Persons to an Acre. (1866.)	Births registered during the week ending Feb. 17.	Deaths. Corrected Average Weekly Number.	Deaths. Registered during the week ending Feb. 17.	Temperature of Air (Fahr) Highest during the Week.	Temperature of Air (Fahr) Lowest during the Week.	Temperature of Air (Fahr) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2093	1400	1365	43·1	28·9	38·9	1·79	181
Bristol	163680	34·9	120	73	85	49·7	29·5	39·7	0·60	61
Birmingham	335798	42·9	244	163	204	46·4	29·6	38·2	1·09	110
Liverpool	484337	94·8	353	281	408	...	...	...	...	...
Manchester	358855	80·0	260	203	231	48·5	25·0	36·9	0·45	45
Salford	112904	21·8	88	57	66	46.4	24·0	36·1	0·51	52
Sheffield	218257	9·6	198	115	131	47·7	24·9	36·2	0·96	97
Leeds	228187	10·6	274	116	164	49·0	19·5	35·7	0·82	83
Hull	105233	29·5	101	49	53	...	...	...	...	...
Newcastle-on-Tyne	122277	22·9	118	65	72	44·0	28·0	36·6	0·44	44
Edinburgh	175128	39·6	106	84	93	41·7	27·0	34·7	0·70	71
Glasgow	432265	85·4	334	252	252	42·1	24·4	33·7	1·36	137
Dublin	318437	32·7	170	156	177	...	...	...	...	...
Total of 13 large Towns	6122894	34·4	4459	3014	3301	49·7	19·5	36·6	0·87	88
					Week ending Feb. 10.	Week ending Feb. 10.				
Vienna	(1863) 560000	...	...	...	469	...	...	47·8	...	

ADVANCED PAYMENTS.

SUBSCRIBERS are reminded that their subscriptions in all cases must be paid within two months of the date of the order to secure the advantage of the lower rate of £1 1s. 8d. per annum, and that any subscription delayed beyond that period will be charged on the credit scale of £1 2s. 6d. per annum.

NOTICES TO CORRESPONDENTS.

Mr. J. R. Greenway.—The paper has been received.

Mr. Griffin.—The letter has been received.

The Harveian Society.—The report has been received.

Dr. Fraser.—The paper has been received.

The Royal Institution.—The notice has been received.

The Pharmaceutical Society of Great Britain.—The list has been received.

Mr. Bateman.—The paper has been received.

The Army Medical Department.—The list is inserted.

Mr. B. R.—The *actæa racemosa*, which is said to be a remedy for rheumatism, belongs to the natural order of ranunculaceæ.

Expectans.—We have not yet heard of any date being fixed for the next meeting of the Medical Council.

A. B.—We have not much confidence in the efficacy of the remedy alluded to.

A Chemist.—Methylated spirit, in its chemical action, is very similar to rectified spirit of wine, and where economy is a great object, perhaps no great harm may ensue from the substitution.

C. K.—We shall have pleasure in accommodating the libraries when they subscribe. We cannot send free copies.

MEDICAL APPOINTMENTS.

B. C. GOWING, M.R.C.S.E., has been appointed House-Surgeon to the Whitehaven and West Cumberland Infirmary.

C. C. PODE, B.A., of Exeter College, Oxford, has been elected Radcliffe Travelling Fellow.

W. H. REED, M.R.C.S.E., has been appointed Assistant Medical Officer to the Derby County Asylum.

H. TRIMEN, M.B., has been elected a Fellow of the Linnæan Society.

BIRTHS.

OGLE.—At Upper Brook-street, London, the wife of J. W. Ogle, M.D., of a son.

BRUNTON.—At Caledonian-road, London, the wife of John Brunton, M.D.,M.A., of a daughter.

NUTT.—At Sherborne, the wife of Horace Nutt, M.R.C.S.E., of a daughter.

BRISTOWE.—At Queen-square, Westminster, the wife of J. S. Bristowe, M.D., of a daughter.

MAIN..—At The Grove, Lasswade, on the 16th inst., the wife of William Main, M.D., of a daughter.

BORMAN.—At Derby, the wife of Allan Borman, M.R.C.S., England, of a daughter.

BROSTER.—At Southampton, the wife of Edward B. Broster, R.N., prematurely of a daughter.

GAINS.—At Newcastle, Jamaica, the wife of George E. Gains, M.R.C.S. Eng., Surgeon 6th Royals, of a daughter.

GREENWOOD.—At Penryn, Cornwall, the wife of N. Greenwood, L.R.C.P.L., of a son.

HICKS.—At Oldstreet-road, the wife of Dr. G. Borlase Hicks, of a son.

JONES.—At Dolgelly, the wife of Edward Jones, M.D., of a son.

LONG.—At Leamington, the wife of C. F. Long, M.D., of a daughter.

RIDING.—At 36 Euston-square, N.W., the wife of Dr. Riding, of a daughter.

TIZARD.—At Weymouth, the wife of Henry Tizard, M.D., of a daughter, prematurely.

WALKER.—At Peterborough, the wife of Dr. T. J. Walker, of a daughter.

WATKINS.—At 11 Chandos-street, W.C., the wife of C. S. Watkins, M.R.C.S., Eng., of a son, stillborn.

MACKAY.—At Elgin, N.B., the wife of J. W. N. Mackay, M.D., of a daughter.

MARRIAGES.

MOUNCEY—WILSON.—On the 13th inst., James Ainley Mouncey, Surgeon, to Emily Georgiana, daughter of William Wilson, Esq.

RUSSELL—TIMM.—On the 13th inst., at Sheffield, J. Bussell, M.R.C.S.E., of Neath, Glamorganshire, to Elizabeth Mary, daughter of Charles Timm, M.D.

CURTIS—ASHBY.—At Staines, Albert Curtis, M.R.C.S. Eng., to Augusta, daughter of the late Charles Ashby, Esq.

GARSTANG—WARDLEY.—At Over Darwen, Walter Garstang, M.D., to Matilda Mary, second daughter of James Wardley, Esq.

ROSS—NIGHTINGALE.—On February 17, John T. Ross, M.R.C.S.,R.N., to Mary Julia, sscond daughter of the late T. Nightingale, Esq.

DEATHS.

HOLTBY.—At Whitby, Katherine, the wife of G. H. Holtby, L.R.C.P. Ed., aged 59.

FOSBROKE.—W. M. M. Fosbroke, M.D., of the Old Kent-road, aged 50.

MORRIS.—Dr. William Morris, of Newbury, Berkshire, aged 31.

HUNTER.—At Fountainville, Belfast, on the 10th of February, Samuel Hunter, M.D. Edinburgh University, Licentiate and Fellow of the Royal College of Surgeons in Ireland, aged 51 years.

TAYLOR.—Suddenly, at Barnhill, on the 16th inst., James Taylor, Esq., M.D., aged 22 years.

BOYD.—At 284 Argyle-street, Glasgow, on the 18th inst., Henry Boyd, Esq., M.D., aged 54 years.

WILLAN.—At Duncan-street House, Newington, Edinburgh, on the 18th inst., Jessie Madeline, the beloved wife of Reginald Moore Willan, Esq., Surgeon, Newton-on-Trent, Lincolnshire, youngest daughter of the late William Graham, Esq., M.D., formerly of Calcutta.

COWPER.—At 126 Nethergate, Dundee, on the 19th inst., of typhus fever, James A. Cowper, M.D.

FAIRBAIRN.—At Melbourne, Australia, on the 12th November last, Dr. Thomas Fairbairn, late of Edinburgh, in his 54th year.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

ON THE NATURE OF DISEASE, AS EXPLANATORY OF THE SUCCESS ATTENDING VARIOUS SYSTEMS OF THERAPEUTICS.

A LECTURE DELIVERED BEFORE THE ROYAL COLLEGE OF SURGEONS, EDINBURGH.

By GEORGE W. BALFOUR, M.D., F.R.C.P.,
PHYSICIAN TO THE ROYAL PUBLIC DISPENSARY, EDINBURGH.

MR. PRESIDENT, MY LORD, AND GENTLEMEN,—There is nothing in the whole circle of biological science that appears more remarkable to the inquiring mind than the incontrovertible fact, that in different ages, and even in the same age, in the hands of different practitioners, similar diseases have been found to be amenable, and have been successfully treated, with fair average results, by therapeutical methods diametrically opposed to each other, in the principles upon which they are based, and in the subordinate objects sought to be attained by them. To the purely professional mind this fact seems even more striking, because it, of course, is best acquainted with the nature of those plausible pathological theories upon which these practices have been based, and it therefore is more fully aware of the contradictions involved even in the apparently similar amount of success found to attend each of them. Having solemnly devoted their lives to the elucidation of the questions connected with vitality for the benefit of their fellow-men, the medical profession dare not shirk the responsibility thrown upon them by this anomalous state of matters, and though the public may be contented to revile medicine as a whole, or to swear by the prevalent doctrine of the day, it is the duty of the profession to eschew all such narrow-minded and time-serving sentiments, so derogatory to their own dignity and usefulness, and by taking wider views of the history of medicine and of the relations of disease to life and health, on the one hand, and to the various modes of therapeutics on the other, at least to endeavour to solve the problem so forcibly brought before them, and which they know to be so intimately connected with the well-being of mankind. For we know that the advancement of truth in medical science is inseparably connected with the welfare of our species, because, though men may shut the door in the face of the doctor, they cannot exclude his art. For, as Hippocrates long ago remarked in his work Περι Τεχνης, "It is true that the sick are sometimes cured without the aid of a physician, but not therefore without physic. They have done certain things—they have avoided others; if they have regulated themselves by certain rules, these rules have been those of art; if they have blindly trusted themselves to chance, it has only been in so far as they have by chance approximated to the procedure of good medicine that they have been rescued from their danger. In dietetics as well as in the use of medicaments useful or dangerous methods may be followed. Both prove the stability of art; the one injures by its improper employment, the other succeeds by a proper use; but what is proper and what is improper being quite distinct, art must exist, for if it did not, the destructive and the useful would be confounded." Thus, though we may pettishly deprive ourselves of all the advantages to be derived from the medicine of the present, we cannot wholly escape from the medical art, and in attempting to do so we can now-a-days hardly avoid falling back upon some exploded theory of the past, or coddling ourselves with the rejectamenta of some extinct pharmacopœia. We may revile the medical art as unsafe and uncertain, but in declining the services of men of learning and reputation, we act at our own especial peril, and only ensure that such medical art as we may employ shall be of a specially unsafe and uncertain character.

Within the last twenty years there has occurred in this country a change in the treatment of disease, which, from its contrariety to immediately preceding doctrines, and its wide-spread character, not less than from the fact of its having happened within our own immediate cognizance, as well as from the influence which it is yet destined to exercise upon our views of the nature and treatment of disease, has completely eclipsed in magnitude and importance all similar changes. My own immediate connexion with this change of practice has been so close and intimate as to have forced upon me in an especial manner an examination of the nature of disease in its bearings upon medical treatment, as explanatory of the success of various therapeutical methods, and I purpose now laying before you as concisely as possible the conclusions to which that examination has led me.

In the first place, however, it may be interesting to many of my audience who may have forgotten, or may never have known, what was the nature of medical practice twenty years ago, for me to go cursorily over this portion of medical history, so as to point out in what this change of treatment consists, and how it has been explained by others, before proceeding to give my own views upon the subject.

In 1846, then, my late revered preceptor, Dr. Alison, still continued to teach what he had published in his "Outlines of Pathology" in 1844, that in pneumonia, "uncomplicated and recognized from its commencement, the utmost confidence may be placed in general blood-letting;" and that "in such a case duly treated in this way"—by repeated venesections—"the only essential action of the prognosis is the day of the disease when the effectual treatment is commenced, the remedy being often ineffectual when it is delayed more than two or three days from the decided commencement of the disease." While such was the deeply-rooted belief in the incapacity of the powers of Nature to cure disease, that even a professor of pathology chose to yield himself a convert to the curative powers of infinitesimals rather than suppose that acute diseases could naturally terminate in health. Sydenham's estimate, that the detraction of forty-five ounces of blood was about the average amount required to meet the danger of a decided pleurisy, was regarded as not exaggerated, and was often far exceeded. We read of a slender young girl being bled to forty-eight ounces by a distinguished surgeon merely for a *supposed* inflammation in the chest, and of 192 ounces being taken from one individual, who, in consequence, was several months afterwards weak and miserable, and it appeared doubtful whether he would ever regain his health. Seventy or eighty ounces was the usual amount detracted at one operation by those who were termed the champions of heroic practice, and from twenty to thirty ounces at once, and repeated within the twenty-four hours, was by no means above the average treatment of inflammatory attacks in healthy and robust individuals. While such was the dread of inflammation and its consequences, and such the faith reposed in this active mode of treating it, that, as we learn from the records of the past, patients were often placed in no small danger by the very means by which their safety was sought to be ensured. "On one occasion early in life," writes Dr. Mackintosh, an ardent champion of heroic practice, "I very nearly lost a patient from whom I had taken, at different times in the course of four days, 120 ounces of blood, but who recovered after the exhibition of stimulants; and I have seen several cases within the last ten years, to which I have been called in, where considerable injury had been inflicted by very large bleedings, the medical attendants having allowed themselves to be misdirected by the continuance of dyspnœa, which increased after each abstract on of blood."

Throughout the whole of these histories of the past we find ample proof that these risks were run, not by careless neophytes, but were so inseparable from the system as to be encountered even by men whose names afford the most perfect guarantee alike for their skill and for their considerate thoughtfulness. And all this risk was run that inflammations might be cured quickly, safely, and effectually? Not so. For all that the ablest authorities have claimed for bloodletting is that, except in a few rare instances, it *merely disposes inflammations to a favourable termination.* And yet when, in 1847, for the first time in the case of a modern British medical audience, I brought forward the opinion, based on upwards of four hundred recorded cases, nearly two hundred of which had been observed by myself, that inflammations generally, and pneumonia in particular, did not require for their successful treatment the use of any of these so-called heroic remedies, especially bloodletting, which were then so lavishly employed, I was met by the statement that "nothing was better established than the good effects of bloodletting in the acute pneumonia of Edinburgh, whatever might be the case in Vienna." *Ten years afterwards*, however, when these views had time to leaven the mass of practitioners, one of my then opponents thus wrote:—"*It is admitted* . . . . . that the practice of bleeding in acute inflammations has, within a recent period, undergone a great change; that whereas it was formerly the rule to bleed early, largely, and often repeatedly, now such bleeding is rarely practised, and *is not necessary.*"

The practical part of the question having thus been settled, it became of importance to explain the cause of this change of treatment, not only for the satisfaction of the present, but also for the instruction of future ages. One party, headed by Dr. Bennett, alleges that an improved method of diagnosis and an advanced knowledge of pathology have enabled us more correctly to ascertain the actual mode of origin and progress of disease, and thus more skilfully to adapt our means to the end sought to be attained, and to eschew all that is dangerous and superfluous. But, not to waste time on unnecessary reasonings, I may state that this claim is effectually and conclusively quashed by the recorded facts; that Dr. Bennett's work on "The Pathology of Inflammation" was published in 1844, and that in his speech subsequent to the reading of my paper just referred to before the Medico-Chirurgical Society of this city in 1847, as it is reported in the *Edinburgh Monthly Journal of Medical Science*, of which he was at that time the editor, he stated that, "Dr. Balfour had attempted to establish the benefits of a 'do-nothing practice' from the results of statistics;" and he concluded by strongly condemning the system of practice "lately sought to be introduced by Dr. Forbes and others, founded upon fallacious statistics, to the exclusion of pathology, diagnosis, and the experience of the most eminent men." It is impossible to show more clearly and convincingly, than by the simple statement of these facts, that improvement in pathology and diagnosis had nothing whatever to do with the origination of this improvement in the treatment of disease. Though I willingly grant that the advances made of late years in the diagnosis of disease and in the knowledge of its pathology, a very large part of which is due to the untiring energy of our present distinguished Professor of Physiology, have undoubtedly furthered the spread of this change of treatment, by rectifying many of the mistakes into which an unaccustomed refinement of physical diagnosis had led physicians, as well as by enabling us more clearly to understand the *modus operandi* of the treatment employed.

Another party, comprising most of the seniors of our profession, have agreed that this great change in the treatment of inflammation depends upon an equally complete change in the type of the disease; it (they say) no longer possesses the same virulent and sthenic character as formerly, and therefore no longer requires the same heroic remedies. This is so simple and comprehensible a solution of the difficulty that at first sight it is readily received; but the only proof our seniors have referred to in its favour is their recollection, and we all know how deceitful a thing mere memory is, and how difficult it is to recognize in some tiny streamlet the dark rolling river of our earlier recollections, and the case is not otherwise in regard to disease. Fortunately, in regard to both matters, we can test the correctness of our memory by an appeal to unchanging facts. In the one case, the actual dimensions of the bed of the brook furnishes us with the required standard; while in the other, those very symptoms which are supposed to betoken the change of type may be profitably compared with the identical symptoms as they were recorded at a time when bloodletting was supposed to be the only necessary remedy. Now, the symptoms supposed to indicate this change of type in inflammatory disease are just the general asthenic character of the disease; and, second, the soft and compressible character of the pulse when contrasted with that "*frequent, full, hard, firm, and quick (i.e.*, sharp) pulse," that vehement action of the heart and incompressibility of the pulse which is supposed to have characterized the pneumonia of Cullen and of Gregory—that is, of the days when inflammation was, if it ever was, most truly sthenic, and when it at least bore bloodletting well, whether it required it or no. Now, as a very good, and at the same time a very striking example of this treatment, I may mention that quite recently an octogenarian told me that having in his younger days been assaulted and stabbed in Leith-street, he pursued his assailant along Princes-street, till he fell faint and exhausted from loss of blood, at the head of the Lothian-road. Then he was carried into a house, and the distinguished surgeons of the day, the Messrs. Bell, were sent for. Their assistant was promptly on the spot, and the first thing he did to this man already faint, and exhausted from loss of blood, was to bleed him from the arm to *prevent inflammation!* In the library of the College of Physicians here there are several volumes of MS. notes of clinical lectures, both by Cullen and Gregory, most of the cases related being precisely such as we find in hospital now-a-days, only there are a good many cases of intermittent fever, and from the absence of our modern precision of diagnosis, of course a considerable—but no ways remarkable—number of cases of inflammatory fever and catarrh, none of which escape the inevitable blooding on two or three days successively after admission, and that though the pulse is very often stated to be soft, not always full, and sometimes under 100; Cullen now and then *naively* congratulating himself that the case had not turned out nervous fever, in which case, he adds, "*the blooding would have been pernicious.*" Obviously the soft state of the pulse and the asthenic character of the disease had no deterring influence upon him. Nay more, there is in these lectures one particular case, which I shall take an early opportunity of laying before the profession, which exhibits this even more clearly. It is a case of pneumonia, admitted and treated for fever, as many cases unquestionably were in those days, just as in our day very many still find their way as fever cases to our hospitals, though they cannot get out of them in these days of stethoscopes and pleximeters without being recognized. This case was unfortunate. The patient died, and Cullen makes some excellent remarks in connexion with it upon the fallibility of physicians, and expresses his regret that its true nature had not been recognized during life, that a treatment more appropriate to the actual disease might have been employed. Thus expressly stating that it was *to the disease* and *not to the symptoms* that the treatment was applied. Just the reverse of what is implied in the theory of a change of type, and just the reverse of what is argued by all the advocates of this theory. Dr. Gregory also, in a most interesting clinical lecture, distinctly lays it down as a rule that, "in pneumonia the pulse *is remarkably soft*, though the febrile symptoms run very high." And, again, he says: "In respect to the fulness of the pulse in pneumonia, in the beginning before the patient is blooded, it is not only *soft, but small;* but commonly upon the patient being blooded, it becomes fuller, though it always retains its softness."

This simple record of facts, as they occurred at the time, is of course a surer guarantee for the actual nature and symptoms of the disease, as it was then observed, than any mere remembrances of the past by any physician however eminent, and from what I have just now curtly stated, as well as from the fuller reports of the cases treated which your time does not permit me to quote *in extenso*, but which I have elsewhere published, it is obvious that the facts we possess give no support to the opinion advanced that there has been any change of type in inflammatory disease since the days of Cullen. Nay more, if a change of type be necessary to explain the success of a non-evacuant system of treatment in inflammation, it ought by a parity of reasoning to be necessary to explain the success of a similar treatment in cases of simple catarrh, of parturition, and of accident by precipitation, drowning, &c., in none of which is the formerly inevitable lancet now employed.

And if the retrospect of only a few years suffices to teach us the fallacy of the opinion that a change of type in disease is the efficient cause of this remarkable change of treatment, a wider survey of the history of medicine serves only to confirm this view. For we find that though there have been in all ages certain medical men who have lauded bloodletting as the only remedy for every ill, and have counted their triumphs by their bleedings, there have been others also not less known to fame, and not less entitled to credit, who have regarded bloodletting as a source of much evil, and have sought to banish it altogether from practice; and these two classes of medical men have not succeeded one another as wave after wave of varying type swept over the face of disease, nor has the latter class—the non-bleeders—only recently arisen, basing their heterodoxy upon the feeble and typhoid manifestations of disease in a worn-out age. No; from the earliest era of medical science there has never been a time when these two classes of practitioners have not existed side by side; so much so that at times whole cities have been divided in partisanship between the physician, the advocate of bleeding, and the physician its foe.

The followers of Pythagoras, the Cnidian Chryrippus, and of Erasistratus, objected to bleeding as useless and injurious; while those of Prascagoras, Kerophilus, and Galen, regarded it as the most useful of remedies. At Rome, in the second century, the followers of Erasistratus were so numerous and so distinguished that it was personal far more than abstract scientific controversy, that prompted Galen to write his two celebrated theses—*De venæ sectione adversus Erasistratum*, and *De venæ sectione adversus Erasistrateos*, and neither practice ever wanted distinguished expositors till with the fall of Rome the long night of ignorance settled down on the world. After the rebirth of science we find these two sects still fully represented—Van Kelmont, and Portius, and Stahl on the one side, with Botalli, Stoll, and many others on the other, down to the commencement of the present century, when Dumaugier, of La Charité, almost never bled for pneumonia, yet his success was at least equal to that of Corvisart, who bled largely. Laennec thought he had annihilated the mortality of pneumonia by large doses of tartar emetic at the very time that Gregory thought that large bleedings could alone cope with so formidable a disease; while Bouillaud, then as now, placed implicit confidence in his *coup-sur-coup* method of bleeding; and Alison taught that in the treatment of pneumonia, "uncomplicated and recognized from its commencement, the utmost confidence may be placed in general bloodletting, which should always be large," at the very time that Skoda of the Vienna Hospital, taught that pneumonia was a disease tending not so much to dissolution as to resolution, and that rapid restoration to health was best promoted by withholding al those heroic remedies generally prescribed, and amongs them bloodletting. Moreover, the success which during the last sixty years has undoubtedly attended the treatment of acute diseases with homœopathic globules by Hahnemann and his followers, affords a convincing proof

sults of treatment, as well as of the inutility of the theory of a change of type to explain the success of a change of treatment; because it reduces the argument to a dilemma, which is this:—Either the homœopathic globules are truly active and energetic remedies, or the partisans of bleeding have been grossly mistaken as to the fancied utility of their favourite remedy in inflammation of every type; for the last sixty years includes the period (1805-20) when the inflammatory type was supposed to culminate, yet we never hear of a time when the globules, in the opinion of homœopathists, failed to do good service, nor of their being more suited to one type of inflammation than to another; nay more, their very opponents never raised this question, and the whole literature of the controversy contains not one word about change of type till the success of the expectant mode of treating inflammations forced venesectionists to seek for some reason for this success more soothing to their intellectual pride than a simple confession of error.

It is unquestionable that we owe much of our present knowledge of the powers of nature in the cure of disease, as well as the present revival of the system of treating inflammations without bleeding, to homœopathy, and we need not hesitate to acknowledge our obligation even to a system of quackery; for not only, as Leibnitz has wisely said, "is every error but a truth abused—all partial systems, but contributions to a perfect science," but also this is not the only instance in which the Medical art has been reminded by quackery of her legitimate duties as the handmaid of Nature. A very remarkable and interesting example of this is to be found in the history of the powder of sympathy in the cure of wounds in the early part of the seventeenth century, which was at first ridiculed by all men of sense, till on trial it was found to be actually more successful than those plans which proceeded upon what were then thought to be scientific principles; and it continued to gain ground in the public estimation, until at length some innovator ventured to try the experiment closing the wound, and keeping it clean and cool without the application of the sympathetic powder to the sword. And Wiseman, who wrote about fifty or sixty years after the introduction of this mysterious operation by Sir Kenelme Digby, in describing the importance of keeping the divided parts in union, says: "For here Nature will act her part, by the application of blood and nourishment to both sides indifferently, and finish the coalities without your further assistance, and this is that which gives such credit to the sympathetic powder. As surgery in those days, so has medicine now been taught a wholesome lesson by what seemed at first sight to be diametrically opposed to all the rules of science. No new truth was revealed in either case, but old and well-known ones were brought so prominently forward as to ensure them attention after the chaff which obscured them had been blown away by the breath of inquiry. Surgery has never forgot her lesson. Let us hope that medicine shall prove equally mindful, and she shall never have cause to rue the day when her practice met with such a rebuff, and even her principles seemed so rudely shaken. But, as the art of medicine is unavoidable and necessary, so it is utterly inconsistent with all that we know of divine law and government to suppose that her principles can be otherwise than eternal and unchangeable; at times they may seem so, but we may rest assured that this only arises from the partial and limited views which we take of the nature of disease, for all the various divine systems of therapeutics which have prevailed in by-past times have been based upon discordant views of what disease essentially is, and our only hope of obtaining a key to the science of therapeutics lies in the greater or less success which may attend our endeavours to answer the question, 'What is disease'?"

The most prevalent conception of the nature of disease is to regard the morbid phenomena, not so much as the vital expressions of a suffering organism, as the function of a new and superadded personality preying upon and

the organic power, is supposed to be fighting with this personality, and the function of the physician in such an emergency is aptly stated in the following apologue related by D'Alembert: "A blind man armed with a club, that is the physician," he says, "comes in to settle the difference, the first tries to make peace; when he cannot accomplish this, he lifts his club and strikes at random; if he strikes the disease, he kills the disease; if he strikes Nature, he kills Nature," that is the patient of course. This haphazard method of cure, as it is termed, is entirely inconsistent with enlightened views of what disease essentially is, and completely at variance in its tendency with that mode of treating disease which may be said to be based upon these views, but which really arises naturally out of them, and which at once approves itself to the intellect as founded in truth. For if scientific medicine be not a chimæra—and all our knowledge forbids the supposition of such a negation of truth to what forms so necessary and so unavoidable a part of man's existence here—then its basis must be sought for in those relations eternally subsisting between organized matter and those agents which influence its condition in regard to the manifestation of vitality, and the key to the whole science of therapeutics must be to be found in a due appreciation of the causes of those phenomena which we term life, of which health and disease are but two separate phases, widely diverse at the opposite extremes, but intermediately merging into one another.

"In all the states of life, however, man and other animals differ from themselves in their dead state, or from any other inanimate matter, in this property alone; they can be affected by external agents, as well as by certain functions peculiar to themselves, in such a manner that the phenomena peculiar to the living state can be produced." This peculiar power or property is, therefore, as is universally acknowledged by all physiologists, the cause of all the phenomena of life as exhibited in living action—of life the ζωη, as the ancients termed it; as it is in its turn the result of the connexion of matter with life the ψηχυ, a potentiality only found in connexion with "the reproductive cells derived from the first parent or first parents of every species in the organic world," and therefore never found apart from organized matter.

This susceptibility to the action of a stimulus is the sole cause of living action, alike in the simplest cell and in the most complicated organism. In its simplest form—as exhibited in adult animals consisting solely of cells, or in the embryonic forms of animals of a higher type—it is observed wholly unconnected with any nervous tissue; while in its highest manifestation—thought—it is found in connexion with the very highest development of the nervous system of which we have any knowledge. The obvious and legitimate inference from this is, that its existence is wholly independent of the nervous system, though certain parts of that system are as unquestionably developed for the sole purpose of giving expression to its higher manifestations. It is simply a mode of being of matter, the result of the placing of the molecules in certain relative positions by the Spiritus Rector—Life the Psyche, whereby that potentiality manifests itself as simple irritability in the muscles, as a secreting power in the glands, as a thinking power in the brain, as life everywhere. It may be defined in strict accordance, I believe, with all that physiology teaches us, to be a diffuse *vis cusita sen nervosa*, which the nervous system is created, not for the purpose of supplying, but of coördinating in accordance with the requirements of organic life, just as the blood is not generated by the heart and bloodvessels, but exists as a diffuse nutritive fluid long before any trace of a circulatory system can be observed; this system being gradually supplied to meet the various wants of each particular organism, precisely as the nervous system is gradually developed and differentiated into several subordinate centres in accordance with the requirements of each organism as it ascends in the scale of being.

The susceptibility to the action of a stimulus depends not, therefore, on the existence of a nervous system, but of a nervous force—a nervous force one and indivisible, identical with mind upon the one hand, and with life upon the other—while the nervous system is created for the sole purpose of coördinating the various impressions received, so as to constitute one homogeneous organism of a creature composed of various organs.

When the reactions produced by the vital stimuli take place smoothly and unconsciously, the organism is said to be in a healthy condition; for "good health consists in a pleasant, easy, and exact use of all the functions;" while disease is the reverse of this, and "consists in an uneasy, difficult, or disturbed exercise of all or any of the functions." These terse and clear definitions we owe to the pen of John Brown, who, "scorned and reviled as is, for the most part, his memory," yet gave the first blow to the doctrine of life being a mere "vital spark of heavenly flame." And they are entirely in accordance with the opinions of medical men from the days of Celsus downwards, and cannot be improved upon by greater particularization. For as life itself is a state of ceaseless change, so is health also one of constant mobility; and the man who "can live without rule, and needs not the doctor," will not care to investigate whether his tongue be *nitida, non vero nimis rubra*, nor enter into any other similar minute inquiries.

In perfect accordance with the definition just given, health may also be defined to be the normal result of the normal action of certain specific stimuli upon certain specific susceptibilities; and, in like manner, disease may be regarded as the equally normal result of the anormal action of the same or similar stimuli, and therefore as the necessary complement of life, just as death is its inevitable result.

For, as every act by which the imperishable ψυχη, life, manifests its existence in the organic frame is attended by the molecular death of a part of that frame, and as the replacement of these molecules entails in turn such an amount of friction and loss of power as must sooner or later—wholly independent of any other causes—ensure from purely physical laws, the total cessation of all these living actions, so it is that death—somatic death—is the inevitable result of somatic life. "Passing away" is the motto of our present state, written in blood on every organ of our body, just as, for similar reasons, it may be traced imprinted on everything around us, or read in characters of fire emblazoned on the deep blue vault of heaven above.

Under certain circumstances life may for a short period remain latent, as it is termed, though still attached to the organism; but its existence can only be truly ascertained by the manifestation of living actions, and for the production of these, not only an organized body animated by life, the Psyche, but also the action of certain vital stimuli is requisite. These necessary vital stimuli are, temperature, a certain amount of heat, air, and aliment, including both food and drink. While, though these stimuli are absolutely necessary for the production and maintenance of living actions, yet, for wise and obvious purposes, the organism is able to withstand considerable variations in their actions, although more considerable variations, in regard to excess or defect produce various morbid phenomena, such as those of insolation, starvation, or suffocation —phenomena which, though not usually termed diseases, are unquestionably such in character; inasmuch as they are "such deviations from the natural condition of the body as cause suffering and inconvenience, and endanger life" (Alison). Thus, though perhaps it is scarcely correct to say that disease is the necessary complement of life, seeing we are not all of necessity diseased, yet it is true that by the very fundamental laws of our existence, we are all of necessity exposed to disease; not as to the attacks of some unnatural entity sent to punish and to prey upon frail humanity, but simply as the necessary result of the conditions upon which our present vitality depends, and arising from the failure or excess of those stimuli necessary for its manifestation.

Further, as we know that these vital stimuli act within certain necessary and unavoidable limits of variation without disturbing health, so there is every reason to believe that what we term disease is but, as it were, a more prolonged and intensive series of those compensating organic changes by which health is maintained under these circumstances. It is obvious that this view of disease is fraught with most important therapeutic considerations; according to it we must regard the *vis medicatrix naturæ*—the healing power of Nature—not as the manifestation of any power inherent in the organism, and antagonistic to disease, but simply as the disease itself, which tends naturally to the re-establishment of health in every case, and only fails to do so in any case from the powers of the system being inadequate to the completion of the necessary cycle of organic changes.

At first sight such a view of the nature of disease would seem to discourage all attempts to cut it short—to cure it, in common language—and to limit the endeavours of physicians to the aiding and assisting of Nature, so as to hasten and ensure the satisfactory completion of those organic changes of which the morbid phenomena are but the external manifestation. But a deeper insight into the nature of those processes teaches us that this is not the case, but that merely to aid Nature is but a small part of what it is the duty of the physician to do, and but a small part of what lies in his power to do.

But there is one point which this view of the nature of disease, and of the unavoidable existence of the medical art, places in its true light, and it is this, that the undoubtedly favourable results attained in the treatment of similar diseases by many diverse systems of therapeutics has not necessarily resulted from the equally useful or equally useless character of all, since that is impossible, but rather that the vital powers are so constituted as to compensate for that absence of vigorous precision common to all our plans of treatment, and unattainable, indeed, in any sublunary matter. Nature—as we are accustomed to say—like a skilful workman, does the best she can with the means at her command, while the judicious practitioner, on his part, knows well the true nature of the present state of theory, and therefore knows well when to stop in his application of it. But the theory of disease just propounded exhibits the cause of Nature's seeming intelligence, and is capable of the widest application in explanation of the success of diverse systems of treatment, for it shows us that even the worst, kept within due bounds by the educated intelligence of the practitioner, can have no more injurious influence than merely to prolong the course of the disease. For, while the wheels of life move on, all the vital processes move on also, and as disease is not merely one of these, but is their sum, the result of the anormal action of one or other of the normal stimuli to vitality, so its ultimate and normal gradual differentiation into health—the normal phase of life—cannot be prevented by anything short of the destruction of the organic unity.

From this we learn the importance to mankind of a liberal medical education. The mere empirical application of remedies to symptoms is a matter common to all quackish pretenders to medical knowledge as well as to the profession; but it requires nothing less than an education based upon the whole circle of medical science, and involving an accurate knowledge of the laws of vitality and the modes in which these are influenced, to know when to stop in the use of remedies. And there is, perhaps, nothing in the domain of medicine which more strikingly illustrates the advances made in recent years in a knowledge of these laws than the fact that now-a-days a mere tyro in medicine can readily avoid those shoals and rocks past which a Cullen, a Gregory, and a Mackintosh had the greatest difficulty in steering.

It is also obvious that this doctrine also gives a fatal blow to quackery of every sort by showing the utter worthlessness of mere numerical statistics—mere lists of cures—in proving the value of a remedy. If, as we have seen and know, a disease may be recovered from under many and various modes of treatment, any number of mere recoveries, however large, must be insufficient to prove the positive utility of any remedy in any given disease, and if they can be held to prove anything at all it is but, at the utmost, the caution and skill of the physician in the employment of the particular remedy in question. The time occupied in recovering, and the condition of the patient after apparent recovery, are far more important elements in estimating the true value of a remedy than any mere numerical average, although, of course, in the case of any truly useful remedy, these three results must always be coincident.

Did your time permit, it would be easy to show that, as the normal action of temperature, air, and aliment is necessary to the manifestation of healthy life, so their anormal action is also the cause of those morbid phenomena of vitality which we term disease, and even to trace the links of that causation, but to do so would far exceed the limits of a single lecture.

I might further point out that if we connect these views of the causation of disease with the doctrines of pathological development advocated by Virchow, which are every day receiving fresh confirmation and wider acceptance, and which may be concisely described as deducing all new growths, from the pus of an abscess to a cancerous tumour, by ordinary generation from the germs of pre-existing normal tissues, while the doctrines formerly prevalent supposed that they became developed within the organism by a species of *generatio equivoca*. These, the words of one of the most earnest and unwearied truth-seekers that ever existed, who has not long since passed from amongst us, acquire a deeper and a truer meaning than even he intended when he said, "that disease, contrary to the vulgar notion of it, is no new thing superadded to the living body, and constituting a special entity *in serum natura*, but is a mere group or collection of modifications of structures already existing, and of actions always going on in a living system. Whatever be the remote or exciting cause of the morbid state or disease, whether external to the body or originating in the body, the morbid state itself is always the product of the body itself—that is, of the vital actions always taking place within it, and of the materials of which it is normally composed" (Forbes). While I might also show that the views advocated are entirely in accordance with the tendency of modern medicine, to attempt the cure of disease by endeavouring to influence the nutrition of the part through the agency of the nervous system, which, as Travers says, "forms the portal as well as the herald of all diseased action," and indeed of all vital action whatever, the manifestation of which depends upon the nervous force of which the nervous system is but the visible coördinating agent. Though they also distinctly point out that to cut short or cure a disease we must neutralize the action of the injurious stimulus *in limine* before time has been permitted for the development of those organic changes, the course of which we can never hope to check, and which indeed all our present knowledge of pathology teaches us it would be injurious to check, even if we could do so, but the unpleasant phenomena connected with which we may moderate, while at the same time we cautiously aid Nature, as need arises, in the completion of these necessary changes.

In conclusion, I would desire to point out how important it is in regard to the preservation as well as the restoration of their own health, that the public should be thoroughly indoctrinated with the principles of physiology. Not so much that they should be taught a mere smattering of the structure and functions of the various organs, in regard to which it is so difficult to convey to them any knowledge that is either correct or practically available, but rather that every man and woman amongst them should be taught the principles of what may be termed dynamical physiology, the science of the influence of all the external agents surrounding us in regard to the production of the phenomena of life, whether healthy or diseased. That is,

a subject which could be readily elucidated by practical illustrations, and easily explained in language comprehensible by any mind of ordinary intelligence. The spread of a correct knowledge upon this matter throughout the mass of mankind, could not fail to be productive of a material increase in their well-being, while it would tend also to increase the dignity and usefulness of our profession, who would then cease to be regarded, as they too often are, merely as a class of privileged nostrum-mongers, and would be raised to their rightful position as the counsellors and advisers of mankind.

REMARKS ON

DR. RICHARDSON'S NEW METHOD OF PRODUCING LOCAL ANÆSTHESIA.

By GLASCOTT R. SYMES,

ONE OF THE SURGEONS OF STEEVENS' HOSPITAL.

Dr. Hardy many years ago drew attention to the production of local anæsthesia by means of the vapour of chloroform directed in a fine stream on the part affected. In many cases the result was most satisfactory, as in facial neuralgia and toothache; but gradually this method fell into disuse, probably from too much having been expected from it at the outset.

After this it was usual to produce local anæsthesia by the application of a freezing mixture. The difficulties in the way were numerous, the method was cumbersome, the patients screamed with the pain while the tissues were being frozen, and again a second time when the blood returned to its fluid circulating condition, and the process took considerable time.

It is well known that ether produces a considerable diminution in the temperature of any body with which it may come in contact, in consequence of the rapidity with which it evaporates. The amount of caloric rendered latent for the fulfilment of that process can be measured by the rapidity and completeness of the evaporation.

The smaller the particles of the ether of course the larger surface would it present, and the more rapid would be the evaporation. In this way Dr. Richardson, of London, conceived the idea of utilizing the ether in the form of spray. He adopts a form of spray producer, of which the following is a description:—

"The apparatus consists simply of a graduated bottle for holding ether; through a perforated cork a double tube is inserted, one extremity of the inner part of which goes to the bottom of the bottle. Above the cork a little tube, connected with a hand bellows, pierces the outer part of the double tube, and communicates, by means of the outer part, by a small aperture, with the interior of the bottle. The inner tube for delivering the ether runs upwards nearly to the extremity of the outer tube. Now, when the bellows are worked, a double current of air is produced, one current descending and pressing upon the ether forcing it along the inner tube, and the other ascending through the outer tube and playing upon the column of ether as it escapes through the fine jet. By having a series of jets to fit on the lower part of the inner tube, the volume of ether can be moderated at pleasure; and by having a double tube for the admission of air, and two pairs of hand bellows, the volume of ether and of air can be equally increased with pleasure, and with the production of a degree of cold six below zero."

Such is the instrument as manufactured by Messrs. Krowe and Seseman. I have heard that it is patented.

I endeavoured to get one of these instruments in Dublin last week, but the demand was so great that the stock was run out. I therefore determined to try what I could effect by using Dr. Clark's ordinary spray producer with the mountings for directing nitrate of silver on the glottis; with this and a small bottle to hold my ether I was enabled to produce the very same effects as Dr. Richardson alludes to. The ether must be as perfectly anhydrous as possible. It should have a specific gravity of 0·723; it should boil in the warmed hand. Such an ether is not always to be had, but my friend Mr. Tichburne, of the Apothecaries' Hall, manufactured it for me with great care. By directing the spray on the bulb of a good thermometer the mercury went down to six degrees below zero in three minutes; by removing it the thermometer flew up ten degrees in as many seconds; the water in a test tube was congealed in three minutes. When directed on the back of the hand momentary pain was observed, but in one minute total insensibility was induced, so that the prod of a needle or knife was not felt. The return to the natural condition of the circulation was unaccompanied by pain such as is felt where the freezing mixture has been applied.

On the 24th inst. I used it in the removal of a portion of toenail from a case of syphilitic onychia. The patient winced at the first application but did not appear to mind the cutting, although my incision went very deep; there was no bleeding, and the parts cut as if composed of cheese. The patient was much gratified and said it was much better than the chloroform which he had inhaled on a former occasion for the same operation. I since then opened an abscess without the patient feeling any pain.

Dr. Richardson deserves the best thanks of the public for his invention; it will be the means of saving many a person from death by chloroform, which almost always follows some minor or bloodless operation. The plan is being extensively tried in London with the very best and most flattering results.

It is, however, open to a grave objection. When the stream of ether is applied for any time, say four minutes, to the back of the hand and then the part is pricked with a needle, a curious phenomenon is observed; commencing at the point touched, a white patch is instantaneously produced, which travels to the extent of the surface which has come in contact with the spray. The part is now completely frozen, it is hard and brawny, and returns when the spray is withdrawn to the condtiion of the surrounding parts in about one minute. The explanation of this phenomenon I take to be as follows:—If a fluid be kept quite stationary, its temperature can be lowered to many degrees below its ordinary freezing point without that effect being produced; but on the slightest disturbance it becomes solid instantaneously; so here the blood was stagnated, but not solid until it was disturbed by being set in motion by the prick of a sharp-pointed instrument; or it may be that the vaso-motor nerves were irritated, so that the vessels were emptied of their contents; but I rather incline to the former explanation. However, no matter what the cause, the effect was the same. I tried it on some of the students and myself, and the next day the part was red, sore, and in the very same condition as a burn of the first degree. If this be the condition induced on the sound skin when freezing takes place, what, I argue, must be the condition of an open ulcer or surface which is so treated? It certainly will not be improved.

It then occurred to me to use chloroform in those cases where the surface is exposed. Chloroform used in the form of liniment is extensively and successfully used every day on the surface of the body. I accordingly substituted some of Duncan and Flockhart's good chloroform for the ether, and found that on the skin its effects were nearly as satisfactory as the ether. Thus after one minute the back of the hand was rendered insensible to the prick of a needle. It acts both by lowering the temperature and as a narcotic and sedative. It could never freeze the living tissues, but makes up in its other and ordinary anæsthetic quality for the complete effects produced by the cold of the ether. I intend to use it in the next case where I have an exposed or ulcerated surface to deal with. The subject is, however, in its infancy. The apparatus I have hitherto used is Clark's spray producer for the larynx; owing to the weight of the chloroform it must be held with the point downwards and not elevated.

Dublin, February 24, 1866.

[Since writing the above I have operated on many cases with the aid of local anæsthesia. On comparing Clark's

instrument with that of Dr. Richardson, I am still inclined to use the former; the spray it produces is much finer than that showered from the nozzle of Dr. R.'s instrument. I do not find the tube is clogged with ice.—G. R. S.]

OBSERVATIONS UPON PAU,

SANITARY, MEDICAL, AND ECONOMIC, AS A WINTER RESIDENCE FOR ENGLISH CONSUMPTIVE INVALIDS.

By CHARLES R. MAXWELL, L.R.C.P.Lond. and Edin.

(Continued from page 169.)

As regards the quality and prices of things in general use—bread, butter, milk, candles, soap, tea, coffee, eggs, about the same as in England, also butchers' meat. Fresh fish from Biarritz is sometimes offered for sale "au marché;" I have never seen it, but have occasionally been made aware of being its vicinity; I never had the courage to taste it. English ale, Reading biscuits, and many other English commodities are to be bought; I have tried them and found them much deteriorated by shaking *in transitu*. The prices are high; if you know the price of an article in England, double it and you have the price here.

Manufactured goods, especially of superior finish or durability, are universally inferior to those produced in England. They make a native beer here; it would be called "swipes" with us. There is a notion existing in the minds of some enthusiastic Frenchmen having wines to sell that their light wines will be adopted by our labouring population instead of beer, but I think I know the good sense and good taste of that class of my countrymen too well to believe that such will ever be the case; whenever it does take place the "star" of England will have set.

Insect life is abundant at Pau; fleas swarm everywhere, as a young French lady whom I chanced to come across told me, they are in the very dust of the ground; they are extremely persevering. Exhibitors of the "*industrious* animal" might recruit their stock here *ad infinitum*. Pau also possesses, in the summer and autumn months, a small black fly, very active, which attacks any exposed part; its pique raises a lump about the size of a pea, the itching of which for nearly a fortnight is positively distracting; to refrain from scratching, quite impossible; I have scars on my legs therefrom I shall carry to the grave. I tried various applications to lessen the pruritus; liq. potassæ ʒi, aq. dest. ʒii., I found the best, but the plan I found *most* successful was to pierce the spot where the sting had penetrated with a very finely-pointed needle and squeeze out the virus, soaking it up with blotting-paper. So much for pests by day. By night mosquitoes of gigantic size will take care you shan't sleep much; your face and hands in the morning are covered with lumps like variolous pustules (less the pus). Apply the same lotion.

Don't let any "piscator" coming here promise himself glorious sport in the river and streamlets. A French lady assured me there was nothing in them but goujons.

The changes of temperature at Pau are very great and very sudden. Early in October, 1865, after great heat, rain fell during the night; the next day, about mid-day, I walked out clad in the cloth surtout I had been wearing, and was glad to hurry in and put on an overcoat, it was so cold. This lasted for two days; it then became as hot as it was before. On the 13th of December I was sitting out in the open air with an umbrella over my head to keep off the sun; the thermometer must have stood in the shade at 50° Fahrenheit. I saw many specimens of a small and beautiful butterfly sporting about, only seen in England in the summer. During the following night a sudden change took place; the morning was frosty, foggy, with an easterly breeze, though slight. It was as keen and cold as in January in England; the glass must have been down to 32° in the shade; however, there was no sun visible. This lasted several days. Here was a fall of 18° in temperature in twelve hours. What will consumptive patients say to that? I cannot think that a climate subject to such great changes can be beneficial in phthisis. I am convinced that Pau is *not* the place for such. Two ladies whom I met in the Isle of Wight had passed a winter at Pau, and had since then passed two at Ventnor; they said they found Ventnor much warmer than Pau. Mons. Louis, a distinguished French physician, praised the climate of Pau, in phthisis. He had a son thus afflicted who passed some time here. I believe he is buried in the cemetery. I wish to offer a few words of caution to those invalids who sit much in the open air; the favourite spot for such is the elevated ridge in the park overlooking the low ground in front, with the river and streamlets flowing through it. I would remind them that where there is running water there is more or less of a current of air, and that the hills behind them on the north are sufficiently near to cause a current to set towards the valley. They are thus exposed to the partial application of both heat and cold, the intense solar rays imparting the former to their faces and chest, the cold north air rushing through the gulleys behind them, the latter to their backs, base (root) of the lungs, &c. With not a very limited experience in the treatment of phthisis, I have yet to learn that it is good for a consumptive patient to be *entre deux vents*. I shall be told that the Park is a valuable feature *in re* Pau; that it is a source of health to some. Let me not be its detractor, but add, and a source of health to others. Patients sit there much too long in the afternoon. In November, December, January, and February, half-past three is the latest moment they should remain there. They will find a great change between the southern ridge and the streets of Pau to get to their houses, as regards the sun's influence. By the middle of January the sun acquires great power, the air remaining cold. This I found to be most dangerous weather, slight exercise causing perspiration, liable to be checked by the chilly air. I was constantly getting a sore throat, and I believe cynanche to be very prevalent here at all times, at least I was told so, and have no doubt whatever on the subject. French physicians praise the sulphurous waters of the "Eaux Bonnes" in consumption. I have no faith in them. A lady living in the same house with me, who had been several years under the care of one of them, came in last autumn from the "Eaux Bonnes" after suffering great fatigue from the journey; she died two months afterwards. One of the best places on the Continent for pectoral affections, I should say, was Mentone, maritime Alps, but the expense of living there is quite ruinous to any but "grandes bourses." In all the published remarks I have seen on the climate of Pau, its drawbacks have been greatly ignored. Hiatus valdè deflendeus, surtout au point de vue médicale. In writing my observations, I have had no preconceived opinions to maintain; no ulterior views to promote; no local interests to defend; I went to the place a stranger; I left it a stranger; my only wish is, in a few words, to place a plain statement of facts before the public according to my impressions, and leave them to draw their own conclusions. In the matter of housekeeping, I wish to draw attention particularly to the dishonesty of *cuisinières* and butchers. I quote from a number of the *Pau Indicateur* just published, where it is stated that servants have made their employers pay eleven francs for a leg of mutton for which they have paid the butcher five francs. This quite equals the dishonesty of English servants; the butchers connive at the fraud. To remedy this evil a company has established *une Boucherie Agricole*, with a tariff of prices, according to the price of cattle. The butcher is bound to furnish a note to the purchaser of weight and price. Insist upon your servants demanding the note, and patronize the Boucherie Agricole, in the Rue Serviez, No. 4. Decision is necessary in dealing with cooks, *et id genus hominum*. Be firm, and show you are *not* a French roll.

There is an English newspaper edited and published at Pau by an old retired military officer that, I believe, every English family makes it a point of honour to take in. It is well got up; some of its "Joe Miller's," under the

heading of "Facetiæ," reminded me of "The days when we went gipsying, *a long time ago*." In concluding my remarks on the trade of Pau, I wish to animadvert on the great length of time (fifteen days)—the period allowed by the railway company—for heavy goods to be on their way from Paris, as merchandise pays a less tariff by *slow* train than by passenger. No doubt this is done to act as a discouragement, and induce the trade to send goods by passenger trains at a high tariff. I wish also to somewhat modify my remarks on the enthusiastic praises bestowed on the goods they have to sell by shopkeepers, &c. Everything in this world is by comparison; what appears, and really is, poor and paltry to me as an Englishman, coming from a country filled with superior artisans, workmen, &c., to the French eye, accustomed to look upon so much trash and inferiority, may, in fact, seem to be what he calls it, when he says, "*Voila, tout ce qu' il y a du plus rare, du plus fort, du plus élégant, plus gentil; et multa alia.*"

The distinguishing feature in the climate of Pau is the almost invariable stillness of its atmosphere. On the tops of the tallest trees (poplars) not a leaf stirs. In consequence of this, the peripheral extremities of the nervous system, not being stimulated by the contact of fresh air, the respiratory process is less active. Thus, the lungs, the great purifying organs of the blood, are comparatively quiescent; but as the blood must be purified, or it would cease to circulate, the duty falls upon the next great decarbonizing organ of the body, the liver, which, being thereby overtaxed, at first functional disturbance, and then organic changes take place therein, thus deranging the secondary assimilating processes, producing dyspepsia, and the elaboration of unhealthy blood, deficient in plastic elements not suited for the nourishment of the body. Then follow nervous and muscular debility, emaciation, and a various train of evils: the pale, pasty, œdematous faces of the town inhabitants, their lack lustre eye, their want of energy, in thought, word, and deed, afford ample testimony to the enervating effects of the climate in which they reside. Those living in the country are better off; their faces are copper-coloured from the sun; their skin dry and shrivelled, and a man at forty looks as old as one of sixty in England. The heat during the months of September and October is very great and oppressive; during November and December the temperature is extremely pleasant, like a fine English autumn; January and February are very cold. No invalid must think of arriving at Pau before the first week in November, and should be away again by the middle or end of March. After mature consideration, and to sum up, I should say that a person in tolerable health, who did not mind a long and fatiguing journey, might pass those four months more agreeably at Pau than in England; but with regard to cases where there is positive disease, debility or irritability, I should say that, could it be proved that life was prolonged, or suffering mitigated by a winter at Pau (and the crowded state of the English burial ground seems to indicate that much which had been expected from climate had not been realized), to make the case my own, I would infinitely prefer the *chance* of existence being somewhat abbreviated by a residence in England, surrounded by the comforts of family, home, and country, than the *certainty* of its being rendered more or less miserable by a long journey and a residence at Pau, or indeed any foreign country. So little difference is there between the mean temperature of Pau and the Undercliff (Ventnor) in the Isle of Wight, and the houses, windows, and door fittings, &c. &c., are so much better calculated in England to keep out the cold that I believe, all things considered in a sanitary point of view, Ventnor will be found to fulfil all the conditions of which "climate" is capable in the treatment of tubercular consumption.

In those cases, where the sea passage to the Isle of Wight might be either disagreeable or inadmissible, on account of sea-sickness, I would wish to draw attention to Worcester, a town in the west of England on the Severn. It is situated in what I will call a topographical basin, surrounded by moderately high hills of gentle ascent, and very much sheltered from both north and east winds; being inland, the changes of temperature are not so sudden and great as at the seaboard. The numerous walks through the fields and drives in the country command views of scenery not to be surpassed in any part of England. The town itself is well built, well paved, lighted with gas, excellent drainage, abundant water supply, and possessing a local government, which carry out all sanitary measures admirably, leaving nothing to be desired. Its shops are excellent, no article of either necessity or luxury but one be obtained as well as in London. It possesses an excellent market, many churches, and a cathedral, triennial musical festival, frequent concerts, occasional balls, races twice a year, is in the centre of a good hunting and fishing country, plenty of quiet society, and an intelligent and respectable population; it is a cheerful town, without any of the noise and bustle to be met with in what may be styled a fashionable place of resort. The air is mild, yet not relaxing, and I believe a permanent residence there would be the means of preserving and imparting that good state of general health upon which the well-being of an invalid depends more than upon a climate of high temperature considered *per se*.

CLINICAL RECORDS, ILLUSTRATIVE OF THE DISEASES OF CHILDREN.

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III.

CASE OF SCARLATINA RHEUMATICA, OR DENGUE, COMPLICATED WITH PLEURISY.

DENGUE, or scarlatina rheumatica, is the name given to a disease which Dr. Aitkin describes as combining an exanthematous eruption ushered in by fever, with a rheumatic or neuralgic state. It is said to be of frequent occurrence in the East Indies and the Southern States of America, and prevailed in an epidemic form in Virginia in 1861.

Though in this country it is not known as an epidemic disease, Dr. Richardson and Dr. Wilks have noticed cases in which well-marked rheumatism of the joints occurred during an attack of scarlet fever. Dr. O'Connor, too, in the *Lancet* of November 10, 1860, gives the particulars of a case of scarlatina complicated with acute rheumatism, in which bronchitis and pericarditis supervened, and the patient recovered.

In the following case a sharp attack of articular rheumatism existed for about a fortnight previous to the appearance of the eruption, which was similar to that of scarlet fever. The rheumatic symptoms disappeared almost entirely for about ten days, but returned with increased severity four days after the rash was observed, and were followed by a sharp attack of pleurisy of the left side. The patient, however, made a good recovery.

J. L., a red-haired, arthritic-looking girl, aged 9 years, was admitted to the Children's Hospital on January 2nd, 1865, suffering from acute rheumatism of the ankle joints, which were slightly swollen. The pulse was quick, skin hot and dry, and the tongue loaded. Under the use of the tincture of the actea racemosa, in thirty-drop doses every four hours, and the application of a lotion of carbonate of potass and laudanum to the joints, the pain and swelling had entirely passed away by the 6th of January. She continued pretty well till the 17th, when the febrile symptoms returned and she complained of sore throat. Next day a bright red rash appeared on the arms and trunk, and the throat was slightly inflamed. The eruption kept well out, and beyond being considerably prostrated, she appeared to be doing well till the 22nd, when she was much more feverish, and complained of acute rheumatic pains in the wrists, knees, and shoulders. The actea was again prescribed, and the same lotion was applied to the affected joints, and by the 29th the pain had almost entirely subsided; but on the 2nd of February a friction

sound was discovered over the left lung, and the breathing was panting and hurried. The heart sounds were normal. Croton oil and liniment was applied to the affected side, fomentations were used, and a mixture of vini antimonialis and sweet spirits of nitre was prescribed.

By the 6th of February the breathing had become easier, and, with the exception of a little dulness on percussion, the chest sounds were pretty good, and the pain in the joints had quite left. A tonic was then ordered, and the patient gradually, but very slowly, regained her health and strength. She was dismissed on the 16th of March recovered. I understand that she has never again, up till this date, suffered from rheumatism.

In this case the administration of the tincture of actea racemosa was followed by a speedy diminution of pain in the affected joints, and was of decided benefit in allaying the fever and irritability of the patient. It is somewhat difficult to explain how this curious disease should at times assume an epidemic form in some countries, but that it does so is undoubted. During the time this patient was under treatment, scarlet fever prevailed to a considerable extent, but in none of the other cases which came under our observation, was the rheumatic complication present. We may remark, however, that it is by no means rare to find patients who have suffered from fever of any kind, but chiefly from typhus, complaining of severe pains in the muscles and joints during convalescence. But this may, perhaps, be due to hyperæsthesia more than to rheumatism.

CONTRIBUTIONS TO

CASES OF CEREBRO-SPINAL DISEASE.

By PATRICK FRASER, M.D.,
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CASE OF PARALYSIS, WITH REMARKABLE SOFTENING OF THE SPINAL MARROW.

Case 1.—J—— T——, age 35, a gardener, became an in-patient at the London Hospital; states that, for the first time, he experienced an uneasy sensation in the feet and legs two months ago upon a very cold day, when employed nailing up the branches of a fruit tree to the wall. Since then the weakness, as he calls it, has slowly crept upwards, and he is now in the following condition: imperfect paralysis of the upper extremities, there being complete loss of motion, but sensation is present; perfect paralysis of the lower extremities; the loss of sensation commences at the inferior margin of the ninth rib; angle of mouth drawn to the right side; loss of power in the sphincters of the rectum and bladder.

Treatment.—Under the employment of a spirituous extract of nux-vomica, by the 18th of February, twenty-five days after admission, he had recovered the perfect use of the right hand and arm, the recovery beginning at the little finger and going upwards. Upon the 9th the right arm was again paralyzed, and the respiratory muscles in high action. He became comatose upon the 20th, and died in a few hours.

Post-obit examination twenty-four hours after death. Brain perfectly healthy; the theca vertebralis perfectly healthy, and no effusion; the spinal marrow throughout its whole extent, but most especially at the lower cervical and upper lumbar vertebræ, in a state of complete softening; nothing abnormal in any other organ excepting absence of the pericardium.

CASE OF SOFTENING OF THE BRAIN WITHOUT PARALYSIS.

Case 2.—G—— M——, aged six years, was admitted into the London Hospital with a slight contusion on the right leg, caused by a kick from a horse; there was also a slight bruise on the forehead. For the first few days he went on well; on the 14th day after admission he became rapidly comatose; had strabismus with dilated pupils; no paralysis. He died upon the nineteenth day after admission.

Post-obit examination forty-eight hours after death. Body emaciated; within the skull the veins and sinus gorged with blood; a small quantity of lymph deposited on the surface of the arachnoid; vessels of the pia mater injected; ventricles much distended by serous fluid. The corpus callosum, the septum lucidum, and the fornix were in so softened a state as not to admit of handling. Nothing remarkable in any other organ.

Clinical Remarks.

It is not easy to determine whether the softened state of the chord in the first, and of the brain in the second, case arose from an acute inflammatory action, or from some peculiar disorganising process independent of inflammation.

This is a question of great physiological interest as well as of practical importance, and has been discussed by many eminent men. Copland states that this form of softening "is most frequently the consequence of a form of *sub*acute inflammation," and then adds: "At the same time I think it cannot be denied that it sometimes originates in a different way, being preceded by no signs of inflammatory irritation, or attended with inflammatory appearances, and is a simple consequence of diminished or altogether lost vital power, and cohesion of the part affected."

Rostan "admits that inflammation may produce softening; but believes that (more) generally it is a peculiar degeneration of the brain unconnected with inflammation."

Dr. Abercrombie conjectures that there may be two causes, each of which may produce softening: the first is inflammation, and takes place in young people; the second is in consequence of a failure of the circulation depending upon diseases of the arterial system, and this occurs in old people: the latter he compares to "senile gangrene."

Now, these two-sided opinions, and the manner in which all writers quit the subject, show that we have yet much to learn upon this subject. Brown-Séquard and later writers have not added as yet much to our information on this very interesting topic.

In the first case, the patient, during life, presented none of the symptoms which usually accompany inflammatory action, and at the examination after death no traces of inflammation were observed, *with the exception of the softening.* In the second case, I am not inclined to attribute all the mischief to the slight bruise on the forehead. I think that the boy had a brain affection previous to the accident, which latter acted only as a proximate cause.

Although it is known that inflammation may go on to a disorganizing extent without inducing in mass the "dolor," "calor," "rubor," et "tumor" of Cullen, still we expect to find or see some one of the usual effects, some general constitutional disturbance, or some of the marks by which the presence of inflammatory action is usually inferred; otherwise it is not inflammation, according to the ordinary acceptation of the term. The term "sub-acute" inflammation does not remove the difficulty, for "sub-acute" is a conventional term used to explain a grade of inflammation existing where there is depressed vital power; but the symptoms are always in a ratio to the power of the patient, and however low the action may be, it is still inflammation. Not so with softening of the brain or spinal marrow; either may take place in a person of robust health without showing a single symptom of inflammatory action.

In the first case the paralysis of the tongue indicates an affection of the lingual nerve, which leads us to suppose that the brain was becoming implicated; and in the second case the absence of paralysis agrees with an observation of Lallemand, who states that the parts softened in this case—viz., the "corpus callosum," the "septum lucidum," and the "fornix," having no direct communication with the spinal marrow, hence there is no paralysis.

A CASE OF GUNSHOT WOUND OF THE BRAIN UNATTENDED BY ANY MARKED SYMPTOMS.

Case 3.—John Fitch, age 25, a soldier, in an attack upon the city of Oporto on the 5th July, 1832, received a musket shot an inch above the ridge, and exactly in the

centre of the frontal bone. A few hours after the injury there were no urgent symptoms, and, as there was a doubt as to whether the ball had penetrated into the substance of the brain, he was merely required to be kept quiet, upon low diet, and to have active saline purgatives. Upon the 7th he was observed to be moping about, avoiding society, and having evidently, although he made no complaint, an intolerance of light.

Ten grains of calomel with two drops of croton oil were given immediately, which shortly produced a copious evacuation. On the morning of the 8th he was found comatose, pupils dilated, pulse full and regular. The trephine was used, and several broken portions of the external table removed: on further examination a piece of bone was felt deeply indented in the brain; this, a portion of the internal table, was removed with some difficulty, upon which at least a drachm of pus escaped; several convulsive respiratory acts immediately followed, but no further improvement took place, and he expired four hours after the operation.

Post-obit examination a few hours after death.—Upon raising the calvarium, an opening, corresponding with the external wound, was observed through the membranes leading to a small abscess exactly under the seat of the depressed bone, and from this abscess a track was traced leading into the right ventricle. Both ventricles were filled with purulent matter. Between the dura mater and arachnoid, patches of pus were observed, most abundant at the base of the brain and around the medula oblongata. The arachnoid was thickened in many places. No bullet, after a close search, was found.

The above case is an instance, among others recorded, of the vast extent to which disorganisation of the brain may proceed without inducing either apoplexy or paralysis, &c., or any very marked brain symptoms.

Hospital Reports.

SIR PATRICK DUN'S HOSPITAL.

Reported by Dr. BELCHER.

BELL'S PARALYSIS OF THE PORTIO DURA.

I AM indebted to the kindness of Professor Aquilla Smith for the opportunity of reporting the following case, now under his care. He has treated it with a view to show the special therapeutic action of a single remedy. At his invitation I myself have seen the case; and I am further indebted to the kindness of his son, Dr. Walter Smith, from whose note-book I have in great part compiled the following details:—

Samuel Davidson, ætat. 25, healthy, but inclined to take colds, engaged at the Model Farm, Glasnevin, was admitted into Sir Patrick Dun's Hospital on Saturday, 17th February, 1866, labouring under paralysis of the portio dura of the left side. About ten or twelve days before admission he had undergone a long day's work, and for four or five hours was exposed to a cold dry wind, particularly on the left side of his body. This does not appear to have affected him at once, though he noticed a chill in his face at the time; but next morning he was surprised to find that what he drank ran out of the left corner of his mouth, and that in masticating his food a great portion remained in his left cheek. However, he attributed all this to cold, and sought no advice for eight days, when he took to his bed, and, by advice of his medical attendant, put a small blister on the lower part of the left cheek, without any benefit being derived from it.

Appearance on admission.—There is the usual difference between the expression at the two sides of the face when the muscles are attempted to be brought into action, but not otherwise.

The mouth is drawn to the right side. The tongue is protruded to the same side; but there is neither numbness nor loss of taste. When he shuts his mouth and puffs out his cheek, the left cheek is more protuberant than the right. His speech is slightly affected. With regard to the liquids, especially the letter "M.," he himself says that this difficulty was more marked a few days ago, particularly as to the word "improvement." As is usual, he can neither whistle, purse up his lips, nor spit out; neither can he raise transverse or vertical wrinkles on the forehead of the affected side. He also manifests inability to complete closure of the left eyelids. The sensibility to touch, when pinched, was found unimpaired.

February 20th: *Treatment.*—Local electrilisation with the induced current resorted to. Wet sponges, and also pointed metallic conductors, severally employed. The sensibility was found to be a little impaired; but there was no pain felt. The orbicularis palpebrarum muscle readily responded to the electric stimulus, and, after the application of the remedy, he was able to cover the eyeball with the lids, though previously unable to do so.

21st: He can now cause the lids to meet over the eyeball, and thinks there is some improvement in eating.

Treatment.—Electricity again applied by wet sponges, and this time also with marked effect, especially on the buccinator, orbicularis palpebrarum, corrugator, and occipito-frontalis muscles.

22nd: He now closes the lids perfectly; can eat much better; and can wrinkle the left side of the forehead a little.

23rd: Marked improvement in the power of wrinkling the forehead; he now feels twitchings in the orbicularis palpebrarum.

24th: Improving in every way.

26th: Steady improvement; he can now move the mouth a little towards the affected side.

28th: Scarcely any distortion visible; when the muscles are brought into action he can almost whistle; the natural wrinkles are reappearing on the left side of the forehead.

March 2nd: The transverse wrinkles on the forehead are now well marked; the buccinator muscle is notably recovering its power. It is expected that this man will be discharged from hospital in a few days; and Dr. Smith looks on it as a striking instance of the curative effect of electricity independently of any other means.

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEB. 13TH, 1866.

Dr. ALDERSON, F.R.S., President.

CASE OF PHOSPHATIC CALCULUS IN THE MALE BLADDER, WITH A NUCLEUS OF BONE (PROBABLY A SEQUESTRUM DETACHED FROM THE INNOMINATE BONE).

By HENRY THOMPSON, F.R.C.S.,

SURGEON EXTRAORDINARY TO H.M. THE KING OF THE BELGIANS, SURGEON TO UNIVERSITY COLLEGE HOSPITAL.

A MAN aged 40 was sent to the care of Mr. Thompson, at University College Hospital, by Dr. R. Uvedale West, of Alford, Lincolnshire, in June, 1865, for a urinary affection of two years' standing. On examination, a stricture near the orifice of the urethra and a stone in the bladder were found. On June 27th the stricture was divided by the bistoury, and the first crushing was performed on that day. All going on well, the stone was again crushed on the 30th. On this occasion the *débris* withdrawn in the jaws of the lithotrite was remarked at the time to be unusual in character, but was not then minutely examined. Four days after this, retention was caused by a fragment impacted in the urethra; this was withdrawn by means of the forceps, and it was at once seen to be a fragment of bone. Other small pieces fol-

lowed, and the patient went out cured on the 15th July. He remains perfectly well at the present time.

It was not until after the appearance of the bone that a minute history of the case was taken. The following circumstances were then elicited:—The patient had had severe pain in the right hip seventeen years ago, and was lame for more than a year. Then an abscess broke externally, the cicatrix of which, among many others, is seen about the joint. Another attack took place three or four years after, from which several abscesses and much pain and lameness resulted. Two years ago another attack laid him him up for several weeks, but no external abscess resulted. When recovering from this, he became the subject of some pain and frequency in micturition; and finally the ordinary symptoms of stone appeared, and continued up to the time of his admission.

The author made reference to some analogous but not precisely similar cases, no example of the latter having been at present discovered.

The conclusion which he arrived at after full investigation was, that the origin of the calculous formation in this case was the existence of disease in a part of the os innominatum, resulting in necrosis of a small portion; and that this portion ultimately exfoliated and detached itself, to be extruded, not externally by the surface of the body—not by means of abscess which should follow the usual course along the tracks of muscles or vessels, but by one which communicated directly with the bladder, so that the sequestrum made its way into that cavity, and formed the nucleus of the phosphatic stone for which the patient was subsequently successfully operated on by lithotrity.

CASE OF LITHOTOMY; MULBERRY CALCULUS WEIGHING EIGHT OUNCES AND A QUARTER; DEATH.

By Joseph Allen, M.R.C.S., Norwich.

(Communicated by William Lawrence, Esq., F.R.S.)

The author was summoned to the Rev. T. C——, a thin spare man, of nervous temperament, aged 56 years, on Nov. 16, 1864, and found him suffering great pain and irritability of the bladder. He was a married man, of temperate habits. Had been married seventeen years and a half, and had three children growing up. A few days previously he had caught cold whilst performing the funeral service at the cemetery, and had suffered considerable pain in the body since, accompanied with frequent and painful micturition. He had tried several remedies without avail. Opiates and other anodynes, &c., were prescribed, but with only temporary relief. His history was as follows:—

He was born in Surrey, and from his boyhood was fond of exercise, running, jumping, &c., but frequently suffered great pain afterwards, and often passed blood in his urine; this he concealed lest he should be debarred from such pursuits. As a young man, hunting had the same effect, but his love for the sport was too great to allow him to give it up. He resided at Calais for eleven years, and enjoyed good health all the time. He afterwards spent seven years in London. He was ill for about three weeks shortly before leaving London with inflammation of the bladder, according to his account. Has resided in Norwich about five years. His health generally has been good, dyspepsia being his chief ailment, which a little carbonate of soda mostly removed. He confessed, however, to great irritability of his bladder for some years past, having been compelled whilst in London to micturate every two hours, and latterly had been unable to retain the urine more than one hour, so that he was compelled to time his visits in the parish accordingly.

On Dec. 5th, 1864, he was sounded by the author in the presence of Dr. Eade, having previously refused to permit it through false delicacy. The sound, immediately on entering the bladder, came in contact with a large and hard stone. The urine contained lithic acid in considerable quantity, also pus-globules.

It was determined to perform lithotomy, which was accordingly done on the 8th of December. The ordinary lateral incision was made, and the stone readily seized with the forceps. On attempting to extract it, however, it was found to be one of no ordinary size. Larger forceps were then introduced, and a firm grasp obtained, but without avail. In order, therefore, to avoid laceration of the parts as much as possible, the fibres of fascia on either side were carefully cut with a blunt-pointed bistoury by Mr. Cadge, traction being made on the stone at the same time. The perineum was enormously distended during the extraction of the stone. After a short time a mulberry calculus, weighing eight ounces and a quarter, was removed. There was scarcely any hæmorrhage, and very little laceration of the parts. The patient was remarkably well after the operation, and for a time progressed most favourably, the wound presenting a healthy appearance, and gradually closing. He was able to retain his urine in the bladder for three hours, a thing he had never done before for years. After a time, however, his spirits began to flag, and he became fidgety and impatient; and although well supplied with nourishment and stimulants from the first, he gradually became weaker, and at last sank from exhaustion on Jan. 20th, 1865, six weeks after the operation.

Mr. Holmes Coote said the case related by Mr. Henry Thompson was worthy of great consideration. There was one point, however, on which information was desirable—viz., as to the microscopic structure of the nucleus of the calculus. This would remove the possibility of doubt as to its being bone. Mr. Thompson had said that there was no specimen in the museum of St. Bartholomew's Hospital of a calculus with a nucleus of bone. He (Mr. Coote) remembered a case in which Mr. Lawrence had removed a calculus from the bladder of a woman. In this instance the bone was that of a sheep, and, of course, had been introduced from without. He could scarcely understand how the piece of bone in Mr. Henry Thompson's patient's case could have got into the bladder in the way suggested by the author, with so little irritation. Mr. Coote then spoke in eulogistic terms of the operation in the case brought forward by Mr. Allen. It was probably the largest oxalate of lime calculus that had been removed by the lateral operation of lithotomy. Mr. Coote also remarked that although Mr. Allen had not alluded to the fact, the history of the case clearly showed that the patient did not die of the mere operation. That was skilfully performed, and reflected the greatest credit on the operator. Had there been an autopsy, he (Mr. Coote) had no doubt it would have revealed other diseases as the cause of death. The coma pointed to renal disease. Mr. Coote concluded by saying that the operator was worthy of great praise.

Mr. Erichsen agreed in the main with Mr. Coote. He thought it a matter of great importance to distinguish cases of stones in the male and female bladder as regards the source of their nuclei. We know, he said, that in the female bladder the nuclei may be most various substances introduced from without; but a piece of bone was scarcely likely to be introduced by the male urethra. He agreed with Mr. Thompson that it most probably came from the pelvic bone in his patient's case. With reference to the second case, Mr. Erichsen said the stone was very large, although he was not prepared to say that it was the largest oxalate of lime calculus which had been removed by lithotomy. The case was of importance as regards the question of removing a stone through the prostate. In cases in which we hear of such great difficulty in removal, he could not help thinking the gland had been divided beyond its limits. The case introduced the question of small and large incisions in the prostate. No doubt, in Mr. Allen's case the best method of getting the stone out was adopted; but he could not think it could have passed through the lateral lobe without extending beyond its limits. Mr. Erichsen concluded his remarks by expressing his opinion that death was caused by renal disease, and not by the operation.

Mr. Charles Hawkins had no difficulty in coming to

the same conclusion as Mr. Thompson had; he had very little doubt that a foreign body could make its way into the bladder from other parts of the body. He referred to a case in the practice of Sir Benjamin Brodie, in which the nucleus of a calculus removed from the bladder of a female consisted of a small portion of bone and two imperfectly-formed teeth, and to another case in which large quantities of hair, covered with calcareous matter, had been passed. Mr Hawkins believed that these foreign bodies had come from tumours connected with the ovaries. Mr. Hawkins then referred to cases in which fæcal matter had found its way into the bladder, and gave brief particulars of a case of calculus in the bladder, the nucleus of which calculus was some vegetable substance derived, he believed, from fœces. In this case Mr. Hawkins had removed the calculus by lithotrity with success.

Mr. Spencer Wells said that, without in the smallest degree criticising the mode in which the very large oxalate of lime calculus had been removed—feeling, indeed, that the operation was a very creditable one to the surgeons concerned—he still wished to ask the author of the paper, simply as a guide to future practice in a similar case, whether it would not give a patient a better chance of recovery, in a case where a stone was known or believed to be unusually large, either to perform the high operation, or to be prepared with some powerful crushing apparatus, by which, after the bladder had been laid open, the stone might be broken and removed in fragments? Either of these plans would seem to be less hazardous than the forcible dilatation or the large incisions necessary for the removal of a very large unbroken stone by the lateral or bi-lateral perineal operation. With regard to the curious substances found as the nucleus of calculi, he (Mr. Wells) might add that he had recently removed a phosphatic calculus from the bladder of a patient who had undergone an operation for vesico-vaginal fistula, and a loop of silver wire which had got into the bladder had formed the nucleus of the calculus.

Mr. Henry Lee said that Mr. Erichsen implied in his remarks that the best plan to deal with large stones was to cut them out, rather than to tear them out. In this opinion he (Mr. Lee) concurred. Mr. Lee then referred to a case of lithotomy of his own at St. George's for the removal of a very large stone. In this instance he cut, no doubt, beyond the limits of the prostate, and the result of the case showed that the practice did not always lead to bad results. The calculus was phosphatic, and weighed four ounces and a quarter, and there was another stone in the bladder, extracted at the same time, which weighed a quarter of an ounce.

Mr. Propert said that twenty-five years ago he had under his care a young gentleman who had a knack of driving things up his urethra. At last he passed up a long piece of sealing-wax. The specimen of wax afterwards removed from the bladder would be found in the museum of St. George's Hospital. Sir B. Brodie, who was consulted, could not discover any foreign body in the bladder, and the patient went to India. After remaining in India some time, symptoms of stone in the bladder came on, and the patient came home for operation. Sir B. Brodie operated, and removed a calculus, the nucleus of which was a piece of sealing-wax. The patient recovered, and went out again to India, when, unfortunately, he was drowned.

Mr. Moore had had under his care at the Middlesex Hospital a patient above thirty years of age who had a similar strange fancy for passing foreign bodies into his urethra. He one day introduced a piece of sealing-wax. He afterwards had mucous and phosphatic urine, and suffered so much that lithotomy was performed. The piece of sealing-wax was removed and placed in the museum. The fragment was bent on itself, and had the ordinary flattened oval shape of a calculus. It was creased and compressed, as if it had been squeezed into its form by the contractions of the bladder. As regards the source of the nucleus in Mr. Henry Thompson's patient's case, he could not conceive that there could be any great difficulty in the way of the belief that it had been detached from the pelvic bone, and had made its way into the bladder. He did not think the passage of purulent matter from an abscess into the bladder was likely to produce any injurious consequences, and he referred to cases which served to show that the action of urine on abscesses communicating with the bladder did not affect them injuriously; on the contrary, the stimulating action of the urine appeared to produce salutary effects.

In reply to a remark by Mr. Holmes Coote, Mr. Moore said that he did not mean that pelvic abscesses were not serious, but that the mere entering of matter from an abscess into the bladder was not serious.

Mr. Solly agreed with the other speakers as to the great probability that the bone was an exfoliation from the ischium, and he agreed with Mr. Moore that an abscess might empty into the bladder without producing any striking disturbances. In illustration, he referred to the case of a patient lately under his care in St. Thomas's Hospital, who had paralysis of the legs consequent on disease of the spine, and who had quite recovered, after having passed much purulent matter in the urine. The case related by Mr. Allen introduced the question whether it would not be better to crush a stone when it was found to be so large, as in that case, before attempting to extract it. On one occasion he had prepared beforehand an instrument for this purpose, but it turned out that the stone was not so large as had been expected. He thought the surgeon ought to be prepared with a crushing apparatus in order to break up the stone when it was very large.

Mr. Charles Hawkins described an instrument—a pair of strong forceps with large teeth—made by the direction of Sir B. Brodie for use in a case of lithotomy, but the instrument was not required, as the stone did not prove to be as large as was expected.

Mr. Solly said the instrument he had had made was like the one spoken of by Mr. Hawkins.

Mr. Thompson thought the evidence all but complete that the bone had had its origin in the body of the patient himself. Still he should be glad to submit the fragment to microscopical analysis to determine accurately that point. He was, of course, quite alive to the various sources of error on this point. It was not long since he performed lithotomy for the removal of sealing-wax introduced by a patient into his own bladder, and he had more recently removed a hair-pin from the bladder of a male, who had so introduced it. With reference to the important and interesting case of Mr. Allen, there were two points well worthy to be considered with regard to it. First, was it possible to crush that stone through the wound, and so withdraw the fragments, instead of enlarging it? He had seen no instrument which he thought capable of crushing a large oxalate of lime stone, certainly none by way of compression. He had cut a gentleman last summer and removed an oxalate of lime stone weighing 3¼ oz. Before withdrawing it he had applied forceps of great strength, and with a powerful screw in their handles, and he had screwed the handles together, bending the iron, but no impression was made on the stone. The best method he had seen was one employed by Civiale, who, after trying it and perfecting it on twelve or thirteen cases, had just introduced it to the Academy of Medicine at Paris. Mr. Thompson had seen all those calculi so crushed and removed, and considered it a very valuable instrument. It was accomplished by means of perforation by a drill, which split up the stone. Secondly, there was the question of the high operation for such a stone. Could it have been ascertained to be so large—and no doubt such information it was possible to attain—he believed the high operation would have been preferable. The bladder was nearer to the surface above the pubes in a thin individual such as this patient was; less important parts were in the way than in the perineum, and the depth of this region, which is exceedingly embarrassing with so large and spherical a

stone, was avoided by that procedure. Altogether it was well worthy of consideration whether such stones should not be removed by the high or supra-pubic rather than by the lateral operation. He inclined to the belief that the former was preferable for these cases.

Mr. Joseph Allen explained how it happened that leave to make a post-mortem could not be obtained. Although the post-mortem might have revealed renal disease, there had been no positive evidence of it during life. The patient seemed to sink from nervous depression. As regards the prostate, as no post-mortem examination had been obtained, it was impossible to speak positively. He was glad to find that Mr. Henry Thompson, in his reply, had relieved him (Mr. Allen) of the necessity of replying to several questions which had been put to him. Mr. Allen said that the largest stone—not an oxalate—which had been removed in Norwich had been removed by the lateral operation, and the patient recovered. For this reason he did not think of the high operation; moreover, it was not easy to ascertain the size of a stone before the operation.

NEW ARTIFICIAL ARM.

After the meeting, Mr. Uren, of Cornwall, exhibited an artificial arm which he had invented, and which had been made by Messrs. Weiss and Son. This seems to be an improvement on the artificial arm in ordinary use. Movement of the elbow, opening and closing of the fingers, are maintained by the movement of the stump of the upper arm acting on some cords which are connected to the arm and to straps across the trunk. The man who wore it said it was comfortable, and that it was of considerable use to him.

SURGICAL SOCIETY OF IRELAND.

Feb. 16, 1866.

Dr. WILMOT, President of the College, in the Chair.

TUMOUR OF SCALP.

Dr. Stapleton said that as there was a discussion on a former evening, relative to tumours of the scalp, he had brought with him a drawing of a case in which he had removed such a tumour. The contents of the tumour were like fluid honey, with particles resembling wax floating through it. This tumour had existed from birth, and had grown under the pericranium and indented the skull. He had a great deal of trouble in removing it, because of the adhesion to the skin and the pericranium. He also exhibited the cyst of another tumour, which he had removed from a boy 14 years of age, about the size of a large marble. This, also, had existed from the time of birth. It was filled with the same sort of fluid, with the exception of being somewhat denser. One was clearly congenital, and in the other case the man, who was about 35 years of age, said he had had it as long as he could remember.

Dr. Stapleton likewise made some observations on the case of Clarke, who was recently shot on the bank of the Canal.

SPECIMEN OF PELVIC VISCERA.

Dr. Minchin exhibited the pelvic viscera of a patient who had died of peritonitis caused by a ruptured ovary. She came into hospital with the following symptoms:—She was a young woman, 30 years of age, and had for three weeks previously been gradually losing health and strength. She had low fever, loss of appetite, loss of sleep, diarrhœa, and extreme debility. On the night she was admitted it was found she had retention of urine for fifteen hours. The resident drew off the contents of the bladder, and administered an opiate, and he (Dr. Minchin) saw her next morning. She then had retention of urine; there was great prostration of strength, the countenance was sunken, and the skin sallow, almost jaundiced in appearance, but of a more brownish appearance than jaundice; there was total loss of appetite, foul tongue, and very great diarrhœa during the whole night. On examining the abdomen in a cursory way, no pain was experienced; this part was not tumid, nor was it sunken, and there was a considerable layer of fat on the walls of the abdomen. After drawing off the urine, and passing his hand over the abdomen, a tumour was found in the right iliac region. On the left side and across the middle of the abdomen pressure was borne without any complaint. The difficulty, then, was to ascertain the nature of the tumour in the right iliac region. The woman's menstruation was regular, and had taken place nine days previously. There was no pain in the uterus or bladder. There, therefore, did not appear to be any urgent necessity for an examination in that quarter, particularly as the patient was weak and suffering from diarrhœa. The diarrhœa was altogether beyond control; everything was done to suppress it, but without effect. The bladder remained torpid, and had to be evacuated twice a day. The appetite was gone, and it was with difficulty they could induce her to take anything; but they succeeded in administering wine and restoratives in small quantities. On the third day of her being in hospital, on removing the urine from the bladder, he found there was some prominence, and on passing the finger into the vagina, he discovered that the entire pelvis was filled with a large tumour. In the debilitated state in which the patient was, he could not make a better examination. Touching the tumour with the finger gave no pain, nor did the woman know that there was anything wrong there. Next morning he found that the patient had taken sudden symptoms of peritonitis the night before, and she died rapidly of this disease in an intense form. He took out all the pelvic viscera. The bladder was perfectly healthy, and the uterus also was sound. The tumour was a large fibrous polypus, and there was no strangulation in the neck of the uterus. How the tumour came to be turned over to the right iliac region he could not say, except the existence of an abscess might have acted in pressing it over. The left iliac region was filled up with an exceedingly dark purulent matter, which escaped through a small hole, and no doubt was the origin of the peritonitis which occurred. The peritonitis was circumscribed, but in her debilitated state it required very little to destroy life. The ovary presented a sanguino-purulent cyst, which had burst; the left ovary was healthy. The finger could be passed with great ease round the inside of the neck of the uterus, notwithstanding the existence of this large polypus. The reason he brought the case forward was to show how a tumour of this kind could exist for a long time without any symptoms that would attract attention. The woman said she had never received any treatment from a medical man, and was not aware that the tumour was in the pelvis.

THE SUPERIOR PULMONARY VEINS OF THE RIGHT SIDE OPENING INTO THE SUPERIOR VENA CAVA.

By ALEXANDER MACALISTER,

DEMONSTRATOR OF ANATOMY, ROYAL COLLEGE OF SURGEONS, IRELAND.

A few days since Mr. Dwyer, one of our pupils in the College of Surgeons Dissecting-room, called my attention to a peculiar arrangement of the vessels in the root of the right lung of a female subject, which was not referable to any of the usual types.

On examination, the abnormal vessel proved to be the superior right pulmonary vein, which was situated above the other parts in the root of the lung, and arose by several tributaries which passed out of the pulmonic substance, and, uniting, formed a single vessel that poured its blood into the superior cava in the same plane as the vena azygos, but anterior to that vessel. There was no trace of a valvular apparatus at the site of the communication, and the vessel was much smaller than its inferior companion.

Nothing was known of the life history of this individual, but probably the anomaly did not give rise to any marked symptoms. The embryological history of this anomaly is

rather obscure, but most probably it arose from an error in development by which the right upper pulmonary vein communicated with the duct of Cuvier on that side instead of being posterior to it, as it should have been. There is, however, I believe, no normal connexion primarily between these vessels in their embryonic condition.

Other forms of communications between the arterial and venous trunks near the heart are well known; but the class of which this is a representative is among the rarest of such connexions. I have seen but one other example of this nature; but although it was even more singular than the present, yet I regret the specimen was inadvertently destroyed before I could preserve it. In it the superior pulmonary vein of the right side, after entering the pericardium, pierced the auricular septum, and bifurcated, or at least opened, by one small opening into the left auricle, and by a large oblique orifice into the right auricle. In this instance, which was clearly the result of imperfect septal development, the same condition would have occurred as in the present instance—viz., a mixture of arterial with the venous blood in the right side of the heart. Whether this might not exercise some effect in the development or condition of the lungs would be an interesting inquiry, and one which, in neither of these instances, could I elucidate. The late Dr. Mayne, I believe, described a variety of a somewhat similar nature as the last mentioned.

NON-DEVELOPMENT OF THE GALL-BLADDER.

In the abdomen of a thin male subject I found that there was no appearance of a gall-bladder in its usual position, and on careful examination I discovered that only a small rudiment of such existed. The vesical fissure in the liver is obvious, but bridged over with peritoneum, and the only trace of this sac existed as an extremely minute appendix to the hepatic duct, and lay between the laminæ of the gastro-hepatic omentum.

In man this anomaly is decidedly rare, although among mammalia, many of the ruminantia and pachyderms are destitute of this appendix, as the cervidæ: although present in the ox, sheep, and others.

HOLT'S TREATMENT OF STRICTURE OF THE URETHRA.

Dr. Fleming wished to bring under the notice of the Society a case that came before him that morning at the Richmond Hospital. The subject was a book-binder, aged 25. He was a patient in the Adelaide Hospital in 1862, labouring under the symptoms of organic stricture of the urethra. He was under the treatment of Mr. Barton. At the time of admission the stricture was of the class that it would hardly admit No. 1 or 2 catheter or bougie, and under Mr. Barton's treatment the case improved, so that after the time the man left hospital an instrument up to eight or ten, and conical in shape, could be introduced. In November in the same year the man went to the Meath Hospital, and was under the care of Dr. Macnamara. The stricture was then very tight, but by degrees Dr. Macnamara was able to get in Mr. Holt's apparatus, and with it he dilated the stricture. He afterwards introduced catheter No. 11. This he introduced upon a second occasion, and he was kind enough to ask him (Dr. Fleming) to pass the catheter. He did so, and succeeded in passing either Nos. 10 or 12 in the erect posture without the slightest interruption. He was at the Richmond Hospital this morning complaining, not of uneasiness in the urethra, but in the vicinity of the urethra, fancying he had piles, but none were visible. He said he was free from any urinary symptoms; that he did not pass water more frequently than natural, and that there had been no catheter passed since 1862. He (Dr. Fleming) introduced the full-sized instrument that day with the most perfect facility; there was not the slightest interruption.

Dr. Stapleton—Do you know any case in which Holt's plan has not succeeded?

Dr. Fleming said he had adopted Mr. Holt's plan in not a few cases, and in those cases which were the most unmanageable of all, stricture of the orifice of the urethra, resulting from chancre, and where, also, there was generally a second stricture in the vicinity of the bulb.

Dr. Stapleton—With respect to stricture of the orifice of the urethra, he had a case of that sort in a boy in Jervis-street Hospital who had an ulcer that eat round the orifice of the urethra. He had the greatest difficulty in finding the orifice with a probe. He introduced Holt's instrument and burst it. There was some bleeding. He was proud of the case, and showed it as a fine specimen, but some time afterwards he found it contracted to what it was before.

Dr. Macnamara distinctly remembered the case. It was precisely what Dr. Fleming had stated. From his experience in this method of treating stricture, he was far from saying that every case had been invariably successful; but he would say that the result of the majority of those cases had been most gratifying. In every case that had turned out successful there had been a little bleeding, and in those cases in which there had not been a drop of blood he expected an unfavourable result. He liked to see a few drops of blood appear after the operation, and on the next morning the shirt notably stained. Whenever that had taken place he had always found a satisfactory result, but in those cases which had been perfectly bloodless he anticipated that the operation would prove a failure. He firmly believed in that form of elastic stricture which, no matter what the form of operation employed, would recur again and again.

Dr. Darby said that no matter what plan of treatment was adopted some cases would relapse, and every man who had treated stricture must have experienced cases of that kind. If the immediate plan was as successful as the more dilatory, and equally safe, he would say it was the best from the fact of its being immediate. He had hitherto had no opportunity of seeing the immediate plan tried, but he confessed he was rather prejudiced against it. He remembered when Stafford's instrument was in daily use, and when treatment by the caustic bougie was also practised, and surgeons differed much with one another as to the efficacy of the respective modes of treatment. He believed that by increasing the size of the bougie he had cured many cases without the sign of a relapse. He had gone on gradually dilating until he had reached the size of 15 or 16, and he thought if they stopped at No. 10 there was danger of a relapse taking place.

Dr. Fleming said he did not stand up as the warm advocate of Mr. Holt's treatment, but he thought it right to bring the present case forward as one in which the immediate plan seemed to have been attended with very favourable results.

INTERNAL ABDOMINAL STRANGULATION AND THE OMPHALO-MESENTERIC VESSELS—THE LATE PROFESSOR HARRISON'S VIEWS.

Mr. B. W. Richardson stated that he was indebted to his friend Dr. Sinclair, the accomplished Professor of Midwifery in the University of Dublin, for the living specimens of young salmon in the jar which he held in his hand. They were about sixteen days old, and still possessed the umbilical vesicle, which is yet comparatively of large size. It is scarcely necessary to remark that as fishes leave the egg before being as fully matured as either the chick or mammals are when born, they have consequently the umbilical vesicle at birth, which organ, in addition to its other uses, acts as a temporary respiratory apparatus until the gills are fully perfected. As then the umbilical vesicle acts as a temporary lung in fishes, these animals are not provided with an allantois, which performs this function in both mammals and birds. He (Mr. Richardson) would place the salmon in water in cells under the microscope, when the members could view the circulation in the omphalo-mesenteric vessels in the umbilical vesicle. In their present state of development the move-

ment of the circulation of the blood can only be clearly seen in the umbilical vesicle; but, a few days, ago when the specimens were more diaphanous than they are now, the blood could be distinctly seen circulating along the whole spine, the different course of the arterial and venous blood being most manifest.

These specimens are not only of physiological, but are also of surgical, interest, for, the omphalo-mesenteric vessels afforded to the late Professor Harrison the *materiel* for a very ingenious theory regarding internal abdominal strangulation. Several years ago while that most distinguished member of this College was making some observations at the Dublin Pathological Society regarding a specimen of internal strangulation, remarked, that he considered that the bands which sometimes cause internal abdominal strangulation, may be either the result of inflammatory action, or may consist of some original natural structure belonging to the period of fœtal life. In Dr. Harrison's case, a cord extended from what he calls the end of the urachus, back towards the mesentery, into which it was inserted. This formed a noose in which a portion of intestine was engaged and strangulated, causing peritonitis and rapid death. He (Dr. Harrison) observed, "that from the situation, appearance, and attachments of the band, it was plain that it could be nothing but the urachus, with the remains of the omphalo-mesenteric vessels. In the chick," he further remarked, "the vessels which form the area vasculosa, on the surface of the yolk-bag, gradually unite and form two vessels, which, as the animal grows, run towards the mesentery, in order to transmit the blood to the heart. In the human subject," says he, "there is an organ analogous to the yolk-bag of the chick—namely, the umbilical vesicle, which disappears about the sixth week of fœtal life, and the use of which appears to be the same as that of the yolk-bag. As the child becomes more advanced, the umbilical vesicle is carried into the abdomen and becomes gradually obliterated; but its vessels can be still seen passing in towards the mesentery." Dr. Harrison thought "it was not unreasonable to infer, that what occurred in the lower animals occurred also in man; and as the fœtus advanced in growth and the bladder descended into the pelvis, the omphalo-mesenteric vessels would be seen running from the top of the bladder towards the mesentery. In the more advanced period of fœtal life, these omphalo-mesenteric vessels, being no longer of any use, wither and disappear; but they do not always do so, and sometimes a rudiment remains, forming a cord which extends from the top of the bladder to the mesentery. From this view of the case he (Dr. Harrison) thought the strangulation was produced by the remains of the omphalo-mesenteric vessels."

Notwithstanding the ingenuity of Dr. Harrison's view regarding the pathology of his case, it appears to me to be hardly tenable. More particularly as his description of the omphalo-mesenteric vessels is not in accordance with our present embryological knowledge. Strictly speaking, the name omphalo-mesenteric is applied to two arteries and two veins which emerge from the sides of the fœtus and convey the blood to and from the area-vasculosa. The two arteries are given off by the fœtal aorta just after the two vertebrals unite to form it. The two veins open into the lower extremity of the heart. These are the omphalo-mesenteric vessels, and are for carrying on the circulation in the umbilical vesicle, the mesentery, and the intestine. As development progresses, the two omphalo-mesenteric arteries and veins are replaced by corresponding single trunks. Now, the term omphalo-mesenteric is usually only applied to those vessels which ramify in the umbilical vesicle, mesentery, and intestine, whereas Harrison's description is more in accordance with the anatomy of the umbilical vessels themselves, and which are contained in the allantois—a structure, by-the-by, which Dr. Harrison did not allude to at all. This structure is gradually protruded from the lower end of the intestine, bringing with it two arteries and two veins. These are the umbilical vessels. The two arteries are given off by branches of the abdominal aorta, and the veins open into the mesenteric veins, and through these channels their blood reaches the heart. One of the umbilical veins eventually disappears, and as additional labour is thrown upon the other, it enlarges in calibre. As I have already mentioned, the allantois is partly a respiratory organ, and is the medium by which decarbonized blood is obtained for the fœtus. It is quite evident that Harrison's account can only be applied to the umbilical, and not to the omphalo-mesenteric vessels, and therefore it appears to me that the strangulation in his case could scarcely have been caused by obliterated omphalo-mesenteric arteries or veins.

(At the conclusion of Mr. Richardson's observations the members viewed the circulation in the umbilical vesicles, the object-glass used for the demonstration being a two-inch, by C. Baker of London.)

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

March 21st, 1866.

Dr. BEATTY, President of the College, in the Chair.

Dr. Wm. Moore read the details of some cases of

PARALYSIS OF SYPHILITIC ORIGIN.

The first case was one of syphilis followed by secondary symptoms and paraplegia, which occurred in a young man, aged 28.

In the second case syphilis was followed by secondary eruptions, rupia, and hemiplegia with occasional epileptiform attacks, followed by unconsciousness.

In the third case, that of a female who contracted syphilis, epileptiform attacks were followed by hemiplegia.

In the fourth case, that of a man aged about 45, repeated syphilitic contractions were followed by secondary eruptions, by iritis, and, finally, by imperfect vision, progressive paralysis, and all the symptoms described as incidental to progressive motor ataxy. In these cases anti-syphilitic remedies were adopted, and with success.

Dr. Moore's paper, which was of considerable length, and entered into minute details, became the subject of a discussion in which several members took part.

Dr. Belcher then read a paper entitled

REMARKS ON DIPHTHERIA, CHIEFLY WITH REFERENCE TO ITS CONTAGIOUS, EPIDEMIC, AND FATAL CHARACTER; AND TO ITS SUPPOSED CONNEXION WITH THE CATTLE PLAGUE, AND WITH A CERTAIN STATE OF THE WEATHER, FOUNDED ON THE DETAILS OF SEVERAL RECENT CASES.

In this paper, which, like the preceding, was one of considerable length, Dr. Belcher gave a record of about thirty cases of diphtheria, or of diseases allied thereto, which he had recently met with in private practice. He then proceeded to discuss the supposed cause or causes of diphtheria, its contagious and fatal character, the modes of death in that disease, the frequent occurrence of sudden death during convalescence from it, and its tendency to attack members of the same family, though separated by long distances from each other. The propriety of tracheotomy or laryngotomy was also debated, and reference was made to the descriptions of Huxham, Fothergill, Rutty, and others, with regard to its supposed identity with the English epidemic of 1748. Its supposed connexion with the cattle plague, and with a certain state of the weather, were also discussed

At its conclusion, the President said that the discussion on it should be reserved to the next meeting of the Society, after which he declared the proceedings adjourned.

Reviews.

DR. NELIGAN'S PRACTICAL TREATISE ON DISEASES OF THE SKIN. Second Edition. By T. W. Belcher, M.A., M.D. Pp. 526. Dublin: Fannin and Co. London: Longman. 1866.

Standard works, which have been prepared with care by writers specially qualified for the task, should not, on the decease of their writers, become disused. The very admirable works of the late Dr. Neligan above all deserve such preservation, and the enterprising publishers who originally issued them have accordingly secured the most competent editors possible for the purpose. We have had occasion to bestow very great praise on the way in which Prof. Macnamara produced a new edition of the older and larger work of Dr. Neligan, and the present edition of the "Treatise on Skin Diseases," by Dr. Belcher, is worthy of equal commendation. The editor's additions are numerous, and especially with regard to classifications, derivations, definitions, and bibliographical references, very great erudition is displayed. Among new subjects are the eruptive fevers, and a brief but useful account of them is given. With regard to a probable explanation of the nature of measles we make the following interesting quotation:—

"In the *American Journal of Medical Sciences*, July, 1862, Dr. Salisbury of Newark, Ohio, describes a form of *camp measles*, which he attributes to sleeping on mouldy straw. His observations are chiefly to the effect that the influence of the fungi of wheat straw on the human system is, in fact, a poison generated by the mouldy straw, and giving rise to a disease identical with measles. In the October number of the same journal (1862) Dr. Salisbury treats of the prophylactic power which the inoculation of straw fungi exercises in those exposed to the contagion of measles. In the *Dublin Quarterly Journal* for February, 1863, Dr. Henry Kennedy of this city gives a very remarkable case in point, in which the patient was poisoned by having some flaxseed meal suddenly thrown into the eyes and throat. He also remarks that Dr. Kidd of this city made some flaxseed meal mouldy, and then, by the aid of the microscope, detected in it fungi 'very like, if not identical with, some of those figured in the plate of Dr. Salisbury.'"

The description of small-pox, we must confess, strikes us as meagre, and we would suggest to the editor that it should be considerably amplified or omitted altogether. The subject of varioloid, or modified small-pox, for instance, is dismissed in three lines:—

"*Varioloid*, or modified small-pox, occurs in cases where the patient has had the more severe form previously, or has been vaccinated; it is also caused by *inoculation*."

On the difficulty of observing eczema in the vesicular stage the editor has some most appropriate observations, and a case which was treated at the Dispensary for Diseases of the Skin, in which vesicular, impetiginous, and erythematous eruptions occurred on different parts of the body at the same time, is referred to.

For the treatment of itch the preparation which has found great favour among military surgeons is a mixture of the penta-sulphide of calcium and hyposulphite of lime, readily made by boiling one part of quick lime with two of sublimed sulphur in ten of water. The editor has found this mode of treatment most efficacious in a very large number of cases.

With regard to the causation of prurigo senilis, it is remarked by Dr. Belcher—

"By some dermatologists the occurrence of the pediculi is considered as only an accidental circumstance, and not constituting a symptom of the disease; by others it is regarded, more correctly I think, as an essential feature of the eruption, and they have therefore, following Alibert, denominated the form thus characterised, prurigo *pedicularis*."

We have always thought that the ablest chapter in Dr. Neligan's work was that which treats of the squamous class of cutaneous diseases, and as the writer of this notice was a student under that energetic physician for two years previous to the appearance of the work, and had opportunities of seeing the very cases from which his descriptions were drawn, he can vouch for their great accuracy. This chapter is therefore the one to which our editor, with every anxiety to include in the work the most recent information, has been able to add least.

The chapter on diseases of the hair and nails, and that on the therapeutics of skin diseases, have been greatly enlarged, and in the latter the references have been made to the British Pharmacopœia. A most copious bibliographical index, and one of words and matters, concludes this really standard book, and renders it more indispensable than ever to the practitioner.

THE ARTS OF ROWING AND TRAINING. By Argonaut. London: Horace Cox. 1866.

Training for the various athletic sports has become no unimportant art, and in all circles where athletic exercises are pursued, even in our universities, we find certain members who set themselves to the task of professional and practical training. Nor is it a matter of small necessity that this art should be practised upon sound principles of physiology, since it really takes in hand the constitutions and the lives of numbers of young men who are the healthiest and best representatives of strength in the country.

The monograph entitled "The Arts of Rowing and Training," by Argonaut, although evidently not written by a physiologist, is the work of a careful and accurate observer. The book lays down no empiric rules, and while it is calculated to divest the public mind of the vulgar prejudices and absurd notions of raw beefsteaks, it provides the professional trainer and his pupils with a short consise hand-book of plain directions, the fundamental bases of which are temperance, soberness, and chastity, by which they can pursue healthy training—*i.e.*, the maintenance of the frame in such a state of vigour that it is enabled to perform severe bodily labour without injury to the system.

In the first chapter the author endeavours to correct the prevalent erroneous impressions disseminated by sensation writers on the statistics of mortality of the university crews. These he contrasts with the mortality of jockeys—a class among whom an injurious method of training is perpetually practised.

In the next chapter he discusses the means to be employed, and, instead of recommending excesses in any way, he condemns them altogether. He deprecates in the highest degree the old and injurious systems of sudorifics and purgatives for reduction of weight, recommending only the natural means—viz., healthful exercise, while the system is to be invigorated by good sound food and refreshing rest, regular hours, and ablutions, not forgetting other sanitary measures, as ventilation, &c. The diet recommended is most liberal and wholesome; instead of nauseating with a continuance of underdone meat, every variety of plain properly-cooked fresh meat, with vegetables, eggs, bread, butter, lettuces, and light puddings, is ordered, as well as a daily allowance of one and a half pints of ale, two glasses of port wine after dinner, and tea with the morning and evening meal rather than coffee.

The greatest care is advised regarding the choice of men to row; those unaccustomed to it are not suddenly to be put into training, but first to be taught lessons of self-denial, such as the eschewing of smoke and alcoholic excesses, and thus gradually to be prepared for more strict regularity in the habits of daily life, while every candidate for an oar is recommended to undergo a thorough medical examination,

in order to ascertain whether there is any physical condition of any of his organs that would forbid the practice of severe exercise.

The object to be attained by the course proposed in this little book is a reduction of fat, particularly of internal and excessive adipose tissue, an improvement in the muscular tone, and a healthy active condition of the secretory and excretory organs. The means of accomplishing it are sound, and not in any way injurious, and the book is a valuable guide to all who can enjoy healthful recreations.

LECTURES ON HYDROPHOBIA. Compiled from MS. Notes of the late Dr. T. S. Holland. By T. C. Shinkwin, M.D., Demonstrator of Anatomy, Queen's College, Cork.

So few Surgeons have had the opportunity of observing more than an isolated case of hydrophobia that little attention has ever been directed to the subject, which is, nevertheless, worthy of more commendation. Surgery should never rest satisfied with the conclusion that it has failed to master the pathology or treatment of any disease. Dr. Shinkwin's Lectures have been read *seriatim* by our readers, in The Medical Press, and are full of interest and information on this peculiar subject. The *brochure* is altogether the best essay on dog madness which we have seen, and, now that such close attention is accorded to diseases of the inferior animals, will be read with interest. We don't believe in the impossibility of cure in any disease if the true pathology can be made out, and the treatment, prophylactic and curative, based on it.

ON THE SURGICAL TREATMENT OF VESICO-VAGINAL FISTULA. By Awly P. Banon, F.R.C.S.I. Pp. 15.

Dr. Banon details ten cases of successful operation for this disease and one of partial cure—eight of which were effected by a single operation: an unusually large proportion of successful cases for one operation. They are not, however, correctly defined as vesico-vaginal cases, one being utero-vesical, another recto-vaginal, and one of lacerated perineum. Dr. Banon varied his operative proceedings between the Bozneau's and Marion Sims' method, and employed with success a barbed instrument of his own invention, for transfixing the edge of the wound before paring it off. It is creditable to Surgery that an operation so much dreaded for its uncertainty should have been reduced to as successful a line of treatment as many others which are not subject to the same difficulties.

CONTRIBUTIONS TO PRACTICAL MEDICINE AND SURGERY. By James Arnott, M.D.

We have received the title and preface, and pages 43 to 58, of these contributions. We shall be glad to notice them when the entire work reaches us.

A Surgeon Killed on a Railway.—A frightful accident occurred on the Erewash Valley branch of the Midland Railway at Codnor Park on Tuesday last. About one o'clock Mr. Featherstone, surgeon to the Butterley Company, was driving across the branch line which leads from the company's works at Codnor Park to the warehouses at Ripley. The vehicle in which he was driving was covered with a tilt, and as it was crossing the rails two empty coal waggons, which were being shunted off a pick-up train from Chesterfield to Nottingham, ran into and smashed the conveyance to pieces, killing Mr. Featherstone on the spot. The horse and Mr. Featherstone's servant (who was driving) escaped unhurt, although the servant was so terrified that he was for a time insensible. Directly after the accident one of the railway porters ran off to Mr. Featherstone's for assistance, being then ignorant of the fact that it was Mr. Featherstone himself who was killed.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 7, 1866.

THE SICK AND INFIRM POOR IN WORKHOUSES.

There is now some chance that the unfortunate class of our fellow-creatures who have been reduced to the rank of paupers by sickness, old age, or other infirmity, will at last receive at least the treatment which we adopt towards our sick horses, our cows, and our pigs, but which we have hitherto almost denied to human beings. The political newspapers which formerly almost entirely ignored even the existence of paupers, and closed their pages to any tales of suffering which might be related of them, now vie with each other in filling their columns with the details of Coroners' Inquests in Workhouses, with the minutes of the Poor-law Board, with the reports of Poor-law Inspectors, and with the censures passed upon local Guardians. We and other Medical writers, who have been behind the scenes, and who knew the previous impenetrability of the general Press and the Poor-law Board to any sympathy with sick paupers, might well characterise the present spasmodic zeal as a piece of gross hypocrisy, did we not believe that the agitation now in progress, however late it may have come, is likely to be of service in removing the evils which have long existed, have repeatedly been exposed, but have never been redressed.

As we have before remarked, it is no part of our duty to enter into any discussions as to the general principles of the Poor-law system; to inquire into the value of the labour test as applied to paupers; to compare the conditions of vagrancy and crime; to determine the method of treating tramps in the casual wards, or matters of a similar character. If healthy people are too idle to work, or if ordinary work cannot be found for them, it is quite right that they should be made to earn their living by such labour as is suitable to their condition and previous occupation. But when the healthy man, woman, or child becomes sick or infirm, whether he or she be a pauper, or a tramp, or even a criminal, he becomes the legitimate object of public compassion, and enters peculiarly into the beneficent province of the Medical practitioner.

In former periods of the history of England, as is very well known, and in most Continental nations as in the present day, the care of the sick and infirm poor was intrusted to the numerous religious communities which the genius of Christianity had introduced into Europe. But in this country the endowments of the Monasteries having been alienated to secular uses, and distributed as bribes to the nobles to insure their con-

currence in the policy of the Eighth Henry, the relief of the sick and the distressed was either discontinued altogether or left to the operation of private charity. From the latter source arose many of those munificemt endowments for the education of the needy, the care of the insane, the treatment of the sick, and the repression of crime, which are among the greatest glories of the British nation, and more especially of the British metropolis, where hospitals exist on a scale of palatial splendour, and are supported by princely revenues every day increasing in amount. But this very circumstance, like the accumulation of wealth among individuals, tends only to make the surrounding poverty and distress more conspicuous; and thus, even among the sick and disabled poor, we have on the one hand an aristocracy who are sumptuously entertained and taken care of in the hospitals, and on the other a commonalty who are left to die in the streets, to languish with fever or other infectious diseases in their own miserable dwellings, or to vegetate in the dismal dens provided by the Poor-law. This law, which, in its nature and origin, is really a just and beneficent one, is intended to supply the want of private charity, and to equalize the treatment of those who are afflicted with illness or other causes incapicitating them from earning their livelihood. But the statute of Elizabeth, framed for this purpose, inevitably led to abuses, arising, however, rather from the lapse of time and the consequent changes in men and manners, than from any defect in the original design. Thus, in modern days, the distinction between rich and poor has been drawn more widely than ever, and, what is more, there are not only rich and poor individuals, but rich and poor localities, and every day sees the rich withdrawing more and more from the quarters inhabited by the poor, and the poor vanishing from the vicinity of the rich. Thus, a Poor-law, applying alike to Bethnal-green, or Shoreditch, or Whitechapel, and to Belgravia and St. George's, Hanover-square, is really a very unequal and unjust law, because the latter districts have comparatively very few poor, and the former have too many; and the rates, being collected locally, press with great severity upon the poorer quarters.

Now, the New Poor-law, as it was once called, and which is now in operation, was intended to reconcile many of these anomalies, and to introduce a uniform system for the relief of the poor; and the Poor-law Board was established in order to carry out these views. So far as the general machinery of this Board is concerned, we have no fault to find; and the details of income and expenditure have no doubt been very properly adjusted, audited, and allowed, in the several Unions and Parishes; but the treatment of the Sick Poor by this Board, and in connexion with the Sick Poor the treatment of the Poor-law Medical Officers, has been in almost every case most shameful; and the tardy steps now taken by the Board at the eleventh hour to retrace its course, will very insufficiently atone for the years of insolence, neglect, and injustice, of which the Poor-law Medical Officers have so justly, so loudly, and so persistently complained.

The Poor-law Board, being invested by law with the power of controlling the local Boards, and, if need be, of adjusting complaints between the latter and the Medical Officers, has almost invariably taken the part of the local Boards; and however much the Medical Officers may have been in the right, they have entirely ceased to expect any mercy or consideration from the potentates at Whitehall. Hence, we unhesitatingly affirm that the Poor-law Board is culpable for nearly all the abuses in the management of the Sick Poor which have long existed, but have only recently been brought to light. The Poor-law Board knows perfectly well that the insalubrious condition of the Workhouses, the want of efficient nursing for the sick, the harshness of officials towards the patients, and other abuses, have been repeatedly brought under its notice by Medical Officers. The Poor-law Board, if it chooses to produce them, has written documents substantiating such complaints; and if it has not more of such evidence, the Board knows that it is suppressed because the representation of the truth on the part of the Medical Officers would insure their dismissal from their ill-requited posts. When the Poor-law Board might have influenced public opinion and might have done much to obviate and prevent the abuses now so prominently brought before the public, it utterly neglected to take any steps whatever, and in deference to the local Boards, withheld the evidence which even *its own Inspectors had presented to it.* Some of these Inspectors had actually measured the amount of cubic feet of air allowed to the sick paupers in some of the Workhouses, and although in this and other particulars the arrangements were found not only insufficient, but dangerous to health, yet these and other similar facts were quietly held back, until in the year 1865, the Board pretends to rub its eyes and to manifest an intense zeal for improvement, and makes a merit of floating with the general current of public opinion.

Contemptible, however, as we think the conduct of the Poor-law Board towards the Medical Officers and the Sick Poor, and culpably negligent as we believe it to have been in the performance of its duties to this afflicted class, we nevertheless accept its co-operation in the present movement, which has not only obtained the favour of the general press but the sympathy of many of the rich, and even the patronage of the nobility. The public will at last do what the Poor-law Board might have done long ago, if, instead of slavishly yielding to the ignorance and the arrogance of the local authorities, it had stood forth to befriend the Sick Poor and to vindicate the rights of humanity.

Mrs. Mapp, the bone-setter, visited the Grecian Coffee-house once a week in her coach and four from Epsom in 1736. Mrs. Stephens recieved £5000 from Parliament in 1739 for communicating the secret of her solvent for stone in the bladder.

EDUCATION AND TRAINING OF THE IDIOTIC AND IMBECILE CHILDREN OF IRELAND.

In a recent number of this Journal we furnished our readers with a full report of a meeting held at Charlemont House, of historic memory, during the month of February last. It is now our wish to call the attention of the profession to the object of that meeting, to urge them to take the position in this matter to which their calling justly entitles them, and to suggest to them the advisability of supporting the proposed movement by every means in their power.

According to the last Census, there were 7033 idiots in Ireland, of whom on the day when the Census was taken 403 were in lunatic asylums, 21 in prisons, 934 in workhouses, 5675 at large, either wanderers, mendicants, or under the care of their friends. It appears that in the year 1861 there were in Ireland 470 idiots under the age of 10 years, 618 between 10 and 15, and 805 between 15 and 20, giving a total of 1893 at an educational age.

When we consider this state of things, and reflect at the same time that in almost all countries, save Ireland, institutions have been established for ameliorating the condition of the most helpless and unfortunate of our fellow beings, we cannot but admit that Dublin, with its many charities, with its numerous asylums, hospitals, and schools, still wants what is now proposed to be established—a special institution for the idiotic and imbecile children of our fatherland. On the grounds of political economy, it is certainly a sound undertaking, but more so on the grounds of Christian charity and duty.

From the statistics above given, it appears that idiots are sometimes placed in lunatic asylums. Now, to anyone who has investigated the psychology of the question this must appear to be a very insane practice. A lunatic asylum is, perhaps, the worst place in which an idiot could be placed, and for such as live in a place of the kind no description can be more hopelessly true than the rhyme of Dr. Watts—

"Like brutes they live, like brutes they die."

The Commissioners in Lunacy have lately reported to the House of Commons that a lunatic asylum is a most unfit residence for an idiot; and they have placed on record their conviction, which we heartily endorse, that the treatment of this unfortunate class is a mixed moral and medical one; in other words, that it is one with which medical men are peculiarly concerned, and one which cannot be properly conducted without their hearty coöperation.

Space would not here allow us to enlarge on the details of the now celebrated and successful asylum of this kind at Earlswood, in Surrey; of those in other parts of England and Scotland, on the Continent, and in America; of the painstaking and unwearying methods of education and care adopted in these asylums, and of the varied literature of the subject. At a future time we purpose to enter more fully into some of these questions, but meanwhile we must call attention to the fact noted by the Archbishop of Dublin in his speech at Charlemont House—that in this, as in most other charitable and humane projects, our profession takes the lead. On the committee newly formed to collect funds, and carry out the project of establishing an institution of this kind in or near Dublin, are leading metropolitan members of our own profession; and it would be unjust to conceal the fact, that to the profession of medicine, and to its literature, we owe the origin and moving spring of this transaction. Dr. Kidd, of this city, who, as is well known, is the learned editor of our contemporary, the *Dublin Quarterly Journal*, not only published—or rather printed for private circulation—his most interesting "Appeal on behalf of the Idiotic and Imbecile Children of Ireland," from which we have taken many of the facts above stated; but he also organized the first meeting, and now spurs the matter forward by his untiring energy. We wish the project God-speed, and we urge its well-being on the profession.

FURTHER EXTENSION OF "THE MEDICAL PRESS AND CIRCULAR."

The subscribers to the Medical Press and Circular will perceive that we have to-day redeemed our promise of further extending the limits of the journal, whenever the demands on our space should render necessary such an increase. From this day forth our readers will receive forty pages of matter instead of thirty-two, which has hitherto constituted the limit of the journal—an addition of two-thirds to the Medical Circular and of eight pages to the Medical Press. We have been compelled to adopt this course by the rapid multiplication of the claims on our space for advertisements and contributions, and we hope by it to place ourselves in a position to accommodate all the requirements of advertisers without unduly sacrificing the interest of the journal to our readers, and that the delays which have been hitherto unavoidable in the publication of communications will also be obviated.

We hope that this improvement in the Medical Press and Circular, which is achieved at a very considerable expense, will be accepted by the profession as a guarantee for our desire to place the journal in a foremost position, and to advance, *pari passu*, with its growing importance.

THE CONVEYANCE OF LUNATICS TO ASYLUMS.

In the Report submitted to the Directors of the Royal Edinburgh Lunatic Asylum, at the annual meeting which was held last week, there are many points of great interest discussed in Dr. Skae's usually forcible style. But there is one matter alluded to, to which we beg specially to call the attention of our readers, as it is a subject of great importance. It refers to the manner in which persons who have been declared to be of unsound mind are conveyed to the Asylum. We all know something of the horror with which lunatics are regarded by ignorant people, and this feeling sometimes leads to the use of very injudicious and hurtful treatment to the poor patient; and in order to provide for his safe conveyance to an asylum, the most extraordinary and uncalled-for measures are sometimes had recourse to, which as Dr. Skae points out, are often productive of lasting injury to the insane. The following is that part of the Doctor's report which treats of this subject:—

"Patients continue to be brought to the asylum in mechanical restraint—several had handcuffs on when they arrived, and one gentleman was brought not only secured by means of ropes, but stupefied with chloroform, and guarded by *five men!* It appears very singular that such things are still done in this country, when it has been so generally

made known that in almost every case a patient will come quietly to an asylum if he is told where he is going, the reason for it, and if the necessity for it is made apparent by the simple presence of one or two experienced attendants authorized to remove him.

"It is not easy to estimate the amount of injury done to patients who are taken to asylums by sheer force or under false pretences. It tends to destroy their confidence in the medical officers and their friends, and to mar the efforts made for their recovery, or even for their comfort. There are inmates of this asylum now, who have been here for years, and who up to this day resent kindness, refuse advice, and repudiate every attempt to gain their confidence, because they were entrapped, as they say, into the place, or brought to it under some false pretence. One such case is worthy of especial notice, to illustrate the evils resulting from such malpractice. A gentleman was admitted upwards of four years ago, who to this day affirms he was brought into the asylum under a parcel of lies; that if he had been told he required to come here, and had the reasons explained to him, there is no one that he would have treated with greater respect than myself, or whose advice he would have valued more; but as he was entrapped here illegally, as he maintains, or by false representations, he will take no advice from me. He would not even accept his discharge from me, or even from the Commissioners in Lunacy, who, he thinks, have condoned the act which placed him here."

These are sensible remarks, and coming from one who has had so large an experience in the management of the insane, they are worthy of the attention not of the public only, but of the Profession as well. In country places in particular, medical men should see that the patient, who by their certificates has been pronounced to be a lunatic, is subjected to no undue force or ill treatment in his removal; and they ought to endeavour to impress the public with what Dr. Skae here points out—viz., "that in almost every case a patient will come quietly to an asylum if he is told where he is going, the reason for it, and if the necessity for it is made apparent by the simple presence of one or two experienced attendants authorised to remove him."

Deceit should especially be avoided, for it makes the patient suspicious and shakes his confidence in every one about him, so that all efforts made to restore him to a proper state of mind are frequently unavailing.

URQUHART *V.* BONNAR.

This case, which has been twice tried by a jury, and on both occasions decided in favour of the pursuer, came up again before the first division in the Court of Session on Friday last, when the defender moved for a new trial. The pursuer is a shoemaker in Cupar, and the defender is Dr. Bonnar, a medical practitioner in the same town. The issue that was sent to the jury was, whether the assignation of a policy of insurance was signed by the pursuer when he was under essential error as to its nature and effect, induced through fraud and misrepresentation, or undue concealment on the part of the defender. The defender now asks for a new trial, on the ground that the verdict in previous trials was contrary to evidence. The chief points of interest in connexion with the case are these: Dr. Bonnar, the defender, had been the medical adviser of the pursuer from the year 1845. In October, 1858, the pursuer was the defender's tenant of a shop in Cupar, at a rent of £18, which was payable yearly at the Martinmas term. At that time Urquhart did not owe the doctor one farthing of rent, and he had a general account against Dr. Bonnar for shoes and boots furnished to his family. Whereas the doctor had no account against Urquhart for medicines, for all the medicines that were got in Bonnar's shop were paid for with ready money. Pursuer had his mother, an old woman close upon eighty years of age, living with him, and as at that time Urquhart was in very bad health, he was desirous of making some provision for the support of his mother in case he should die before her. He spoke to the doctor about having his life insured, and the defender brought the proposals to the pursuer to get them filled up, saying that it was best to apply to two different offices, for if one did not accept the other might. Urquhart says he filled up one and the doctor filled up the other. The insurance was effected, and, according to Urquhart, Bonnar retained the policy in his possession; and that in May, 1859, when the pursuer was in very bad health, Bonnar called upon him, and asked him to give him an assignation of his policy as a security. And the pursuer declares that the assignation was obtained from him without his being made clearly to understand the nature of it. Dr. Bonnar, on the other hand, swears that the assignation was read over to the pursuer before he signed it, and that he knew perfectly well the nature of the transaction.

The discussion of the case was adjourned, and we have not been able to ascertain whether leave for a new trial has been granted.

It is much to be regretted that such an action should ever have come before a court of law. For however innocent Dr. Bonnar may be in regard to the accusations that are made against him, the very fact of his being connected with such a transaction at all cannot fail to injure him in his professional relations. And we have no hesitation in expressing it as our most decided opinion, that it is a very wrong thing for any medical man to have anything whatever to do with the insuring of a patient's life, and more especially when the patient is in a precarious state of health.

Such a transaction may be carried out with the greatest honesty, no doubt, and we cannot believe that Dr. Bonnar has been guilty of anything approaching to fraud or wilful misrepresentation, but in acting as he did he has laid himself open to suspicion, and furnished the public with matter for scandal.

MEMORANDA OF THE MONTH.

"*Ars longa, vita brevis:*" life short, the art of healing tedious, said Mr. Shandy—a free translation of the line in Hippocrates, applicable to the cattle plague, its therapeutics and pathology. Dr. Copland, the Johnson of medical-dictionary makers, gives his adherence to the diet of Worms, while the patentees of certain disinfectants have found favour with the Royal Commission.

The University of Cambridge has taken a step in the right direction, by the appointment of two Professors—one of Human Anatomy and Physiology, to which Dr. Humphry was elected unanimously amidst the congratulation of his friends; while for the second professorship, that of Comparative Anatomy and Zoology, there was a sharp contest between Mr. Newton, of Magdalen, and Dr. Drosier, of Caius; the former elected by 110 votes to 82.

A very able paper by Dr. Whewell, Master of Trinity, appears in *Macmillan* of this month. The author takes as his text the late able "Hunterian Oration" of Dr. Acland, of Oxford, and rather severely analyses the philosophy of the Huxleys and the London University, as represented by these and Dr. Carpenter. He strikes suggestively and well at the cant of morphology and "force."

Sir W. Fergusson, in locutions after his operations a few days ago, drew the attention of his class to what he styled a "new procedure" in bad cases of fungus testis, that of not cutting it away as malignant, but returning it to its natural cavity in the tunica vaginalis. Sir William admitted that London had been learning from Edinburgh of late in such matters. Mr. Syme had originated the idea that this ugly fungus has a microscopically harmless structure after all, and should not be shaved away or the testis amputated, as was customary in the routine of London practice and elsewhere. Compression of the fungus does good, but patients will not attend to it sufficiently, so that on the whole this simple plastic operation of Syme is best.

As to whether such a testis fungated is of subsequent value, Sir William added to these "wise saws" a modern instance of some interest, that of a man with one testis lost, who underwent this operation on the other, or second, yet in the normal course of events proved to be the father of a child; so that the operation is one, as amusingly remarked, which preserves an organ that is more than merely ornamental.

Mr. Flower has read the first part of a memoir on the osteology of the sperm whale (Huysetar), pointing the moral of his tale by a back bone and head of a giant skeleton recently put up at the College of Surgeons, of which the head alone is represented to weigh over one ton, the length of the whale (realising some of the ever-amusing ideas of Guidbad), forty-six feet! This Titan skeleton is indeed a grand accession to the instructive riches of the Hunter Museum, more than can be said, perhaps, for a series of water-colour drawings representing—to wit—portions of skull sliced away by sabre cuts, skulls shattered by falls, swords through the throat, and such subjects.

The day we happened to be in the museum, a fashionable lady visitor was looking at the sketches. We can stand a lady apothecary at surgical operations. These drawings are very first-rate as works of art, but are nevertheless painful and wearisome as works of feeling or taste, and the sooner they are consigned to some chamber of horrors at Netley, the better; they teach nothing, and, as regards the art of the physician, they are incongruous and painful.

A gratifying instance of royal patronage bestowed on one of our most deserving and useful medical institutions, the Surgical Home, at Notting Hill, by H.R.H. the Prince of Wales, is to be noticed this month. Few of our smaller "special" hospitals in London (excepting, perhaps, the Ophthalmic at Moorfields), can boast of such "spolia opina" in favour of cures as this, where the needle and knife of Mr. Baker Brown have had such various triumphs in female diseases. A royal cheque for 25 guineas, and good wishes for the success of the institution, with other marks of royal patronage, have accordingly crowned the labour of years with a just meed of public approbation.

HOMŒOPATHY AND THE CATTLE PLAGUE.

The Report of the Association for the Trial of Preventive and Curative Treatment of the Cattle Plague by the Homœopathic method, the company so well bepuffed by the *Times*, which appears under the auspices of the Duke of Marlborough as chairman, announces the collapse of the Association. The reasons given are twofold—firstly, that Homœopathy had proved a failure; and secondly, that even if it had not, the determination of the Government to trust no more in physic has deprived the Association of its occupation. Here is the best that can be said of the trial:—

"That it has now been three months in operation, having had extensive experiments carried out in Norfolk, Yorkshire, Cheshire, &c. The general result has been a conviction that, while very much may be done by isolation to prevent the spread of the disease, and considerable success has attended the practice of remedial treatment when assisted by careful nursing and proper diet, yet the degree of constant watchfulness needed for the due administration of homœopathic remedies is so great that much success by this system in so new and formidable a disease can hardly be expected from any others than skilful veterinary practitioners, or persons conversant with the system and method of practice."

. . . . . .

"The greatest watchfulness and skill are requisite in carrying out the homœopathic treatment, each symptom, as it manifests itself, requiring specific attention, and thus calling for a greater extent of competent medical assistance than can be obtained. The legislature having now ordered the slaughter of infected and suspected animals, the efforts of the Association must necessarily be suspended."

Oh! lame and impotent conclusion, but not unexpected by the profession. Homœopathy can now divide the opprobrium of failure with Mr. Worm's treatment, and with vaccination, with this distinction, that failure comes worst from those who brag most, and that legitimate medicine, if it has done little, has at least promised nothing. Great has been the boast of globulism and proportionately severe is its fall.

Correspondence.

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I shall feel obliged by your finding space for tha names of the following gentlemen, who have forwarded subscriptions to the Association during the past week.—I am, &c., Richard Griffin.

12, Royal-terrace, Weymouth, 24th Feb., 1866.

Subscriptions received by Mr. Griffin.—Olivy, H. P., Taunton, 4s.; Cooper, W., M.D., Thingoe, 10s.; K. J., 4s.; Westell, T. Cookham, £1; R. J., 11s.; Morris, G., Hereford, 5s.; Thomason R., Hereford, 5s.; Hanbury, G., Hereford, 5s.; Lane, J. C., Hereford, 5s.; Sankey, F. H., Bridge, 10s.; Norman, G. B., Basford, 10s.; Simpson, R., Settle, 5s.; Dobson, T., Windermere, 5s.; Holme, W., Kendal, 5s.; Hope, 5s.

Subscriptions received by Mr. Prouse.—Thompson and Felce, Launceston, 21s.; Marshall, J. I., York, 10s.; Williams, W. and Son, Guilsborough, 10s. 6d.; Mann, C. T., Boxford, 5s.; Jones, J., Ross, 10s.; W. S. Rootes, Ross, 10s.; Dowson, A. H., Orford, 5s.; Furber, G. H., Maidstone, 5s.; Smith, R. L., Clare, Suffolk, 5s.; Williams, T. Pouty-pool, 10s. 6d., Hughes, R., Bala, 10s. 6d.; Cogan, C. C., Greenwich, 5s; Kingdon, A. S., Combmartin, 5s; Yeoman, J., Whitby, 10s; Vise, A. B., Holbeach, 10s.

Mr. Griffin has forwarded to those Members of the Association who have subscribed during the last twelve months, a pamphlet of 52 pages and the following letter.—

"12, Royal Terrace, Weymouth, March 1st, 1866.

"Dear Sirs,—The accompanying pamphlet is intended to be sent to each Member of Parliament so soon as we can get some gentleman to undertake the introduction of a bill into the House of Commons. It is possible the proposed bill may not meet with the entire approval of all, but it must be borne in mind that it is almost impossible to meet the views of every one, and much will depend upon the member who introduces the bill as to the exact clauses that shall be retained. I intend to apply to one or two members about bringing in the bill, but as it is possible they may not accede to my request, I hope each of you will consider that it devolves upon you individually to find a member; by adopting this course we shall be sure of success. Should any of you require a pamphlet to send to a member to whom you may write, I will supply you with it. I regret I can only send pamphlets to the Medical Officers who have subscribed within the last twelve months, as the present subscription will only about cover recent expenses. I therefore trust that if any of your colleagues intend to subscribe, they will do so without loss of time, in order that the printer may strike off the requisite number of copies, as the type of so large a pamphlet cannot be reset without great expense. It may possibly be said that much of the present pamphlet is merely a transcript of former ones, which I admit. Indeed I only view it as a rearrangement, with some additions, of much that has been written before; but had I not adopted this course, a majority of the present House of Commons would know nothing of the matter, and would take it for granted that the late Select Committee on Poor Relief (England) had fully gone into the subject, and from the

evidence laid before them had decided that there was no need of fresh legislation, whereas now they will see that the subject was not fully gone into by the Select Committee and that the evidence of a Poor-law Inspector had grossly misled them.—I am, dear Sirs, sincerely yours,

To the Subscribing Poor-law Medical Officers of the last twelve months. RICHARD GRIFFIN.

QUACKS AND QUACKERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The subject of quackery has recently been much discussed in medical circles, and measures for its suppression have been recommended. Permit me to offer a few practical hints to the same end.

I conceive, as there are two classes of quacks, the remedies must be of two kinds; one for the class who have a legal medical qualification, another for those who have none. The former class should be directly amenable to the body who granted their qualification; the latter can only be reached by efficient penal enactments. If, for example, a member of any College outstep the legitimate bounds of the Profession, by advertising or other unworthy means of acquiring practice, such College should have power to suspend, or altogether cancel his diploma. Another salutary means of combatting this class of quacks would be the withholding of all professional courtesy in their regard, and the refusal of consultation with them. Some of our most distinguished members can do good service to the Profession by adopting the latter idea. Practical legal powers are necessary to carry out most of these suggestions, and how are those to be obtained? I believe only by purely medical representation in Parliament. It is scarcely fair, nor is it generous, to blame the General Medical Council for the existence of those evils and for others yet unredressed. . . . . The Council has done good service if only in raising and approximating to uniformity in these kingdoms the standard for preliminary education. But the voice of the Council, which I take to represent the Profession, must be heard and felt in the House of Commons before we shall obtain laws calculated for the better government, welfare, and dignity of the Profession.

Apologising for intruding upon you, and with a hope of again touching upon the subject, I am, Sir, yours truly,

1, Lower Dominick-street. P. C. LITTLE, L.R.C.S.I., &c.

ABUSES OF THE RED-TICKET SYSTEM IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The abuses of the ticket system may be conceived by the number that were cancelled last year in the Drumshambo Dispensary district being 103. As this cancelling usually takes place *after* the medical officer's attendance has been completed, and as he receives no remuneration for that attendance, here is an instance in which his private practice was interfered with—and by the parties, too, that ought to protect him in that respect, to the extent at least of his salary, which is only £100. The cancelling is a proof, or it would not have taken place, that the parties were able to pay, and probably would pay £1 at least each, if they had not been improperly recommended. I could cite several instances in which the medical officer's private practice is in this manner interfered with in poor districts, where, at best, it must be very limited. The average valuation of dispensary districts is about £16,700, which affords some ground for practice; but there are fifty dispensary districts whose poor-law valuation averages less than £5,000, and yet I find that in several of these the medical officer's practice is much injured by unfit parties being recommended.

Though dispensary committees are legally empowered to give tickets, directing the medical officer "to give medicine and advice to, or attend, any poor person resident" in the district, it does not follow that they are legally empowered, or equitably justified, in directing him to attend any rich person, or in other words one who is able to pay for that attendance. The members of the committee usually reside in the district, and of course know the circumstances of those whom they recommend; and as, by the Poor-law Comissioners' orders, the medical officer is bound to attend until the ticket is cancelled, even though he knows the party to be wealthy, it is but fair that he should be remunerated for that attendance by some party.

I beg to suggest that in a case in which there can be no difficulty to prove that the holder of a ticket is not poor, but is notoriously in such circumstances as to be able to pay for medical attendance, the person that gave the ticket be processed by the medical officer for his attendance on the person so recommended; and that another case be selected in which the patient's material condition is such that he cannot be considered poor. If the assistant barrister's decree be favourable to the medical officer in the first case, very few committee men will in future give tickets except to those whom they know *to be poor;* and if favourable in the second, very few wealthy persons will apply for tickets. But if, on the other hand, the barrister's decree be adverse, that decision wil make it necessary for government and parliament to interfere, as after such decision they cannot leave the medical officers at the mercy of the committees, by compelling them to attend rich and poor.

That the salaries of many poor-law medical officers are inadequate to the duties they perform, and to the position they must hold in society, is certain; and this must be the more felt in poor districts, in which there cannot be much private practice. Unfortunately, many dispensary districts were formed more according to the views of proprietors than for public convenience. Many have less population and area than one medical man can attend; and, if he be resident, less property than affords a moderate private practice; whilst many districts in charge of one medical officer are so populous and extensive as to make efficient attendance apparently impossible. For instance, who could attend a population of 23,369, scattered over a district of 73,848 acres, or 115 square miles; or a population of 20,058, with an area of 82,633 acres, or 115 square miles; or even a population of 9,021, with an area of 146,841 acres, or 223 square miles? The salaries range from £25 to £175; but twenty-six are only £75, forty-eight are £70, and forty-six range from £65 to £25. Some of these are held by medical officers that have a second dispensary, but many are not. The subject of salaries and the better arrangement of districts deserve the attention of a select committee; and if a portion of the consolidated fund be given, as in England and Scotland, to pay half the salaries of the poor-law medical officers, same would be judiciously appropriated as an addition to those of such as receive low salaries in districts in which there is comparatively little property, and some, it is to be hoped, to be the nucleus of a fund for making a tolerably efficient provision for widows and orphans. It may not be amiss to observe that this fund is given to the boards of guardians, not to the medical officers; but if received by the guardians in Ireland, it might induce them to be more liberal.

I perceive by a copy of the English Poor-law Superannuation Act that only "those whose whole time has been devoted to the service of the union or parish" can be superannuated; and I learn that the chaplains, clerks, and medical officers are not eligible for it. This is unfavourable as to Ireland, especially in this year of despondency, when additional burdens are being put on the poor-rate.

Perhaps the following may interest your readers. In 1861 the total expenditure for medical relief under the poor law in England and Wales was £238,233, of which £180,134 was paid in salaries to the medical officers, and £4,050 under the *free*-care system. The population was 17,814,564 (certain Gilbert unions being excluded), and the area 34,862,633 acres. The medical officers numbered 3,479; but as some held two districts, the actual number is considered to be about 3,000. Their salaries, &c., averaged about £61 8s. each, exclusive of "fees for midwifery and surgical cases." Their districts contained an average population of very nearly 6,000, and averaged in England about 10,000 acres, or fifteen square miles; in Wales, about 26,000 acres, or 40 square miles.

If the poor-law medical officers intend to ask for a House of Commons committee, they should begin to obtain and prepare the necessary information to lay before it. DENIS PHELAN.

27th February, 1866.

DR. RICHARDSON'S ANÆSTHETIC SPRAY PRODUCER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I used the "spray producer" in two cases with marked success; one, a case of abscess in the neck; the other, a superficial abscess of the breast. I applied the spray for three minutes on each occasion (using common ether), and neither of the patients *felt any pain from the knife.* As the anæsthetic spray producer is under trial, I think the above facts may not be uninteresting to the readers of your valuable journal.—I remain, dear Sir, yours faithfully,

HENRY GRAY CROLY.

UNEDUCATED MIDWIVES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—A few days since I was called on to attend Mrs. C—, confined of her ninth child, and found two uneducated women in charge of the patient, who have been in the habit of taking upon themselves the responsibility of attending females in labour; and they had led the husband to believe the case was going on favourably—there was no need to send for a doctor, as they told him his wife would soon be better.

However, on the evening of the second day they agreed I should be sent for, when I learned the patient had been thirty-six hours in labour, and that the child had escaped into the cavity of the abdomen through a large rupture of the uterus. I at once made known to the husband the hopeless nature of his wife's case. She died in an hour from my first seeing her, and being satisfied that the child too was dead, I did not make the Cæsarean operation to extract it till a considerable time after her death, which I did at the request of her husband, and discovered that the child's head was enlarged to the size of an adult's with upwards of two quarts of clear water.

Had the true nature of the case been ascertained before the rupture of the uterus had occurred I have no doubt the mother's life could have been saved by a slight puncture of the fœtal head at the presenting fontanelle.

The mother was a strong muscular woman with *tissue adipose* an inch in depth.

I send you this case for the information of junior members of the Profession, and to caution the public not to trust females in childbirth to ignorant hands.—Faithfully yours, J. MAXWELL, M.D.

Lisnaskea Union, Derrylin Dispensary District, February 28, 1866.

ON THE PREVAILING CATTLE PLAGUE AND ITS TREATMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having visited and personally examined the stocks of owners in neighbouring districts near Perth affected with rinderpest of late, it appeared to me that the treatment used was not as one would expect from the symptoms present, and I did not wonder that it had no effect in abating or curing the above disease. The poor animals were kept shivering from over-ventilation and small quantities of gruel were given them. Consequently down they came all the more rapidly from their former appearance, and by-and-by the watery discharge from eyes and nostrils, and following this, one of a purulent nature, accompanied with cough and difficult breathing, characterised to be the true pathology of rinderpest, ending fatally in five, six, or seven days; but deadly although it has been, and is, this ought not, I think, to hinder a cure being attempted. On some of the dead animals which I dissected, the whole alimentary canal was of an unusual florid aspect. This was in the early stage of the disease, and it appeared to me to be what one might expect in gastro-enteritic disorders, and therefore I did not hesitate in coming to the conclusion that very different treatment from that referred to was required, I suggest the ox-sulphuret of antimony and calomel and ipecacuanha in doses for cattle, mixed together and given every evening with a drink of warm gruel afterwards; the latter drink to be given three times a day during the first stage, and also in the next stage, when cough had come on and purulent runnings at eyes and nose, and when difficulty of breathing ensued, mustard poultices should be applied to the throat and breast externally. I can truly say that this kind of treatment which I tried had a good effect, and I am still using the same, and have not found anything else to answer so well if used early and In diarrhœa the tincture of muriate of iron is likely to do good, according to my experience in the animals affected recently. To some, common salt is of great benefit.—Yours, &c.,

G. K. H. Paterson, L.R.C.P., L.R.C.S.Edin., &c.

Balbaggee and Perth, Feb. 28, 1866.

THE DOUBLE QUALIFICATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I have read the letter in your paper of this day, entitled "The Double Qualification" and signed "L.R.C.S.I. and L.K. & Q.C.P.I."

I quite agree with your correspondent that Irish students should rather qualify here than go to Edinburgh; and I fully approve of his proposal to have a double qualification from the College of Physicians and the College of Surgeons here. With all respect, however, I dissent from his statement that "the character and prestige of a college do not depend so much on the character as on the number of its constituents." My opinion is just the reverse of this. If his view be the true one, then indeed the Edinburgh Colleges of Physicians and Surgeons are greatly superior to ours in character and prestige; but that *they are not* is well known all over the world. Your correspondent further states that "one of the Colleges, from its apparent disinclination to progress, is beginning to be looked on more in the light of a club than a medical college."

I do not wish to judge of any one's intentions, but if this insinuation be intended for the College of Physicians, I can only say that your correspondent errs "*longe, lateque.*" Let him look at the published Register of that College for the present year, and he will see sufficient to convince him of the character and prestige of its constituents, of its real professional progress in the right direction, and of its being a *bonâ fidê* medical college, in the highest sense of the term.

I have reason to believe that this proposed double qualification has *not* been overlooked by both colleges here; further, that the principle is generally approved of, while the difficulties of arranging the details are not insuperable. To be practical—I beg to suggest that your correspondent should get the fifth of the medical students to whom he refers to address temperately-worded memorials to the President and Fellows of the College of Physicians and to the Council of the College of Surgeons, and I am sure that the matter will receive due consideration.—

Yours truly, Medicus.

Dublin, Feb. 28, 1866.

Mistaken Police Diagnosis.—An inquest was held by Mr. Carter on the body of a man named Thomas Hayward, aged fifty-six. He was found lying on the pathway in Newington-butts, and taken to the station-house, where he was charged with being drunk. On examination by the surgeon, it was found that his right leg was broken. He was then removed to the hospital and ultimately expired after great suffering. The house-surgeon of St. Thomas's Hospital stated that the insensibility was caused by pain. The coroner, in summing up, said there had been a great many deaths of late in police cells, and otherwise, caused by constables taking people up for being drunk, while they were in reality dying. He should, however, advise them to be more careful for the future. Verdict, "Accidental death."

UNIVERSITY OF DUBLIN, TRINITY COLLEGE.

EXAMINATION FOR MEDICAL DEGREES.

HILIARY, 1866.

Midwifery, &c.—Dr. Sinclair.

1. The most reliable signs and symptoms of pregnancy, and the earliest period of gestation at which each becomes available for diagnosis?

2. Describe fully the line of treatment you would adopt, and the rules you would enjoin, in a case of ordinary *accouchement*, from delivery to convalescence.

3. What may give rise to retention of urine—
   a. During gestation;
   b. During labour;
   c. After delivery?

4. Given a case of "cross-birth," with one of the fœtal hands in the vagina, how would you determine the exact position of the child *in utero*?

5. Describe the following cases of shoulder presentation:—
   a. In which version could be performed with facility;
   b. In which version could be performed, but with difficulty;
   c. In which version ought not to be attempted.

6. Describe the mode of performing the operation of evisceration.

7. Causes of abortion—
   a. Maternal;
   b. Ovuline?

8. Describe the natural progress of the vaccine vesicle on the human subject, from the first appearance to the falling of the crust, stating the day on which each phase is perfected.

9. What modes of treatment may be adopted for dysmenorrhœa arising from stricture of the canal of the cervix uteri?

10. What symptoms arising would lead you to order a carminative mixture for a newly-born child? Write a recipe for one.

Dr. Law.

1. What is the generally received explanation of the first sound of the heart?

2. How does pathology favour this explanation?

3. What is supposed to be the cause of the second sound of the heart?

4. How does pathology favour this supposition?

5. Under what pathological conditions of the heart is the greatest amount of hypertrophy and dilatation of the organ met with?

6. Under what conditions is concentric hypertrophy met with?

7. What are the contingencies that may occur in a case of phthisis pulmonalis to hasten the ordinary fatal termination?

8. What are the points of agreement and difference in the physical signs and constitutional symptoms of a case of cirrhosis of the lung and phthisis pulmonalis?

9. How many different diseases of the kidney are comprehended under the designation, "Bright's disease?"

10. What is the point in which all agree?

Medical Jurisprudence.—Robert Travers, A.M., M.B.

1. In the dead body, what circumstances will distinguish between *rigor mortis* and the rigidity produced by idiopathic tetanus, or that of strychnic poisoning?

2. An adult human body being found suspended by a cord encircling the neck, how can it be determined whether death was the result of hanging or of some other cause?

3. State the symptoms and treatment of poisoning by oxalic acid, or a soluble oxalate, and the mode of detecting such poison in the matters rejected from the stomach, or found in it after death.

4. What are the objections to Marsh's process for the detection of arsenic in suspected liquids?

5. Under what circumstances may a wound of the heart not be immediately fatal?

6. What is the mode in which the *Physostigma venenosum* destroys life? and how will its action be recognizable during life?

7. How can you determine that a red or reddish-brown stain on a white garment, is due to the colouring matter of blood? and, if so, whether that blood have been human?

8. Why is not sufficient evidence, that the child had been born alive, supplied by the *docimasia pulmonum*?

9. By what characters will an incised or a punctured wound be shown to have been inflicted on the body during life?

10. Is suicide *necessarily* a proof of insanity? if not, in what cases is it not to be so regarded?

PRACTICE OF MEDICINE.—DR. STOKES.

1. With what diseases is a varicose state of the epigastric, mammary, and intercostal veins, commonly associated?

2. Describe the disease called sea scurvy. State how far the exclusive use of salted meats is to be taken as its exciting cause.

3. Describe the disease termed "*Petechiæ sine febre.*"

4. Give the treatment of acute and passive purpura hæmorrhagica.

5. What are the principal sources of danger in these diseases?

6. How would you proceed to reduce or return hæmorrhoidal tumours?

7. Give the treatment of the affection.

8. Write a form for an anodyne enema used as an opiate suppository.

9. Miasmata are divided into the animal and paludal. Compare their effects on the system.

10. Give the general relation of these miasmata to endemic and epidemic diseases.

DR. R. W. SMITH.

1. Give a description of the disease termed "cancrum oris." Mention its treatment.

2. To what disease is it analogous?

3. Mention the general and local causes of pyæmia.

4. Describe the constitutional symptoms that attend it.

5. Give the situations and peculiar characters of pyæmic abscesses.

6. A limb may be suddenly seized with gangrene while in a perfectly sound condition, where there has been no injury, nor have any of the ordinary causes of gangrene been in operation. To what would you ascribe its occurrence under such circumstances?

7. Describe the appearances of a sore that has been attacked with hospital gangrene.

8. Mention the predisposing causes of this form of gangrene, and state how you would treat it, locally and constitutionally.

9. In what cases would you employ ice to produce local anæsthesia?

10. Contrast the disease termed by Mr. Hamilton "tubercular syphilitic sarcocele" with the ordinary syphilitic disease of the testicle.

DR. R. W. SMITH.

1. Contrast mollities ossium with rickets.

2. Pathology of mollities ossium?

3. Mention the causes of death in cases of caries of the temporal bone.

4. How would you distinguish between separation of the lower epiphysis of the humerus and luxation of both bones of the forearm backwards at the elbow?

5. What is the nature of the displacement when the clavicle is broken external to the trapezoid ligament?

6. Enumerate the methods of treating fistula lacrymalis.

7. What are the differences between phlegmon and phlegmonoid erysipelas.

8. Describe Syme's operation, termed the "perineal section."

9. Give an accurate description of the true Hunterian chancre.

10. Symptoms of mercurial erethismus?

SURGICAL ANATOMY.—DR. MCDOWEL.

1. Describe the coraco-clavicular ligaments, and mention how they influence the motions of the scapula.

2. Give a description of the thyroid body—its arteries and veins, minute structure, and supposed uses.

3. Assign the length of time during which the epiphyses of the humerus and those of the radius remain united by cartilage only.

4. Describe the operation for securing a wounded glutæl artery outside the pelvis. Point out the difficulties and dangers of the operation, and mention any cases of the operation you may have seen or read of.

5. What irregularities of the femoral artery may affect the success of the operation of tying that artery for the cure of aneurism?

6. The parts divided in tying the femoral artery after Porter's method? What objections have been urged against that operation?

7. Give the anatomical relations of the urinary bladder.

8. The distribution of the facial nerve (seventh pair)?

9. Enumerate the muscles attached to the thyroid cartilage.

10. The course, relations, and distribution of the external popliteal nerve.

DR. ADAMS.

1. What are the forms of tumours of the nerves observable?

2. What is meant by the case of subcutaneous nervous tubercle?

3. What is the surgical treatment in these two cases?

4. Mention the names of those writers who have described the different forms of nervous tumours, as well as the subcutaneous nervous tubercle.

5. Describe the ordinary case of prolapsus ani, and say what examination you would institute to discover the cause of the complaint.

6. What do you mean by internal as contrasted with external piles?

7. Name some of the surgical operations and means resorted to to afford the patient relief from piles.

8. As a general rule, which of the surgical operations recommended do you consider as safest and best?

9. Describe a case of indolent carcinoma, or schirrus, of the female breast; and say what accompanying local symptoms would prevent you recommending amputation of the breasti n the case.

10. What ferms of ulceration of the tongue may be confounded with the cancerous form? and how would you distinguish one from the other?

ACTION FOR DETENTION AGAINST THE NORTH BRITISH RAILWAY.

ON Friday, the 26th, Dr. Alex. Wood brought an action in the Small Debt Court before Sheriff Campbell, against the North British Railway Company, for the expense of hiring a conveyance from Penicuik to Edinburgh, and other losses to which he had been exposed by the delay of a train for upwards of an hour on the Peebles line on the 21st ult. The agent of the railway company admitted the facts, but pleaded that the delay arose from a cause which no care or foresight could have prevented, and brought the engine-driver and guard to prove that a pipe of the boiler had suddenly given way, that the engine was a good engine, and appeared to be in perfect order when it left Peebles. The pursuer, on the other hand, offered to lead evidence to prove the frequent irregularity of the trains on the North British line, and stated that he brought this action to try whether the public had no remedy against the inconvenience and loss to which they are thus continually exposed. The agent for the defenders objected to any general evidence for the pursuer being led, and asserted that the trains on the North British were more regular than those on any other Scotch lines. The Sheriff held that the proposed evidence was inadmissable, and that the pursuer must confine himself to the particular occasion specified in the summons. One of the witnesses for the pursuer, Mr. Bowie, engineer, who had likewise been detained on the day in question, spoke very strongly of the miserable station at Penicuik, where passengers had been so long detained on an inclement winter day. In pronouncing judgment for the defenders, the learned Sheriff stated that he had great sympathy with the pursuer, who had evidently suffered great inconvenience. At the same time, he was bound to decide against him in this case, as the company had proved to the satifaction of the Court that the delay was accidental.

BLACK SHEEP.—The General Council has informed the Royal College of Physicians that the name of Abercrombie and Whalley have been removed from the *Medical Register*. The Council also request that no person whose name has been struck off will be admitted to examination by any licensing body.—*Brit. Med. Jour.*—[Why has the College of Physicians been specially informed of the expulsion of Whalley and Abercrombie from the Register? E. D. M.P.C.]

RETROSPECT OF JOURNALS.

A Microscopical Society has been started at Nordhausen in Saxony among the butchers in search of trichinæ in pork; in addition to the full price to be paid for every animal thus affected, a premium of fifty thalers to the discoverer is promised.

At the meeting of the Royal Medical and Chirurgical Society on the 13th inst., Mr. Thompson gave the details of a case of phosphatic calculus which had been crushed by the lithotrite; the nucleus was found to be composed of bone which had evidently been a sequestrum detached from the os innominatum. At the same meeting, Mr. J. Allen described a mulberry calculus 7½ ounces in weight, for which the ordinary lateral operation had been performed.

Mr. J. Hutchinson contributes a valuable paper on dislocations of the os innominatum, fractures of that bone, dislocations of the hip, and on separation of the upper epiphysis of the Femur. He draws attention to the extreme frequency of rupture of the bladder or urethra, as a concomitant symptom of injuries of the pelvis. He has been as successful as others in reducing dislocations of the hip by manipulation instead of traction.

Dr. Ogle makes some original remarks on the formation of Aneurism in connexion with embolism of the artery.

The *Medical Times and Gazette* of the 24th draws attention to the "statistical mare's nest" discovered by the *Lancet* in reference to the hardships about to be undergone by the Fenian prisoners at Pentonville. According to the statement in last November, it was shown that 10 per cent. of the convicts had to be sent to Broadmoor Criminal Lunatic Asylum. It now turns out that they were sent there, not in consequence of their lunacy, but because they were required for the purpose of working in the newly-laid out grounds in the asylum.

A leader is given on the subject of the "Thermometer in Disease" as a means of diagnosis, especially in cases of acute disease.

A Contributor of high literary attainments, who signs himself "S.P.E," gives an amusing and faithful account of Medical Manners in the nineteenth century.

A very ugly piece of business is brought to light from the Antipodes. Dr. Turnbull, of Melbourne, operated on a case of ovarian tumour. The case turned out unsuccessfully, but he manfully published the details in the *Medical and Surgical Review* (Australian). A writer whose extreme acrimony induced him to sign his name as "NO_5," and who turns out to be the Editor of the *Australian Journal*, writes a most offensive letter, almost accusing the operator of manslaughter. The publisher of the *Medical and Surgical Review* intimates to his subscribers that in consequence of not being able to find an impartial Editor, he is obliged to discontinue its issue.

Mr. Haynes Walton contributes a case of night blindness in a sailor.

Mr. L. Tait draws attention to the successful treatment of Colles' fracture by Gordon's (Belfast) splint.

Dr. Richardson describes the tests for pure ether, as is used by him in producing local anæsthesia.

We have the first report on the existing treatment of fracture in the London Hospitals; it merely alludes to preliminaries such as beds, &c. In the enumeration of stiff apparatus, the method of using glue is alluded to as follows:

"*Glue.*—This is the best commercial French glue. It is first softened by being soaked in cold water, and is afterwards heated over the fire till it liquefies. A fifth or an eighth part of methylated spirit is added in order that it may 'set' more rapidly. This substance makes a very good stiff splint—light, strong, durable,—and when carefully put on, very presentable in appearance."

The *Lancet* gives the particulars of the recommendations of the Committee appointed to inquire into the condition of the Army and Navy Medical Officers. They have apparently gained some real permanent advantages in the way of pay; these concessions have come very opportunely on the eve of the competitive examination next month; but it is hard to please everyone; for instance, Sir James Gibson "protests against the greater favour shown to the navy by the above recommendations, and we fear that the army medical officers will not be satisfied with the terms of retirement, improved though they be. On the whole, however, we believe that these recommendations will be received with gratification, and certainly the Services owe much to Dr. Markham and Mr. Busk for their careful and laborious investigation of the claims of the officers and assiduous attention to the duties of the Committe."

We have reason to believe that the probationers at Netley have requested to be allowed to exchange into the Indian Medical Service.

Some of the London vestries are indignant that their Medical Officers should have given publicity on recent occasions to their views, as to the filth and want of sanitary improvement in certain populous localities.

As the Medical Officers of Health have formed themselves now into an association for the purpose of discussing matters connected with sanitary reform, we may expect that opinions will be even more outspoken than formerly. Their immediate expulsion is advocated in a local print.

Mr. Bateman, the eminent civil engineer, proposes a scheme for the supply of London with water. The idea is as chimerical as that for the supply of Dublin from the Vartry; it is conceived, however, on a grander scale, suited to the magnificence of the metropolis. He purposes securing the rainfall at the source of the Severn in the neighbourhood of Wales, and conducting the water thence by an aqueduct 170 miles long to London. The *estimated* saving to the consumers of soap, &c., by this substitution of a soft for a hard water is £400,000 per annum.

The mercantile marine are supplying numerous cases of sea-scurvy. Some one or other is to blame for neglecting to carry out the provisions of the Merchant Shipping Act in reference to the supply of lime juice.

Prof. Huxley, at the Royal College of Surgeons, is at present engaged in lecturing on the *Manatee* and now extinct *Rhytina* of Siberia.

In a letter on syphilisation, Mr. H. Coote gives his experience of the process as afforded by five cases; it must be regarded as unfavourable, in one case secondary symptoms came on.

In Mr. Hilton's lecture, he details the cure of a case of popliteal aneurism by flexion; also a case of fracture of the olecranon with dislocation of the forearm forward—an accident not often seen.

Dr. Wright describes a new pessary for the treatment of flexions of the uterus.

Mr. Buchanan describes the particulars of three cases of strangulated hernia; in one case the origin of the rupture was congenital; the operation was performed at the age of 72. In another case a considerable portion of omentum was removed; in the last the sac suppurated some time after the operation; all terminated favourably.

Mr. H. Greenway describes a new bed for suspending the leg. It appears rather cumbersome and not likely to supersede Latter's swing cradle, which fulfils all requirements.

Sixteen cases from Mr. T. Holmes' practice are detailed chiefly in reference to excision of the elbow and knee; the results after some years have been encouraging.

Iodoform is now extensively used as a sedative, especially in cancerous affections of the uterus.

The *British Medical Journal* has a leader on the garlic cure for the cattle plague, and draws attention to the number of eminent and sensible people who have been taken in on the subject.

At the Medico-Chirurgical Society's meeting at Edinburgh, Dr. Sanders described a case illustrative of a remarkable physiological and pathological fact, and one which we confess we read with astonishment for the first

time about four years ago—namely, that the faculty of speech depended on the integrity of the *left* frontal convolution of the brain. The idea was first broached by M. Broca. In Dr. Sanders' case the aphasia (loss of speech) was accompanied by right hemiplegia. It is not simple want of articulation that is meant, but the faculty of willing that act that is alluded to. After death softening was discovered in this locality, but extending to the corpus striatum.

Mr. Henry Smith draws attention to the exhibition of large doses (thirty grains) of iodide of potassium in some forms of obstinate secondary syphilis.

Foreign Medical Literature.

ON THE PATHOGENY OF CYSTOID KIDNEYS.

By W. KOSTER.

(Continued from page 202.)

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, Ie Deel, 2e Aflevering, Utrecht, 1864, for THE MEDICAL PRESS AND CIRCULAR.

By WILLIAM DANIEL MOORE, M.D.Dub., M.R.I.A.,

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b.—Statistical and Pathological Study of some Cases of Renal Cystoid.

ACCORDING to Förster's statement, above mentioned, cystoid renal degeneration occurs "at every age, even in the fœtus."

Although I will not say it is impossible that renal cystoid should be developed, for example, at 18 or 20 years of age, such an occurrence is a rare exception. In connexion with other considerations this fact will, at the close of this essay, lead us to a theory of the process. I should, therefore, in place of Förster's words, rather say, "In advanced age and in the fœtus," for it is remarkable that a process occurring in the fœtal condition should manifest itself most frequently in advanced life.

The cases of renal cystoid recorded in detail in medical literature, are to be found in Rayer's well-known book, "Traité des maladies des reins." I have not been able to discover any subsequent cases separately recorded; and Rayer, who has examined so many diseased kidneys, also calls the cystoid degeneration rare. *

I here refer only to the cases which have occurred in adults, for the cystoid degeneration of the kidneys during intra-uterine life is not so very rare. Virchow, in his classical essay,† first distinctly directed attention to this fact, and he appended important considerations upon the origin and consequences of this degeneration. We shall revert to this point.

That renal cysts in general occur chiefly in advanced life, is a well-known fact. "Like M. Rayer (says Lebert‡), I have been struck with the frequency of renal cysts in the aged." Rayer's expression, to which Lebert here alludes, is to be found in the *Maladies des reins*, t. iii., p. 512—"We frequently meet with simple cysts in the kidneys of the aged, we observe them more rarely in the kidneys of adults and of children; however we have seen them even in infants." For scattered renal cysts occurring accidentally, or in other fundamental morbid processes in the kidneys, this statement may hold good; it appears less correct to apply it directly to the cases of proper cystoid degeneration, as we have seen Förster, among others, do.

I shall here briefly mention the cases more fully detailed by Rayer, stating the age of the patient, where this is given:—

1. Darles, aged 40 years. (*Journal de médecine de* Corvisart, Leroux *et* Rayer, t. xvii., p. 501).
2. Marie Anne Baussant, aged 30 years (Rayer).
3. A woman of advanced age (Rayer).
4. Guillaume R., aged 49 years (*Journal de médecine de* Corvisart, &c., p. 399).
5. Finot, aged 48 years. (Some suppuration with the cystoid degeneration, Rayer).
6. Madame H., aged 29 years. (Almost always suffering, and subject to articular pains, *addicted to drink*, Rayer. In this case one of the kidneys was so large, that pregnancy had been suspected during life. It was not purely cystoid degeneration. Many spots of the kidney resembled tuberculosis, others were more like what occurs in the second stage of Bright's disease).

In Cruveilhier's well-known atlas cases of hydronephrosis and purulent pyelitis, mentioned with renal calculi, are to be met with; but none of actual cystoid kidneys.

Gluge* represents kidneys (Fasc. xvi., Pl. ii., figs. 1, 2), having externally quite the appearance of those examined by me. No particulars respecting the patients are, however, given. In the drawings, little of the renal pyramids is to be seen; what is represented appears atrophied and streaked. He says, however, of the medullary matter, "that it is pale red, and its structure is normal." After having elsewhere spoken of cyst formation in the kidneys in general, he expresses himself thus with respect to cystoid degeneration: "When the whole kidney, or both are changed into cysts, a general cause cannot be established. *This appears to lie in the kidney itself, but is as yet unknown* (l. c. Fasc. xvi., pp. 9-12). It is remarkable that in fig. 3 of the plate just now referred to in Fasc. xvi., where a portion of the renal tissue from the pyramids with cysts is represented in the *apparently very much increased connective tissue, many dark irregular granules are represented.*†

Lastly, we find in Lebert's work, ii. page 373, a case mentioned, but without any statement of the patient's age. The description of the kidneys (which were brought to him by an intern of the hôpital des Vénériens) quite agrees with that of total cystoid degeneration.

If we compare the cases on record with one another we shall find that in by far the majority cystoid degeneration of both kidneys occurs not in young persons. Four of Rayer's six are forty years and upwards. The two younger persons are women, and in one we have not to do with a genuine case. The only case of extensive cyst-formation in the kidneys in a very young person, which subsequently might certainly have become complete cystoid degeneration, is recorded by Beckmann (Virchow's *Archiv*, Bd. xi., p. 123). In the body of a well-nourished and apparently perfectly healthy girl of 19, who was killed by a fall, B. found *the kidneys large, and the cortical substances of both studded with cysts of various sizes.* B., however, mentions the case only cursorily (without, he says, again reverting to it) in order to speak of the changes of the Malpighian corpuscles. With surprise we read at the end of the short communication, "the pyramids were perfectly normal." Moreover, it appears from the recorded cases that an accurate investigation of the structure of the pyramids, especially of the renal papillæ, in cystoid alteration of the kidneys, either could not have taken place (on account of the far advanced degree of degeneration), or was not carried out in connexion with a definite idea of the origin of cystoid degeneration. When we examine what changes have been found by Virchow

* "There are, in fine, cases (after speaking of renal cysts in general) where, without appreciable renal antecedent affection, the two kidneys are attacked *with a true general encysted degeneration of the cortical substance*, &c. &c. The cases of complete encysted degeneration of both kidneys are rare."

† R. Virchow. Ueber congenitale Nierenwassersucht (on congenital dropsy of the kidneys), in *Verhandl. der med. phys. Gesellschaft in Würzburg.* Bd. V., p. 447. *Gesamm. Abhandl.* p. 864.

‡ *Anatomie pathologique*, i., p. 239.

* *Atlas der pathologischen anatomie.*

† *Vide infra.*

in the papillæ renum in the fœtus, we are easily led to think of corresponding changes after birth.

Both in his essay upon uric acid infarction in the fœtus, and in new-born infants*, and in the later essay upon congenital cystoid kidneys already quoted, the genesis of renal cysts is repeatedly spoken of. In the investigations, too, of O. Beckmann we meet with cursory remarks on the origin of cysts in adults. We shall not examine in detail the cases of cystoid degeneration in the fœtus, investigated by Virchow, and his observations thereupon. On the whole, it is certain that he was *the first to perceive the relation of the uric acid infarction, and of the atresia of the papillæ renum as the primary element in the formation of fœtal cysts.*

In all the cases previously observed, referred to by Virchow, no means of pathogenic explanation were found in the results of the investigation. In the case examined by him he demonstrated obstruction of the tubuli uriniferi in the papillæ renum by solid uric acid *(Ueber Harnsaure-Abscheidung*, u. s. w., l. c., pp. 182 and 183). In the corollaries at the end of this essay it is said, under No. 3, "such an excretion (of uric acid) is met with exceptionally also in the fœtus; and in such cases it gives rise to dropsy of the kidneys without obliteration of the ureters." The further investigations of uric acid infarction, without alteration of the kidney, immediately after birth, and the forensic importance of the same are well known, and do not belong to our subject.

In the investigations on congenital "renal dropsy" the examination of the children's bodies is described in detail, a distinction being made between the cases communicated by earlier writers, who confounded hydronephrosis and renal cystoid with one another, and the change of the renal papillæ already mentioned, described in its bearing on the origin of cystoid degeneration: "But I believe the atresia of the papillæ cannot be explained otherwise than by a fœtal inflammation of these parts" (*Ueber congen. Nierenwassersucht*, p. 459), in which the uric acid infarction likewise comes under consideration. Still more distinctly had the influence of the latter already been expressed: "It appears to me scarcely doubtful that the degeneration of the kidneys has thus proceeded, that first of all an obliteration of the tubuli uriniferi through uric gravel took place in the pyramids, that the upper portion of the tubuli uriniferi and the Malpighian capsules filled with urine became dilated, partly atrophied the surrounding tissues, and induced a degeneration of the kidneys into a spongy substance, studded with many cysts of various sizes" (*Ueber Harnsaure-Abscheid.*, u. s. w., p. 183).

From the description of the kidneys examined by me, it appeared that, with the cyst formation in the cortical substance, *increase of the interstitial connective tissue in the summits of the pyramids, and an extensive calcareous infarction in the tubuli uriniferi existed, while neither were calcareous granules wanting in the connective tissue.* The result of these processes was *a more or less complete atresia of the renal papillæ.*

It seems to me not unreasonable to assume a connexion between these last processes and the cyst formation, the processes which effect the atresia of the renal papillæ being the primary element. The excretion of urine proceeds unhindered in the cortical substance, but the excreted fluid cannot escape from the tubuli of the pyramids. Accumulation of urine takes place, and distension (and bursting?) of the canals will readily follow at the point most remote from the mechanical obstacle. In the distension of the capsulæ glomerulorum and of the convoluted tubes (only a few cysts are met with in the pyramids) in consequence of the high pressure to which the excreted urine which cannot escape is subjected; and in the processes depending thereon (compared with chronic inflammatory processes) we therefore recognize the causes of the origin of the renal cysts in our case.

The calcareous infarction in the summits of the pyramids is a recognized fact. Very often we find white streaks in the papillæ renum without further morbid changes being discoverable, while micro-chemical investigation shows that these white streaks are formed by solid calcareous salts in the tubuli uriniferi. In many cases, however, some scattered cysts are met with in the kidneys, together with the presence of a slight calcareous infarction. The circumstance, also, that both processes are peculiar to the period of involution, occurring most frequently in the kidneys of old men, points to a causal connexion between the two. By many pathologists, moreover, following Virchow, the dependence of some renal cysts upon calcareous infarction of the tubuli uriniferi in the pyramids is assumed.

As to the nature of the calcareous infarction and the question whether renal cysts are very often dependent thereon, especially whether the complete cystoid degeneration is connected with it, opinions vary, or we find silence observed in reference to the point. Nay, Virchow, who at first considered the causal signification of the calcareous infarction in renal cysts as very probable, subsequently became vacillating in his opinion. We first find mention made of the matter in his essay, "*Ueber Harnsaure-Abscheidung*," &c., l. c., pp. 840 and 841. After the account of the obstruction of the canals of the pyramids in the fœtus by uric acid, he says: "This is clearly seen in the examination of the kidneys of adults, in which, according to my observations in most cases of simple renal cysts, an obstruction of the straight tubuli uriniferi by calcareous deposit takes place." However, in the notes to the later edition in the "*Gesammelten Abhandlungen*," p. 858, he added: "Nevertheless, the closing of the urinary canals by calcareous deposits is seldom quite complete, and I therefore believe that I must the rather modify my former view, as, with the calcareous deposits, other changes are usually present, which explain a still more complete interruption of the urinary excretion."

Förster, probably influenced by Virchow's ideas, is likewise not steadfast in his opinion: "Calcareous infarction is met with especially in advanced life, as calcification of cast-off and broken-up epithelium; sometimes, also, it is produced by overloading of the urine with calcareous salts in destruction of the bones; it was hitherto only an object of observation on the dissecting table. Not improbably the obstruction of the tubuli uriniferi sometimes leads to dilatation of the latter and to the formation of cysts."

As to the "other changes" to which Virchow alludes in the passage above quoted, as occurring together with calcareous infarction in cysts, we find little said. In his most recent work, "*Die krankhaften Geschwulste*" (Morbid Tumours), p. 271, the occurrence of renal cysts is cursorily treated of, and he says: "But the ordinary course of the development is rather this, that the cystoid kidneys have in general nothing whatever to do with a retention of urine, but that they arise in consequence of a chronic interstitial nephritis, which is connected with a deposition of solid albuminates in the interior of the tubuli uriniferi," &c.

It hence appears that so extensive a calcareous infarction, with atresia of a great part of the renal papillæ, as occurred in the case described by me, has not been observed. As to what had happened in the cases of complete cystoid, formerly recorded, we can, of course, form no opinion.

I shall speak later of the signification of the calcareous infarction and of the other changes in particular, but at present my case appears to be of importance, because—1st, it may probably again attract more attention to the influence of calcareous infarction; and 2ndly, the other changes of tissue in an early period of cyst-formation were observed, whereby it may perhaps be useful in affording clearer views of the nature of the same.

Besides scattered observations on calcareous infarction we find in O. Beckmann (Virchow's *Archiv*, xi., p. 121) mention of a case accidentally discovered of extensive cyst-formation, with calcareous deposit in the papillæ,

* *Verhandlungen der Gesellschaft für Geburtshülfe in Berlin.* 2ter Jahrgang, pp. 170, *et seq.*

in a woman, aged 65, who died of pneumonia. On the surface of the kidneys were numerous cysts, *and also many in the pyramids.* But of the infarction, in connexion with Virchow's modified opinion, little is said.

In general, we find in Beckmann's essays a very great hesitation in assuming the existence of obstruction or closing of the pyramidal tubuli, alternating with evidences of the great probability thereof, in connexion with the results of Virchow's investigation of the fœtal cystoid degeneration. Beckmann asks himself whether changes of tissue in the arterial substance of the kidneys do not rather lead to the formation of cysts. He thinks it improbable (Virchow's *Archiv*, ix., p. 236) "that such cysts should be formed in adults by the closing of straight tubuli uriniferi, as we know that the pyramids in general are seldom severely and independently morbidly affected, and it is difficult to imagine the obstruction of a straight tubulus uriniferus with a free current from above (?) But if a closing should, in fact, take place, the possibility of a cyst-formation must be admitted. However, the majority of cysts have been found in the cortical substance alone; the question would suggest itself whether in morbid affections of the cortical substance the possibility of closing of the tubuli and of accumulation of urine follows as a matter of course." He considers this, however, to be in most cases improbable, and the occurrence of cysts, especially in parenchymatous inflammation, to be impossible. On the other hand, "more chronic or interstitial inflammatory processes" might, perhaps, be taken into account, an opinion which, as I have already said, has been expressed also by Virchow in general terms, but without more accurate definition.

To make our pathological consideration of the cases of cystoid kidneys, and of extensive cyst formation in general on record complete, we must finally allude to the opinion of Virchow on those cases which, chiefly in youth, have been met with when death ensued from other diseases. One of the cases communicated by Beckmann (page 213), some others spoken of by him or Virchow, where no fresh causal processes for the production of cysts were met with, and where the excretion of urine during life had not been remarkably impaired, almost constrained the adoption of the hypothesis, "that such forms date from the period of fœtal existence." In the part of the "*Krankhafte Geschwulste*" already quoted the same opinion is expressed: "It is easy to understand the possibility of a *partial* fœtal degeneration being kept up until a later period of life, and it is conceivable that the urinary excretion should cease in the cysts and be replaced by other deposits."

The considerations contained in this section I shall now apply to the elucidation of my views respecting the pathogeny of cystoid kidneys. To this I shall add a word on renal cysts and hydronephrosis, compared with one another, together with some remarks on diagnosis.

(To be continued.)

ABSTRACT OF

METEOROLOGICAL OBSERVATIONS TAKEN AT THE MILITARY HOSPITAL, NICE,

FROM THE 10TH TO 31ST JANUARY, 1866.

By Dr. CABROL,

CHIEF PHYSICIAN TO THE HOSPITAL.

Translated by R. CROTHERS, M.D., Nice.

THE atmospheric pressure has varied from 0·766 to ·775, but it has been generally between ·770 and ·775, indicating settled fine weather.

The temperature during the night has always been several degrees above the freezing point. Not a trace of white frost. Very little moisture.

The daily temperature has ranged from 44 to 63. No cold. The temperature mild and agreeable. Very little wind. Slight breezes from N.N.E. and E. Temperature of the earth at a depth of 20 centimètres (8 inches) has been 46; of the sea, 59½. The end of the month of January is in general one of the periods most favoured under the climate of Nice. This year it has been very evident, the ten days just passed having been very fine. No high winds; but in general a slight air from the east, cooling and modifying the ardent rays of the sun, which has shone with splendour. These winds have brought some clouds over Nice (*strati lumuli*), but rarely sufficient to obscure the brightness of the sun.

The nights have been beautiful—cool, but without damp. The air clear and bright. The sea in general calm; occasionally some slight waves, caused by the winds and depending on their direction. In presence of such favourable atmospheric conditions there has not been anything worthy of being called an invasion of disease; the few fresh attacks may be summed up as slight and unimportant affections, yielding readily to very simple remedies. Some affections of the skin have appeared, but of an ephemeral character. The progress of chronic diseases, as rheumatisms and broncho-pulmonary affections, has been favourable; exempt from complications and aggravations which might be attributed to local influences or to climate. These affections, which are ordinarily aggravated under the influences of cold and humidity, have been singularly alleviated by this very favourable state of the atmosphere, recalling often during the last ten days the mild and agreeable sensations of the summers of more northern latitudes.

In fine, the decade just past has been one of the most agreeable even in this highly favoured country.

FROM THE 1ST TO 10TH FEBRUARY, 1866.

The mean height of the barometer has been from ·762 to ·768 (30 inches to 30 4-10ths), indicating moderately fine and slightly variable weather. The thermometer *min.* during the night has always marked several degrees above zero (32 Fahrenheit), consequently there has not been any cold, not even hoar frost. The absence of fogs and humidity, which have been prevalent in other places, establishes for this country a sanitary advantage. The daily temperature has varied between 8 and 17 (46½ and 62), accompanied with the sensation of heat. The temperature in the sun has risen to 43 (110°) at one o'clock p.m. That of the sea, 15 (59); of the earth 52 at a depth of 20 centimètres (8 inches). The winds have blown from the N., N.E., and E., with but little force. This decade has presented meteorological phenomena of remarkable mildness. Rain fell on the 2nd, but only for some hours and in small quantity; and although the sky has been sometimes sprinkled with fleecy clouds, and at intervals even cloudy, the sun has seldom ceased to shine with brilliancy. Under the influence of its rays, and the absence of dew during the nights, the ground has become very dry, and had there been high winds the dust would have been very disagreeable. Nevertheless, the vegetation has not suffered, for it is now in all the beauty of verdure and flowers. The almond trees are entirely covered with blossoms.

The only diseases which we can refer to these phenomena should naturally be mild; they are confined to slight excitement of the nervous system and trivial attacks of rheumatism.

The sore throats, colds, indigestions, &c., which we remarked in January, are now less numerous. Some isolated cases of pertussis have been observed with children, but less severe and obstinate than in the north, yielding to ordinary means and without any mortality.

The weather could not be more favourable for the amelioration of chronic diseases of the chest, whatever may be the distressing symptoms which they present. It is also beneficial to children and young persons, favouring their healthy development; also to persons weakened from various causes, by strengthening them, and preserving them from affections from which they would suffer in cold and humid climates. *En résume*, during the last ten days, this meteorological and medical state has been very favourable under all its aspects.

THE DISCOVERY OF THE TRICHINA.

It may be recollected that a considerable amount of correspondence took place a short time since in the several newspapers, on the subject of the discovery of the trichina spiralis, in connexion with the disease to which this parasite gives rise in the human subject. A paragraph first appeared in the pages of the *Pall Mall Gazette*, a paper sometimes well-informed on medical subjects, to the effect that the history of the trichina and trichinialis was not well understood, and that "extensive series of experiments had led to no definite result." This very erroneous statement was at once copied into the *Times*, which in medical matters possesses or exercises no power of discriminating physiological facts from semi-scientific twaddle; and the appearance of the paragraph having excited some alarm in the minds of the public, it not unnaturally called up Dr. T. Spencer Cobbold, the most experienced helminthologist in this country, who corrected the misapprehension, and referred the reader to trustworthy treatises in which the subject was discussed. Here the discussion, as far as the general press was concerned, might and ought to have stopped, but several letters subsequently were allowed to appear, some of the writers claiming the merit of discovering the trichina for British observers, and others for Germans, till at last the editor of the *Times* seems to have been so bewildered between helminthology and high Dutch, that he declined to insert any more letters on the subject. Dr. Cobbold has, however, very properly put together a notice of the history of the trichina, and has published it in the *Lancet*, and it must be admitted that the details, although of great interest to physiologists and pathologists, are quite devoid of attraction for, if they are not quite incomprehensible to, the general reader, while the subject itself has a kind of repulsiveness which renders it an inappropriate topic of general conversation. Dr. Cobbold, so far as we can perceive, has given a very fair and impartial account of the circumstances leading to the discovery of the trichina, and his conclusion is, that the honour is to be awarded to English anatomists. Professor Owen first described and named the flesh-worm, and first interpreted its true nematoid nature. But Mr. Paget, with Mr. Brown and Mr. John Bennett, probably *saw* the worm before Owen, and the last-named authority admitted Mr. Paget's priority to this extent. Mr. Wormald had, however, more than once previously noticed (no doubt while he was Demonstrator of Anatomy at St. Bartholomew's Hospital), the characteristic specks in the bodies of subjects brought for dissection, and he transmitted to Owen the actual specimens from which the discovery was made. Mr. Hilton, of Guy's, was the first to suggest the parasitic and animal nature of the specks observed in human muscle, and anticipated Wormald in his observations on dissecting-room subjects. Dr. Hodgkin states that Mr. A. Peacock observed these little bodies in 1828. Then, in reference to the German authorities, Leuckart denies the statement that Tiedemann was the first discoverer of the specks. Herbst was the first to rear muscle-flesh worms in animals by experiment. Leuckart was the first to offer a correct solution as to the source and genesis of the flesh-worm; and Zenker was the first to demonstrate that these parasites were capable of giving rise to a violent disease in the human body. All which, we submit, is far more in place in the columns of a medical journal than in those of the *Pall Mall Gazette* or the *Times*.

THE SUPPLY OF MEDICAL NECESSARIES IN THE TIVERTON UNION.

We learn from the *Tiverton Gazette* that some difference of opinion exists between the Board of Guardians, or at least a portion of the Board, and their Medical Officers, on the subject of the supply of necessaries to the sick poor, and we regret to find Mr. Gulson, who it appears is the Poor-law Commissioner for that Union, giving utterance to opinions, and laying down regulations, which are not only derogatory and insulting to the medical profession, but are likely to lead to serious inconvenience, if not positive danger, to the sick patients. He is reported to have stated that in case of necessaries being required for the poor, the Medical Officer had no right to supply them, or to insist on their being supplied, and that his duty was confined to reporting the cases to the Board! Now, if this dictum be correct in point of law (which we very much doubt), a case of puerperal hæmorrhage, or of imminent collapse from some other cause, might be lost while the Medical Officer was going through the formality of applying for necessaries to the Board, which in most, if not all Unions, sits once a week, and in some only once a fortnight. We should recommend an application to be made to the Poor-law Board at Whitehall, against this monstrous doctrine laid down by the local Inspector, and as Dr. Edward Smith is now the Medical adviser of the Board, he ought to be consulted in the matter. As we believe that the Poor-law Board, especially at the present time, would investigate the subject if it was laid before them, we refrain from noticing at present the impertinent remarks made by some members of the Board in reference to the Medical Officer, and which were as unjust as they were offensive.

THE ARMY AND NAVY MEDICAL SERVICE.

When publishing last week the Recommendations of the Committee upon the Rank, Pay, and Position of the Army and Navy Medical Officers, we stated that the appearance of the document was somewhat premature, inasmuch as it had not received the sanction of the authorities to whom it was addressed. This statement was correct, and we must repeat that the recommendations are not yet finally adopted; but we cannot believe that the Horse Guards and the Admiralty will oppose themselves to the concessions now proposed, and thus run the risk of augmenting the dissatisfaction which has so long existed among the Medical Officers of the two services. While congratulating our brethren of the Army and Navy on the prospect of their improved condition, it seems that very little thanks are due to the medical heads of those departments for their co-operation in redressing the grievances complained of; and indeed it is hinted that the chief obstruction to the measures proposed by the committee originated from some of those who ought to have advocated the claims of their brethren. It is stated that the combatant branches of the two services have been and are exceedingly well-disposed towards the Medical Profession, and that if the heads of the Medical Departments had done their duty the recent agitation would have been unnecessary.

THE BRITISH MEDICAL ASSOCIATION.

The next meeting of the Association will probably take place at Exeter, as an influential deputation has waited on the Mayor to request him to invite the Association.

HOUSE OF LORDS.—Feb. 27th.

Lord Granville, in answer to questions addressed to him, stated that an inspector had been sent into Northamptonshire to inquire into the outbreak of small-pox among sheep in that county, and that the Custom-house authorities adopted the same precautions with regard to sheep arriving from abroad as in the case of cattle imported into this country.

CATTLE PLAGUE BILL.

Lord Granville, in moving the second reading of the above Bill, declared himself unable to defend either its principle or its details. At the same time he admitted that some of the clauses would usefully supplement the Cattle Diseases Bill, and therefore he proposed the second reading with a view to the details being carefully considered by a Committee.

The Marquis of Bath thought the period to which the operation of the Bill was limited was too short to be productive of much good.

After a few remarks from the Duke of Buckingham and Lord Romney, the Bill was read a second time, and was subsequently referred to a Select Committee.

HOUSE OF COMMONS.—Feb. 22nd.

SHEEP INFECTION.

Sir J. C. Jervoise asked the Vice-President of the Committee of the Council on Education whether, in view of the Order in Council of the 4th of July, 1865, and also of the Order of the 19th February, 1866, relating to "sheep-pox or variola ovina," his attention had been given to the Eighth Report of the Commissioners of Her Majesty's Customs, in which that disorder was termed "scab or variola ovina," the first name implying a disease not uncommon in this country, and very easily cured; and whether he had noticed, in the same Report and page (26), that mention was made of "diseases which are sometimes erroneously supposed to be peculiar to foreign cattle, but which in reality had existed in the United Kingdom many years before the importation of foreign animals commenced.

Mr. Bruce replied that he could not believe that the Commissioners really intended to say that "scab" and "variola ovina" were synonymous. The opinion expressed in the latter part of the question was a very safe and very possibly a sound one. But from whatever places they came they were now seated in the country. Whether the rinderpest or the variola ovina were imported or not seemed a matter of little importance. The vital questions were, were they contagious, were they likely to spread, and what were the precautions to be taken against them? Precautions had been taken. Out of seventy sheep lately imported from Copenhagen to Hampshire eight had the variola ovina, and of a neighbouring flock ten had died and ten were suffering. The district had been isolated.

February 23rd.—DISEASE AMONG SWINE.

Sir J. Walsh asked whether the attention of Her Majesty's Government had been drawn to the appearance of a new disease affecting swine in parts of the continent of Europe, and not only destroying the animal, but rendering the flesh poisonous and dangerous to human life?

Mr. Bruce said that in 1862 Professor Gamgee was directed to report upon the subject of diseases in meat, and among the diseases embraced in the inquiry was the one referred to. A German physician of eminence who had paid special attention to the subject was directed to make a report, and it was published in the last volume of the reports of the Medical Officer of the Privy Council.

Feb. 26th.

NAVY ESTIMATES.

In moving these estimates Lord Clarence Paget passed a high eulogium on the medical officers of the navy. He referred to the labours of the Committee appointed by the Duke of Somerset, and to the services rendered on that Committee by two eminent medical men—one a member of the College of Physicians, the other of the College of Surgeons. "I am bound," said Lord C. Paget, "to say that both these bodies have given us their most cordial assistance with a view to put the medical officers of the navy in such an improved position as that, while no unreasonable demand shall be made on the public, greater inducements than heretofore shall be offered to tempt them to enter the navy."

March 1st.

CATTLE PLAGUE EXPERIMENTS.

Mr. Sandford, in rising to ask the Secretary of State for the Home Department why the experiments made as to the cure of the cattle plague had not been laid upon the table of the House, said that the country had been told that the "stamping out" process was the only mode of eradicating the cattle disease. This, he thought, showed a very retrogressive tendency on the part of medical science, and especially in its veterinary branch. For the sake of the agricultural interest generally he sincerely hoped that the disease was not so incurable as it was represented to be, because, as they could not prevent importation of foreign cattle, they would always be liable to the recurrence of the disease. For himself, he was one of those who held the opinion that all the pestilences which visited us were more or less amenable to medical treatment; and it was stated in the newspapers that the remedies employed by Mr. Worms had in many instances proved successful. He should very much like to learn the particulars of the experiments made by that gentleman, and it was, he believed, the duty of the Government to lay those particulars upon the table of the House at the earliest possible moment. The hon. gentleman concluded by asking the questions of which he had given notice.

Mr. T. G. Baring could assure his hon. friend that the Government were fully sensible of the importance and interest attaching to the experimental treatment of animals affected with the cattle disease, and their attention was drawn to the subject at the very commencement of the outbreak in this country. As the House was aware a Royal Commission was appointed for the express purpose, among others, of inquiring into the mode of treatment likely to prove successful in the case of animals affected with the plague, and the Government thought it would be far better to intrust such an inquiry to one authority, instead of committing it to the care of two separate bodies. That commission had not neglected their duty. On the contrary, they had prepared a scheme of the most exhaustive character, giving to the world the most complete and accurate information with regard to the nature of the disease, the different modes of treatment, contagion, and other matters most interesting to the public and most likely to be attended with advantage on future occasions. These particulars were most fully detailed in the second report of the Royal Commission, which his hon. friend had probably not yet seen. He would find that not only many eminent veterinary surgeons, but also men of distinction in the medical profession, had been engaged in inquiries concerning the disease, and he would find certain general statements made regarding the result of the inquiry. The Commissioners stated that no remedy which had been discovered could be relied upon, that vaccination had not proved a safeguard, and that they purposed giving the public more details with reference to inoculation. In their third and final report the Commissioners promised to give full and complete accounts of the experiments which had been made, and the results of investigations which had been instituted by the medical gentlemen to whom they had been intrusted. Under those circumstances it would have been impossible for the Government up to the present time to furnish the House with complete information upon the subject. The third report of the Commissioners would, he believed, give some valuable additional information. [An hon. Member: "When will it be presented to the House?"] Of course the third report of the Commissioners would be presented as soon as it was made, and would then be laid upon the table of the House.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

CLINICAL LECTURES ON DEEP-SEATED ABSCESS OF THE THIGH.

By JOHN K. BARTON, M.D., F.R.C.S.I.,

SURGEON TO THE ADELAIDE HOSPITAL, AND LECTURER ON SURGERY IN THE LEDWICH SCHOOL OF MEDICINE.

GENTLEMEN,—You are aware that chronic abscesses often present themselves in the thigh although originating at a distance. Psoas abscess due to caries of the vertebræ frequently points in the anterior part of the thigh, or passing backwards with the tendon of the muscle to the lesser trochanter, it may present posteriorly. Abscess also in connexion with strumous disease of the hip-joint, often presents in the outer or back part of the thigh. It is not to such cases I now wish to direct your attention especially, but to abscesses which originate in the thigh or popliteal space, and being deep-seated and bound down by strong layers of fascia, give rise to great constitutional disturbance, and frequently present peculiar difficulties of diagnosis as well as of treatment. Allow me to remind you of the intimate union which exists between the rectus muscle in front and the two vasti on either side, and how all are closely covered by the very strong enveloping fascia-lata; pus formed under this mass of anterior muscles would not give the sense of fluctuation to your fingers, but would perhaps pass on through the opening in the adductor magnus muscle into the popliteal space, where being very deeply seated, the true nature of the tumour would then be doubtful. Dupuytren's biographer relates as an instance of the diagnostic power of that great surgeon, his instant recognition of the true nature of a case of this kind. A man was brought to the hospital with a large swelling of the thigh; while others were examining discussing, imitating, Dupuytren touched the tumour, without a word took out a bistuory, passed it down to the bone, and gave exit to a pint of purulent matter. Now, gentlemen, before you imitate Dupuytren in the brilliant rapidity of his treatment, take care you make your diagnosis as sure as his was. Aneurism in the thigh or popliteal space, has many symptoms in common, very frequently, with the disease we are speaking of—it has been mistaken for it, and may be again. The terrible mistake of plunging a knife into an aneurismal tumour has actually occurred, and the most experienced surgeons are the most cautious in pronouncing upon the nature of a deep tumour in this region. I hope, however, to show you that by a careful attention to the symptoms you may form a sound opinion in any case, and your treatment may be as sure and safe, if not as dashing, as the illustrious French surgeon's. In illustration of the points upon which you should rest your diagnosis, I will relate two cases:—

Case 1.—John Purdon, 28 years of age, a servant, was admitted into the Adelaide Hospital upon the 3rd of last January, with a swelling of the left thigh; it occupied the lower third of the inner surface of the thigh, and extended into the popliteal space, the hollow of this space being partly filled up, and pressure into it causing pain. Pressure upon the surface of the tumour in the thigh also caused very acute pain. The tumour was pale; no distinct edge could be felt circumscribing it; no pulsation could be felt or bruit heard in it; at one point about two inches down the inner side of the knee-joint, an indistinct sense of deep fluctuation was perceptible. The femoral artery beat naturally; the popliteal could not be felt on account of the swelling in that space, and after a careful examination the posterior and anterior tibial could be distinctly felt, the foot only being œdematous, rendered it difficult to settle this point; the leg was kept flexed on the thigh; the patient's countenance was very pale and anxious; pulse 112. The history he gave of his disease was briefly as follows:—Six weeks before his admission to hospital he was seized with headache shivering; next day he observed an erysipelatous blush on the left leg, below the knee, which, however, disappeared in a day or two, but was followed by a painful swelling in the lower and inner part of the thigh, which had gone on increasing in size for about three weeks. He had been suffering acute pain for at least a fortnight, and was very anxious to have something done for his relief. The diagnosis of this tumour was, deep-seated abscess of the thigh, extending into the popliteal space; the symptoms which showed it not to be aneurismal was—

1st. The pulsation of the arteries of the leg.*

2nd. That the chief part of the swelling was not over the course of the vessel.

Concluding it not to be aneurismal, the other symptoms made the probability of its being an abscess almost a certainty, I will take up this case again, but now compare the symptoms with those present in the following:—

Case 2.—Martin Kinsella, 24 years of age, a shoemaker, of intemperate habits, was admitted into the Adelaide Hospital, in October, 1863, with the right foot and leg swollen and œdematous, and complaining of severe pain from a swelling in the popliteal space. Eight weeks previously he was attacked by severe pain behind the right knee, which extended down the entire of the leg as far as the outer malleolus; this pain was constant, but was rendered worse by exercise, and he said increased at night. About a fortnight after he first felt the pain he noticed a swelling in the popliteal space, which was soon followed by the œdematous state of the foot and leg. He says that the swelling at no time suddenly enlarged; he received no injury whatever; at first his general health did not suffer, but latterly he feels very sick, the pain has kept him awake at night, being frequently obliged to sit up all night to relieve it. Upon proceeding to examine the limb I found it in the following state:—The popliteal space was completely filled up by an undefined swelling, which gave a sense of deep-seated fluctuation to the fingers; the skin covering it was of natural colour, no thrill or pulsation whatever could be felt, nor with the stethoscope could anything be heard; the limb from the knee down was œdematous. Neither the anterior nor posterior tibial arteries could be felt pulsating, and the femoral when examined in Hunter's canal, could scarcely be felt at all; the pulsation of the artery higher up was pretty full.

The diagnosis lay between abscess and aneurism. In favour of the former was the sense of fluctuation, and the absence of all bruit, pulsation, or thrill; in favour of the latter was the fact that the arteries below the disease had ceased to pulsate, and that the artery immediately above pulsated indistinctly.

The further history of this interesting case showed it to have been a diffused aneurism, whether originally from rupture or disease of the artery was doubtful. For our present purpose it is only necessary to remark, regarding the further progress of this case, that in a day or two a second swelling began to form to the outside of the knee-joint, evidently communicating with the one in the popliteal space, and giving an obscure fluctuation, and upon the following day some degree of thrill and pulsation was discovered in the popliteal swelling.

Comparing the symptoms at the time of their admission with the cases, you remark that while the appearance and

* The œdematous state of the leg and foot showed that the pressure of the tumour was sufficient to retard the venous circulation very materially, but had this pressure come from an aneurism the arteries could not be felt beating.

feel of the tumours were almost quite the same, the unimportant difference was the state of the arterial circulation in the two limbs. In the case of aneurism this was very decidedly interfered with, while in the case of abscess it remained natural. You may look on this as the most important point in making the diagnosis in a difficult case. If the arteries below the tumour, after a very careful examination, cannot be felt to pulsate, the case is probably one of aneurism; whereas if they can be felt pulsating naturally, and the same as the arteries of the other limb, the artery is not implicated in the disease.

Is there any other disease which you might mistake a deep-seated abscess of the thigh for? I believe soft or medullary cancer, if developed in the deep spaces of the thigh, would, as far as the mere feel of the tumour, be quite undistinguishable from an abscess. The sensation given to the fingers by this soft substance, when bound down by a strong fascia, is precisely the same as that given by fluid. So you must not depend in this case either very much on the feeling of fluctuation, but take other circumstances into account before you decide. The state of the lymphatic glands and the character of the constitutional disturbance will be important considerations.

(To be continued.)

THE MEDICAL USES OF CHLOROFORM INHALATION.

By CHARLES KIDD, M.D., M.R.C.S.E.

The medical uses of chloroform, or rather its administration, in purely medical, as contradistinguished from ordinary surgical cases, begins to assume a form of very considerable interest and importance, not so much as an agent capable of removing mere pain in neuralgia or simple spasm, as in controlling the more dangerous serious forms of disease, such as infantile or puerperal convulsions, where life is at stake, or as a remedy also (perhaps only auxiliary) of great usefulness, nevertheless, in various forms of epilepsy or epileptoid affections, though this anæsthetic is not so effectual or safe in simple hysteria, delirium tremens, or chorea.

The medical uses of chloroform, in a word, as I believe, have not been recognised sufficiently in our periodic literature, its far wider and more brilliant help or aid to the operating surgeon (without which, indeed, he could now do little), having eclipsed its desultory application in the wards of the physician, or by the bedside of the midwifery patient in her hour of anguish and agony, where it has proved to be almost a greater boon than in the experimental and gigantic operations of the surgeon.

And, firstly, reference may be made to cases of puerperal convulsions. All the best obstetricians now agree that whether we have albumen in the urine or not (that great bug-bear of practice), the skilful administration of chloroform seldom fails to afford relief, and by its means we may dispense with the excessive venesections that so weaken such patients in former times.

In cases of severe agony attending the passage of gall stones the cautious inhalation of a drachm or two of chloroform will often act like a sudden charm in affording relief from pain and spasm. It is probable that in such patients there is produced a relief of pain, with relaxation of the distended gall duct, associated nervous fibres of the diaphragm, duodenum, &c. (all thrown into spasm by an irritating calculus). It is curious, too, that jaundice so occurring is cured, and jaundice has also been occasionally produced by the same agent, the latter a much more rare phenomenon than the former.

A case of the following kind has come under notice:—An old gentleman in the higher circles of society, subject to bad attacks of "jaundice and gall stones" in the country, was declared at the point of death from black jaundice and his old enemy, gall stones; an entire week of horrible agony had been experienced. Blisters, warm baths, purgatives, globulistic remedies, &c., had all been tried, and tried in vain. Opium in large doses had made things worse, and blisters with emetics no better. A fair trial, in one word, was given to the good old stereotyped abracadabra of Copland and Watson, that

> "Old experience, which doth attain
> To something of prophetic strain,"

could advise no further, and further experience had been summoned from the nearest country town. All in vain; it had been well reasoned out that the case was incurable; that the bile secreted by the hepatic cells had regurgitated along the cystic duct into the gall bladder; how there stored up it became concentrated and inspissated; how cholesterine (not Dr. Thudicum's blood corpuscles) had formed a calculus with much more, but all pointing to a sadly established organic disease of the worst kind. In this emergency an eminent city physician was summoned by telegraph, a man of the new school, eclectic, glad to adopt remedies from whatever side of the compass they may come. "Have you tried chloroform."

"Nothing like leather! of course not, but perhaps you would not be afraid of the risk."

Such the question and reply in consultation, but a few drops of chloroform relieved the patient of his agony, the gall stone passed as if by some potent spell, and a beautiful cure was the result.

In some of the worst sufferings of uncomplicated asthma and in whooping cough I have known the inhalation of chloroform vapour prove beneficial beyond expectation; indeed, it is clear that in the often vaunted popular cures of whooping cough, where children inhale the vapour at gas works, the cure is only to be explained by the calming influence on the larynx and glottis of some of the many gaseous carbo-hydrogen belonging to coal gas, so like ether vapour. I have known several times the popular amber oil liniment for whooping cough to prove far more effectual when chloroform and ether were substituted for the oil of amber, the liniment rubbed to the chest and neck, rather than in the time-honoured method to the spine, thus allowing the chloroform to be inhaled. The direct application of nitrate of silver to the glottis, so specific in whooping cough, is also facilitated by this practice.

Again, in various forms of epilepsy, chloroform in full doses not only controls the fit, but acts as an admirable auxiliary in allowing a full examination and cauterization of the peripheral seat of the origin of the disease. Hundreds of such cases have now been cured. Chloroform, however, is not so safe in hysteria or chorea or the debility of delirium tremens, while in all the other affections just detailed, and many more, it seldom fails to give most beneficial results.

Sackville-street, London.

Congenital Syphilis affecting the Bones.—At a meeting of the Medical Society of Vienna, Dr. Fürth stated that he had examined the body of an infant, which at the age of eight days had been admitted into the foundling institution with a maculo-pustular syphilitic eruption on the feet and hands and on other parts of the body. The mother was healthy. The arms hung loose; but, as paralysis of the extremities frequently accompanies congenital syphilis, this condition excited no surprise. On closer examination, however, there was found an abnormal mobility of the shoulder-joint, and crepitation was distinctly heard: sometimes, however, it disappeared. The child died at the end of five days. On post-mortem examination, the humerus was found necrosed, and its epiphysis separated. The end of the epiphysis next the humerus was also eroded and rough: and hence arose the crepitation, the occasional disappearance of which was due to the intervention of ichorous fluid between the epiphysis and the shaft of the bone.—*Wiener Med. Wochenschr.*

At Trowbridge, in Wiltshire, a disease has broken out amongst the fowls. "They are affected with spasms, a yellowish mucus runs from their beaks, and their combs turn black."

CASE OF

IMPACTION OF A PLATE OF ARTIFICIAL TEETH IN THE PHARYNX DURING A PERIOD OF FIVE MONTHS.

By Dr. GEOGHEGAN,

ONE OF THE SURGEONS OF THE CITY OF DUBLIN HOSPITAL, ETC.

The following case, in which a large plate containing artificial teeth lay impacted in the pharynx, *apparently without the cognizance of the patient, during a period of five months*, seems deserving of being placed upon record.

About a year since, a gentleman, 60 years of age, and previously healthy, who had presented his son at my house for surgical advice, requested me, before leaving, to inspect his own throat, which, his friends feared, was about to become the seat of cancerous disease.

I learned, that five months previously he had been seized, *whilst in bed*, with difficulty of deglutition and of breathing, a sensation as if a bit of rough cane were moving up anddown in his throat—efforts to vomit, and copious flow of muco-salivary fluid from the month; he found that liquids and pulpy matters could be swallowed, but that the deglutition of solids had become impossible. Matters had so continued up to the period at which I was consulted. He now evinced slight hoarseness, and there was unusual fulness, with increased breadth externally, in the situation of the base of the tongue and of the pharynx. The foreign body could not, however, be defined from without. The patient further stated that the salivation, which had continued from the first, was variable in amount—sometimes nearly subsiding, and again breaking out anew. Great relief was obtained during the exacerbation, from the application of a blister to the neck.

An experienced and careful practitioner who was called in at the time of the occurrence was informed that no cause except "cold" could be assigned in explanation of the above-named symptoms. Being unaware that a plate of false teeth (constructed so as to supplement an interrupted range of natural ones) had been habitually worn and the patient himself not having volunteered any statement upon the subject, the greatest difficulties were thus obviously interposed in the attempt to estimate the real nature of the case.

On inspecting the fauces I could discover nothing more than the increased vascularity so commonly observed in the throat of an habitual smoker. Passing my finger well down to the epiglottis, I at once encountered an hard body, which, on further examination, was found to traverse the entire breadth of the pharynx, and to have become impacted there, owing to the entanglement of its sharp and projecting extremities in the opposite sides of the canal. The sharper and tooth-like end lay to the right side, and both were situated at a much higher level than the centre. A curved catheter wire, when caused to strike the foreign body, elicited a clear ringing sound.

I then proceeded to inspect the parts with the laryngoscopic mirror. The epiglottis was seen standing erect and red, but not swollen; the anterior portions only of the arytenoepiglottidean folds were discernible, whilst the arytenoid cartilages were concealed by a dusky-red body streaked with grey. The true vocal cords were, of course, invisible.

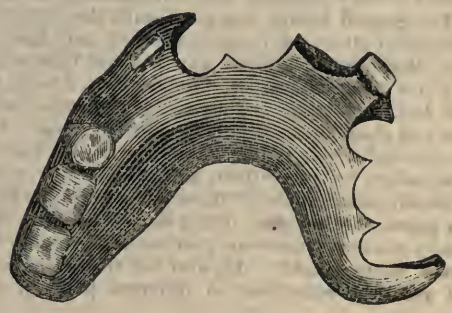
An attempt to move the foreign body caused efforts to vomit, spasmodic cough, and the ejection of abundant mucus, tinged with blood *of an arterial tint*.

With the above phenomena before me, I inquired whether at any of the meals more immediately preceding the supervention of the symptoms just described, he was conscious of having swallowed any hard or unusual substance? To this he replied in the negative; but then, apparently for the first time, recalled the fact, that on rising on the morning following the occurrence, he had *missed his tooth plate*, and stated, that having then imagined that it might have dropped into the urinal and been thrown out by his servant, he had dismissed the matter from his mind.

The cause of the mischief thus stood revealed.

Having explained to the patient the risks that might be expected to attend on the manœuvres requisite for extraction, and more particularly that of hæmorrhage (in the event of the pointed ends of the foreign substance having already caused partial ulcerative penetration of an adjacent vessel), I proceeded to operate.

In the first place, I attempted to disengage the ends of the plate by hooking my forefinger on each alternately, exercising at the same time a moderate and cautious traction. I next tried to draw it upwards, having passed a stout and well-curved catheter-wire beneath its centre. This measure, I thought, caused the body to yield slightly. I then again attacked the corner of the plate with the finger. Lastly, I passed a common polypus (nasi) forceps through a chasm in the upper alveolar ridge at a point to the left of the median line, where two incisors were wanting. Grasping the centre of the plate, I employed slow and careful traction, combined with slight rotatory movements (and aided by occasional use of the finger at its points). This final manœuvre was happily crowned with success.



The plate, as seen in the accompanying woodcut, proved to be of hardened gutta-percha, coloured red, and felt light for its size. Its circumference was sharp, as were also its horns.

Its extreme breadth was 2 5-16th inches. Its maximum depth at centre, 13-16ths of an inch. It weighed 121·7 grains, and included five artificial teeth, and niches for five natural ones. Its concave mouth-ward aspect, placed downwards, had lain on the upper part of the arytenoid cartilages, and partly on their posterior surfaces. Its palatine face had presented upwards and backwards, and was speckled with greyish mucus.

The removal of the offending body was speedily followed by disappearance of the chief symptoms. Even at the date of the present communication, however (seventeen months since the accident), uneasiness is still felt at the right side of the neck at a point corresponding to the cricoid cartilage, and solid food, unless very well masticated, and in small volume, requires to be washed down by a mouthful of fluid.

Accidents arising out of the casual displacement of a tooth-plate are not uncommon. I believe, however, that few cases are on record in which the accompanying circumstances, and more especially the forgetfulness or reticence of the patient, were more calculated to embarrass a practitioner than in the one now submitted. Mr. Hilton* (a true "conservative" surgeon and profound student of *Nature's* operations), has recorded a case in which he removed a tooth-plate by œsophagotomy with success. In some instances such bodies have passed into the stomach, and when not very large or not beset by sharp projections, have been discharged by stool after variable intervals. Such a result must be considered rather a rare and fortunate one. On the contrary, when detained in the

* Guys' Hospital Reports.

œsophagus, the foreign body has been known to ulcerate its way even into the left pleura. Very voluminous bodies may reach, and even safely traverse, the stomach, but are subsequently arrested with resulting fatal mischief. In the Museum of the Royal College of Surgeons, there is deposited a preparation which exhibits a tablespoon that had been swallowed by an adult lunatic. It reached the duodenum, where it caused a perforation of the bowel.

AN AGGRAVATED CASE OF NEURALGIA SUCCESSFULLY TREATED WITH "CORRIGAN'S CAUTERY."

By JAMES C. HAYES, M.D., L.R.C.S.I., &c.

The following case of neuralgia was under my treatment for a considerable time, and after having nearly exhausted the resources of the materia medica, I was obliged to have recourse to the "cautery," which I am glad to report realised my best wishes.

The Rev. J. B.——, aged 58, of the bilious-nervous temperament, active mind, and very regular habits, was never a sound sleeper, and if awoke in the middle of the night found it very difficult, often impossible, to sleep again. The general health was good, with the exception of an occasional attack of dyspepsia, which only lasted a few days, disappearing without any medical treatment; has had a few light attacks of "lumbago." About the middle of last summer he felt an aching sensation in his right arm and shoulder, as if the muscles were hurt; this uneasiness lasted about ten or eleven days. On the 8th of last December, he was without any premonitory symptoms, suddenly seized with a "darting" pain in the right arm, at a point corresponding to the insertion of the deltoid muscle, gradually increasing in severity until it became almost insupportable. He also felt transitory tingling and pricking sensations in different parts of the arm.

To relieve pain, he was locally applying a rubefacient liniment containing sp. turpentine, which caused abrasion of the cuticle, and aggravated his suffering.

On the 17th December I was requested to visit him; saw him in bed, he complained of violent pain, which appeared to be seated in the circumflex and musculo-spiral nerves; he was very restless, having had no sleep the five previous nights; anxious countenance, the tongue was clean, bowels regularly moved without the aid of any medicine, the urinary secretions were healthy, skin cool, and pulse natural. There was nothing abnormal in the appearance of the arm, nor did pressure made over the affected part produce any effect. I directed the arm to be stuped with chamomile flowers and poppy heads, to be repeated in the course of the day, and the following liniment to be rubbed in often:—

℞ Lini. saponis, ℥viii.
Tr. aconitæ, ℥vi.
Tr. opii, ℥ii.

M. Fiat linimentum sepe untend.

To procure sleep I ordered gr. x. of pulv. Doveri to be taken at bedtime.

18th: Had four hours sleep last night, has not much pain. Repetatur pulv. Doveri.

19th: Had no sleep last night; arm very painful. I continued the local treatment, ordered an aperient composed of pil. colocynth co. and pil. hydrarg., and increased the quantity of pulv. Doveri, to be taken as usual.

20th: Had no sleep last night; arm still painful. As the pulv. Doveri had not the desired effect, though the dose was increased, I ordered two draughts of the Tr. henbane, one to be given at bedtime, and the other a few hours after, if necessary.

21st: Had no sleep last night; took the two draughts; arm continues painful. I ordered a mixture of iodide kal., gr. viij. to the ounce, two tablespoonfuls to be taken three times a day. He continued much the same way up to the 24th, when I saw him in consultation with my brother, Dr. F. Hayes of Shanagolden. We ordered the following liniment for the arm:—

℞ Lini. camphoræ, ℥viij.
Tr. aconitæ, ℥vi.
Chloroform. ℥vi.

M. Fiat linimentum, to be used three or four times a day.

The iodide kal. mixture to be repeated, and as the draughts did not induce sleep, we ordered the following sedative mixture:—

℞ Aquæ acetatis ammoniæ, ℥iij.
Muriatis morphiæ, gr ii.
Pulv. ipecac. gr. ix.
Syrupi aurantiæ, ℥ss.
Aquæ, ℥viiss.

M. Fiat mist. sumat. coch. amp. mag. tertia quaquæ hora. We also repeated the pil. colocynth co. and pil. hydrarg. He is taking his ordinary food all along, consisting principally of bread, butter, and tea for breakfast, roast meat for dinner, with a liberal allowance of wine; his appetite is very little diminished since the commencement of his illness.

25th: Had no sleep last night, but got great ease from pain. After having taken a few doses of the mixture, it produced vomiting, when its further administration had to be discontinued. At five o'clock in the evening I commenced giving him half a grain of pulv. opii every second hour, and continued it without intermission until he had taken three grains and a half, when he objected to its further use. It did not produce sleep, but abated the intensity of the pain considerably.

I may here remark that he had from the commencement a great objection to opium, and requested not to be narcotised until I prevailed on him, and as I feared or anticipated the opium would fail, successive measures that were likely to afford relief were clearly indicated, but some delay necessarily occurred in having to send to Dublin for these, and in one instance an accident occurred which prevented their being at hand.

26th: Though having no sleep last night, he is apparently under the influence of the opium. I now ordered two grains of sulph. quinine, to be taken night and morning, iodide kal. mixture to be continued, and liniment to be rubbed on as before.

27th: Had two hours' sleep last night; arm still continues painful; during the past two days he feels a tingling sensation in the digital branches of the median and musculo-spiral nerves.

28th: Slept an hour and a half last night; arm painful.

31st: Had no sleep the two previous nights; arm painful. The pain is almost unendurable, and appears to be permanently fixed in the circumflex and musculo-spiral nerves; the tingling continues in the fingers. As neither the potash, quinine, opium, alterative pills, nor liniment had any beneficial effect, I determined to inject the solution of the muriate of morphia under the skin. Having procured a hypodermic syringe, I injected one-third gr. of the muriate of morphia through two punctures in the most painful part of the arm. He experienced almost instantaneous relief from pain, felt drowsy, and went to sleep very soon.

January 1st: Had four hours' sleep last night. The pain returned to its old habitat this morning, but not so severe as before the operation; it, however, gradually increased in severity towards evening, when I repeated the operation, using the same quantity of morphia.

2nd: Had no sleep last night; arm painful. At eight o'clock in the evening, I injected half a grain of the morphia; it diminished the violence of the pain; "felt as if electric shocks were sent through his body."

3rd: Had two hours sleep this morning.

4th: Had about two hours sleep last night; arm painful.

7th: Had no sleep the two previous nights; arm painful.

8th: Had very little sleep last night; arm very painful. The agonising pain continuing in the arm and getting

scarcely any sleep, the potash and quinine which he is taking all along having no appreciable effect on the disease, the hypodermic method not having the desired effect, I resolved to apply "Corrigan's Cautery." Having obtained one from the Messrs. Fannin, Dublin, I applied it in the usual way to the antero-posterior surface of the arm, commencing at the top of the deltoid and terminating within two inches of the elbow-joint. The pain caused by the operation was pretty smart and severe.

9th: Slept an hour last night; the arm is not more painful than before the application of the "Cautery." I ordered lini. camphoræ to be rubbed into the arm.

10th: Had two hours sleep last night; is not able to distinguish the pain produced by the "Cautery" from that which is neuralgic. It is quite evident to-day that the "Cautery" has produced a decided impression on the disease, the agonising pain which hitherto appeared to be fixed on the circumflex and musculo-spiral nerves is now confused with that caused by the "Cautery," and a uniform soreness is experienced in the arm.

12th: Had two hours sleep last night; does not feel the original "darting pain;" the tingling in the fingers continues.

15th: Slept last night; arm not painful. He continued to progress steadily and rapidly, and when the irritation which was occasioned by the "Cautery" subsided, the original intolerable pain was gone; nothing remained but a slight tingling of the fingers, which disappeared altogether at the end of January.

Rathkeale, county Limerick, March, 1866.

LOCAL ANÆSTHESIA IN DENTAL OPERATIONS.

By FRANCIS McCLEAN, Junior,
DENTAL SURGEON TO THE CITY OF DUBLIN HOSPITAL.

The following cases, in which dental operations were performed under the influence of "Richardson's apparatus," are, I think, of some interest at present, and they are therefore published rather with the view of recording the results of an experimental employment of the instrument in this branch of surgery than with any suggestion in view. The instrument has been employed with the best result in the minor operations of surgery, as reported by Dr. Glascott Symes in The Medical Press and Circular; but a natural impression exists that it is less applicable to tooth extraction than to other operations on account of the pain anticipated from the congealing process. The following cases, I think, prove that this objection to its use is not well founded, and that where the spray can be satisfactorily applied, it is an agent of great and lasting importance to the profession:—

Case 1.—A nervous man, age 30; second inferior molar, right side; pain most severe when applying the spray, which I did for about thirty seconds; on pushing the forceps down on the neck of the tooth nothing was felt, but when detaching the tooth from its connexions with the socket (which required considerable force) the usual pain was experienced; in one second after the tooth was out no uneasiness whatever was complained of.

Case 2.—A medical man; second inferior molar, right side; the surrounding parts in a high state of inflammation; patient had no discomfort when applying the spray, but was inclined to cough; the tooth was removed without requiring much force, and nothing was felt; in a few minutes after the tooth was out the pain was violent.

Case 3.—A lady; never had a tooth extracted. I applied the spray for something less than a minute, and extracted the first left superior molar. Afterwards she told me she suffered very little pain, and that the spray produced none. After some minutes the pain was vio'ent for a short time.

Case 4.—A stout female; first superior molar, left side, with a large cavity in it, and very firm. Spray applied for thirty seconds, which caused slight pain, and she describes the sensation during extraction as "a slight touch;" some pain afterwards on return of circulation; very little hæmorrhage.

Case 5.—A young girl; stumps of a second inferior molar; tooth broken in former operation; very unmanageable; the stumps low down. In this case it was impossible to apply the double jet, so tried the single one; the moment I applied the instrument to extract, the patient commenced struggling and crying out; with difficulty and pain one was removed.

Case 6.—A medical student; second right superior bicuspid, had never lost any permanent tooth on that side; very slight pain when freezing; none at all on extraction or subsequently.

Case 7.—A young man; second inferior molar, right side, very carious; application of cold slightly painful, but not nearly so bad as the removal of teeth on former occasions; no pain on applying the forceps, when unfortunately the tooth fractured, and it was necessary to remove the fangs separately, which I did after a good deal of pain. This same gentleman, for the benefit of the class, allowed me to extract a superior bicuspid which was carious, and states he felt no pain whatever either on freezing or extraction; he did not know when it was out.

Case 8.—A medical student, very nervous man, second inferior molar, left side; could hardly bear me to touch it. On placing cotton wool in its cavity pain was intolerable for some minutes. He did not mind the cold of the spray after the first dash of it. When I was removing the tooth, he describes the feeling to be as of something pushing at it, but had no uneasiness.

In the first case the pain, on application of the spray, was, I have no doubt, caused by the cold coming in immediate contact with the nerve of the tooth through the pulp cavity, which was exposed, and at the suggestion of my friend, Dr. Geoghegan, I first place a small piece of cotton wool in the cavity of the tooth, and with beneficial results. The subsequent pain in the second and third cases, I believe to have been caused by the patient's taking warm water into the mouth before the frozen parts had time to come back to the normal temperature.

The conclusions which I have myself arrived at are:—

1. That if the nerve be properly protected from the immediate contact with the ether spray, the freezing process is attended with little, if any, discomfort.

2. That the anæsthetic effect is complete whenever the spray can be properly applied, but that this essential cannot be satisfactorily attained whenever the operation occupies a longer period than about a minute. The apparatus is, therefore, only partially applicable to the removal of stumps.

3. That the gradual restoration of the circulation in the gum causes no pain, but that the usual wash of tepid water is objectionable as causing too sudden a change of temperature.

4. That as far as my short experience extends, there is no danger of the sloughing of the gum, which has followed the use of the ordinary congelation apparatus.

I have this morning seen four of the cases operated on in the hospital by me last Thursday, and am glad to say there has been no uneasiness since, so that I do not apprehend sloughing of the gum. The instrument I have used in the above cases was Dr. Richardson's anæsthetic spray producer, supplied to me by Messrs. Fannin and Co., and anhydrous ether.

I have recorded all the cases just as they occurred, not confining myself to the successful ones, that the readers of The Medical Press and Circular may judge for themselves.

Cholera at Brest.—The *Ocean* of Brest, of Feb. 12th, states the deaths from cholera during the five preceding days amounted to forty-six, including thirteen in the hospitals. The epidemic has nearly ceased within the walls of the town, the deaths having diminished from seven to three or four per day, almost all outside the walls.

Foreign Medical Literature.

ON THE PATHOGENY OF CYSTOID KIDNEYS.

By W. KOSTER.

(Continued from page 240.)

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, Ie Deel, 2e Aflevering, Utrecht, 1864, for THE MEDICAL PRESS AND CIRCULAR.

By WILLIAM DANIEL MOORE, M.D.Dub., M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

c.—Theory of renal cystoid in adults as a disease of involution.

To the pathogeny of a morbid process belongs not only the investigation of the series of anatomical changes in tissues or organs, whereby it has become what we find it in the stage of complete development, but also the knowledge of the condition of body and of the period of life at which it appears. The condition of body depends on two factors—namely, the ordinary "physiological" changes according to the necessary course of the metamorphosis of matter during the consecutive periods of life, and the influence of accidental "abnormal" effects, whereby important modifications arise and morbid processes may be excited, which might otherwise appear not at all, or under a totally different form. Thus etiology and pathogeny meet together so soon as we possess a perfect knowledge of a morbid process. Complete acquaintance with the first, is indispensable for the second, understood in its most ample sense.

If experience assigns to a definite morbid process a place in a certain period of life, to which it, with slight modifications, is connected, we have obtained an important etiologico-pathogenetic element.

With these principles before our eyes, we call the renal cystoid a disease of involution, and reckon it therefore among the processes which are peculiar to middle and advanced age. The possibility of its sometimes occurring between the thirtieth and fortieth year of life is not thereby excluded. The involution process is not a process which must necessarily arise after the sixtieth or seventieth year, but is one which in its essence depends on changes of involution, and then in general occurs in the period of those changes. Abnormal predispositions or accidental external circumstances might here produce modifications.

We see the same in a number of other processes. If we trace the pathogeny of an ordinary cerebral hæmorrhage, the changes in the brain lead us to the consideration of the condition of the vessels and of the heart. If we inquire further into the origin of these vascular changes we discover the existence of gradually developed hypertrophies of connective tissue in the walls, followed by softening and calcification of the altered spots. No one will hesitate to look upon these vascular alterations as senile conditions, as involution processes, and, moreover, the hæmorrhage of the brain dependent thereon as a disease of old age. Yet any one might, before his fortieth year, have atheroma of some arteries, and get an attack of cerebral apoplexy; or the process of vascular alteration leads through local stronger development, or, under other favouring circumstances, to an aneurism or to constriction of an artery, &c. Notwithstanding all these possible modifications, the atheromatous process remains an involution change, although it rarely occurs in its typical "physiological" condition, although even this type itself is not to be defined.

We might adduce yet other examples. In any one dying at an advanced period of life, of "marasmus senilis," we shall, among other changes, find the liver and the kidneys atrophied, pale-coloured, sometimes granular on the surface. People speak correctly of a cirrhosis of old age. But we see the same change occur in a still higher degree, also in morbid processes, for example, in the liver. The hepatic alteration, out of proportion to the other involution processes, early and highly developed (whether or not under the influence of abnormal external causes), may also occur at forty or fifty years of age, as a characteristic morbid process, which, if not the only, is yet the principal cause of the morbid vital phenomena.

Let us imagine, further, what modifications in the details of the processes alluded to may still occur. The arterial change leads in one case to colossal thickening of the walls; in another the wall is destroyed and perforated. Now, constriction, at another time dilatation, of the vessels occurs. In cirrhosis of the liver (both the senile form and that which constitutes an "independent" morbid process) sometimes the whole organ atrophies uniformly, and all parts, with the exception of the larger vessels and the connective tissue, diminish; in other cases we find sac-like cavities in the tissue, filled with a bilious fluid, whereby the jaundice sometimes occurring in cirrhosis is explained. The atrophic senile kidney now becomes at times smaller (by hyperplasia of connective tissue and subsequent shrinking), and exhibits no cysts; on other occasions we meet with numerous cysts in the atrophic kidneys.

This is not the place to speak farther of these differences. I would refer only to the possible (known and unknown) slight modifications in the alterations of tissue in involution and morbid processes, in order to make use of them in considering the origin of cystoid renal degeneration.

Our theory would therefore be briefly as follows:—As an essential morbid process in the liver (cirrhosis with biliary cysts) arises from an involution-process beginning early and running an unusual course—the renal cystoid arises from a modified involution of the kidney. While the latter in general leads to moderate atrophy of the whole kidney, under modified circumstances a greater hypertrophy of connective tissue occurs, with atrophy and calcareous deposition in the Malpighian pyramids, especially in their summits. If it be desirable to give the disease a fixed name, we may call it, *interstitial nephritis of the pyramids.*

It is remarkable, in connexion with this theory, that in four of the cases more accurately described by Rayer (see our statistical statements), the age of the patients amounted to 40 years or upwards. To these may be added an important case, communicated to me by my friend Boogaard, in which in a woman, aged 46, who died with uræmic symptoms, two enormously enlarged cystoid kidneys were found, in which scarcely a trace of renal tissue could be discovered. Of another case, in the *Collectio Brugmansiana*, at Leyden, likewise with most highly developed cystoid degeneration, the only mention of the kidneys made is, as Professor Boogaard has kindly informed me, that they belonged to a "homo adultus."

The two other cases of Rayer, one of 30 and one of 29 years, afford less support to my theory. Of one of them I have already remarked that it was not a typical case, but was partly combined with tuberculosis; the other we must look upon as an instance of extraordinarily early involution process. If this case, of which the particulars were less accurately known, stood alone, we should leave it out of account, but there are other cases still, which constrain us not to insist too strongly on the above opinion in all instances. In the first place, that of Gluge [(p. 238), in which, however, no particulars, not even the age, are known; but especially that communicated by Beckmann (p. 238), of a girl aged 19, with apparently incipient cystoid degeneration, and "perfectly normal pyramids."* Such cases invite us either to apply Virchow's explanation, that some forms of cystoid are to be regarded as remnants of fœtal degeneration (which may then continue stationary

* On the other hand, the second case recorded by Beckmann (p. 239), in a woman aged 69, is undoubtedly an instance of renal cystoid in the sense adopted by me. If the woman had not died of pneumonia, complete cystoid degeneration might have been developed.

or may subsequently be further developed), or to seek after other explanations.*

Beckmann, with very little tendency to seek the primary changes in the pyramids, had already, as we have seen, hazarded conjectures respecting "interstitial diffuse nephritis in the cortical substance" as the predisposing cause of renal cysts. The cysts, occasionally occurring in Bright's disease, prove the possibility of such a process, which may also easily be theoretically conceived. But it is doubtful whether, where cyst-formation occurs as a fundamental morbid process (cystoid) such an interstitial nephritis occurs as cause. No special observations on this point are on record. If cystoid were capable of being thus developed, we should, in addition to the fœtal form with uric acid infarction, and atresia of the papillæ, and that of the involution period, with calcareous infarction and closing of the pyramidal canals in the papillæ, be obliged to assume the existence of a third form, of which it should then be proved whether it can occur at every age. Indeed, the truth that the changes, which existed in my case are, as I think, to be regarded as typical of the cystoid occurring in advanced life, must be established by subsequent investigations. The case described by me *proves* only that atresia of the pyramidal canals and extensive calcareous infarction *may* be the cause of renal cystoid. Many observations and investigations are still necessary.

From the theory of renal cystoid just described, the signification which I attach to calcareous infarction follows spontaneously. As we have seen, nothing has as yet been fully established as to the influence of the infarction. We cannot easily imagine how it occurs if it be referred exclusively to chemical change in the urine. The simplest idea of crystallisation or precipitation in the tubuli uriniferi can scarcely be the true one, because we do not clearly see how accumulation and obstruction can thus take place. Indeed the tubuli uriniferi become steadily wider as they approach the renal papillæ, and yet it is precisely in the papillæ that we find the calcareous infarction. Even if we assume the solidification of the lime in the cortical, or narrower pyramidal tubuli, and a shifting towards the papillæ, the matter does not become plainer, for there is no reason why the calcareous granules should not in that case be washed away with the urine.†

The formation of the calcareous infarction would therefore appear rather to be consecutive to organic changes in the epithelial cells of the tubuli uriniferi, or of the interstitial connective tissue. If this takes place at an advanced time of life, we have in the chemical processes of the metamorphoses of matter, a predisposing cause of calcareous deposition in the newly-formed products. We see this most distinctly in the new formation of connective tissue in the walls of arteries, upon which calcareous infiltration usually follows. With such a process I should wish to compare the calcareous infarction of the renal papillæ.

Consequently neither is it the essential one of the changes in the pyramids, just as calcification of the spots formed in advanced life in the arterial walls is not necessary. The calcareous infarction in most cases only supervenes, and will then contribute its influence. Support for this view is to be found in the fact, that in the altered renal papillæ the calcareous infarction occurs as well in the connective tissue between the tubuli. There is, however, very little interstitial connective tissue in the papillæ. But if the calcareous infarction is extremely developed, it is irregularly scattered throughout. It seems, nevertheless, that even in the commencement the increased and condensed connective tissue contains earthy granules, of which I think I have satisfied myself, especially by the clearing of the preparation through the action of dilute hydrochloric acid. The calcareous infarction would, therefore, not be the most important element in the formation of cystoid; cases may probably occur, in which only the interstitial changes in the connective tissue exist, and produce atresia of the renal tubuli. On the other hand, in the ordinary involution changes of the kidney, slight and very much scattered calcareous infarctions may occur without cysts. In the case investigated by me the calcareous infarction was so extensive, that scarcely any spots could be found, where only increase of connective tissue without calcification existed. Such spots were, however, present, and exhibited, especially on transverse sections, the openings of the narrow tubuli uriniferi obstructed, while of the wider tubuli many were still freely open.

The same considerations may probably apply in a greater or less degree to the fœtal atresia of the renal papillæ. We do not find in Virchow any definite theory of the relation between the uric acid infarction and the fœtal inflammation of the renal papillæ. In his essay on uric acid infarction (l.c. p. 843), he seems to attach the greatest importance to the filling up of the tubuli with uric acid: "Such a deposit is met with exceptionally also in the fœtus, and there gives rise to renal dropsy without obliteration of the ureters." On the other hand, in his essay on "Congenital Renal Dropsy," the uric acid infarction is taken less into account, but the fœtal inflammation of the papillæ is mentioned (l.c. p. 872). Which of these processes is the primary? or does the renal cystoid arise at one time from uric acid infarction, at another from fœtal inflammation and atresia of the renal papillæ?

I must, in conclusion, speak a few words respecting the rapidly sudden termination of the illness in the case described by me, while under other circumstances cystoid degeneration may be developed to an extraordinary degree, so that scarcely a trace of the renal tissue remains, and we must feel surprised that any urinary secretion took place. That in my case the cyst-formation in the kidneys must be looked upon as the sufficient cause of the symptoms and of the patient's death, and that, had the woman lived longer, a complete renal cystoid would have been developed, cannot reasonably be doubted. But what, then, gave rise to the rapid course of the disease and to death under the uræmic symptoms mentioned? Why are there in other cases such a chronic course and complete development of the cystoid? It is not possible to give a short satisfactory answer to these questions, although we may give ourselves some explanation of the facts, particularly basing it on the analogous phenomena in other morbid processes, precisely and chiefly in the kidney. In parenchymatous changes of the renal tissue, too, in Bright's disease, the process lasts at one time long, and a complete atrophy of one kidney is developed; in other instances the patients die suddenly or rapidly of uræmic intoxication. In tuberculosis of the kidneys, too, we observe something similar. The cause of this difference lies apparently in the various modes of extension of the organic process in different cases. We may imagine that, from step to step, as it were, the renal tissue becomes unfitted for its function, so that, to the last, parts may continue to act, while the greatest portion is already in the highest degree morbidly altered. On the contrary, in other cases the primary changes, whereon the subsequent degeneration depends, may spread over the whole or the greatest part of the renal tissue, so that even in the beginning the function suffers extremely. I shall not enter upon a consideration of the details in such processes, which are for the most part unknown, and consequently

* It scarcely need be said that we here refer always to cyst-formation as a fundamental morbid process, in which the morbid phenomena and the death are determined by the cyst-formation, and not to the cysts occurring accidentally in the course of other alterations of tissue (Bright's disease, &c.)

† Neither does Henle's discovery of the looped pyramidal tubuli quite clear up the matter, since, as has appeared subsequently from Ludwig's investigation, the looped tubuli are connected with the tubuli opening in the papillæ. It is, however, not to be denied, that we may expect accumulation of precipitated matters rather in the loops. Both the uric and the calcareous infarction seem to occur chiefly in the looped tubuli.

can be explained only by lengthened arguments. Perhaps, in the case I have described, some importance may be attached to the great extent of the calcareous infarction of the renal papillæ. Neither shall I enter into speculations as to the co-existence of cysts on the surface of the liver and of the ovaries with the cystic degeneration of the kidneys. In Virchow's latest book* we find observations on the occurrence of these cysts in the liver, which are undoubtedly produced by increase of connective tissue in the organ and constriction of distended biliferous ducts. The fact that these cysts in a cirrhotic liver, and the renal cysts, occurred in the same body, is, moreover, important enough, and quite accords with my theory that the renal cystoid in adults is dependent on an "abnormal" involution process in the kidney. It would seem that in the liver and in the kidney a "peculiar modification" existed of the process, which may otherwise lead to simple atrophy, but on this occasion gave rise to extensive cyst-formation.

d.—Difference in the Origin of Cystoid Kidneys and of Hydronephrosis.

Diagnostic Observations.

When we compare a typical case of hydronephrosis (distention of the pelvis and calices of the kidney) and one of cystoid degeneration of the renal tissue with each other, it appears as little possible to confound one with the other as it is to trace a connexion between the two processes. Yet earlier pathologists did not always draw the line of distinction strictly between them, and cases occur in which, at the first glance, the difference between the two processes is not so very evident.

With calculi developed in the renal tissue, after some parenchymatous morbid processes in the kidney (tuberculosis, some forms of Bright's degeneration), &c., we occasionally find cysts in the cortical renal tissue and dilatation of the renal calices united; or only the last is met with, such that scarcely any remnant of the renal tissue is discoverable. The whole kidney is then changed into a cavity, which is filled with serous fluid, and is formed into as many divisions as there were Malpighian pyramids.

It is evident that in such cases the pathogenesis explains itself, and determines what affection exists. Renal cysts have always arisen in the tissues of the kidneys; and although, by their further development, the latter may be completely destroyed, so that the distinction between these cavities, filled with serous fluid, and *dropsical distention of the renal calices*, no longer appears so great, there nevertheless always exists a fundamental difference.

Therefore, too, this distention of the renal calices will be classed with hydronephrosis, although it is the peculiar character thereof that the distention of the renal pelvis is in such cases either wholly absent or that it exists only in a slight degree.

In the cases communicated by Virchow and others, of congenital cystoid degeneration of the kidneys, there was also often closing of the renal pelvis or of the ureter. Virchow correctly distinguished these cases in principle, from the cystoid degeneration by atresia of the renal papillæ, and with open renal pelvis and ureter. In fœtal degeneration, however, the one occurs combined with the other; yet it is evident that, as there is *both* atresia of the papillæ and closing of the great efferent tubes, only cystoid degeneration can be developed.

Our view of renal cystoid makes us cursorily devote a few words to the reasons why, in closing of the pyramidal tubuli cysts, in closing of the ureter hydronephrosis arises. In so doing we leave out of consideration dropsy of the renal calices from changes of the tissue of the kidneys, and keep in view only *the mechanism of the origin of the two processes mentioned.*

At the first glance it may appear that the closing of the ureter, and the accumulation of the urine therein and in the pelvis of the kidney, are as likely to lead to dilatation of the tubuli uriniferi in the renal tissue and to cyst-formation, as closing of the pyramidal tubuli is. Yet we do not find the causes of hydronephrosis to produce renal cystoid, but we find, in great distention of the pelvis of the kidney, the gland, as it were, taken into the wall of the cavity filled with fluid, extended, flat, and atrophied. A little reflection will at once show the cause of this. But that the argument is not understood appears from those cases where, in the commencement of a process of hydronephrosis, such cysts are met with in the renal tissue. We find it mentioned and delineated in Rayer. "On observe bien rarement (in hydronephrosis, from obstruction of the ureter) de petits cystes urinaires et calculeux dans la substance corticale" (l. c. page 481, T. iii., represented in the Atlas, pl. xxv., fig. 7).

It is very probable that in every case of distention of the renal pelvis, dilatation of the tubuli uriniferi follows, and that cyst-formation would take place if a mechanical element were not at work to hinder it. While in atresia of the renal papillæ, the urine excreted higher up cannot flow away, against the distention of the convoluted tubes only the resistance of their walls is opposed, as well as that of the pressure which the tunica albuginea of the kidney exercises on the renal tissue increasing in extent. But these resistances are not strong enough to counteract the dilatation of the tubuli uriniferi, which, in connexion with the subsequent changes of tissue, gives rise to the cyst.

In the closing of the ureter and the dilatation of the pelvis of the kidney, we have, however, totally different mechanical relations. Here the renal tissue is itself compressed between the tunica albuginea (and the external surrounding parts) and another body which, always increasing in extent, distends the hilus renalis, and presses powerfully against the hollow surface of the kidney. Although the same cause which effects the distention of the renal pelvis must necessarily produce accumulation of urine in the tubuli uriniferi, the dilatation and cyst-formation of the latter cannot take place (or only exceptionally in some places), because the compression of the renal tissue in mass is stronger than the pressure which the urine accumulated in the renal tubuli exercises. Compression and atrophy of the kidney must inevitably be the result.

As the result of the two processes (cystoid degeneration and hydronephrosis), however, a large sac (uni or multilocular) finally arises, which may often be felt by external palpation of the abdomen.

An absolute diagnosis of the accidentally occurring renal cyst, or of an incipient period of the extensive cyst-formation, which leads to complete degeneration, is not possible during life. Another question is, whether the renal cystoid, when it is gradually developed, like what occurs in advanced life, and thereby attains the remarkable size which it acquires in those cases, cannot be recognized?

I believe that this will occasionally be possible, partly by the feel of the tumour, partly by the knowledge which we possess of the time at which, and the circumstances under which, the renal cystoid is usually developed. I have not, however, met with any example of a renal cystoid recognized during life. Only Rayer speaks of the possibility of a diagnosis: "If the kidneys had much increased in size, it would perhaps be possible to recognize this alteration during life." (l. c., t. iii., p. 512.)

A very instructive case of hydronephrosis, and one which particularly corroborates this opinion as to the possibility of diagnosing renal cystoid, was observed and investigated by my friend, Dr. Schmidt of Rotterdam. It is recorded in the *Nederlandsch tijdschrift van Geneeskunde*, 1861, p. 522. No absolute diagnosis was made in this case (in which a tense tumour was felt in the right lateral mesogastric region), but it was stated to be most probable that "large cysts or vesicular tumours were developed in the right kidney, as frequently occurs in advanced life." Again, after continued observation, just before the fatal termination of the disease, the supposition of the existence of "a cystoid tumour in the right kidney, pressing upon

* *Krankhafte Geschwülste*, u.s.w., D. I., pp. 256, *et seq.*

the cœcum and ascending colon" (page 524), seemed best to explain the symptoms.

Although on post-mortem examination this opinion proved not to be exactly correct, as hydronephrosis and dropsy of the renal calices existed in consequence of the obstruction of the ureter by a firmly impacted calculus, I believe that this case proves much for the possibility of the diagnosis of the true renal cystoid. In Dr. Schmidt's case there were so many particulars which rendered the diagnosis difficult, that we cannot draw any unfavourable conclusion from the assumption of the existence of cystoid instead of hydronephrosis by such a practised diagnoser. If a similar case occurred, and if, first, *both kidneys were affected*, whether equally or one more than the other, and if, secondly, not a smooth but a nodulated surface of the tumour could be felt, it is not likely that a mistake would be made, were the presence of cystoid degeneration of the kidneys assumed.

According to the cases hitherto published, cystoid degeneration, in fact, occurs always on both sides. This is, on the one hand, a difficulty in the diagnosis (as, of course, the possibility of unilateral development cannot *a priori* be denied), but it is, in virtue of the experience hitherto attained, in a still greater degree an assistance in distinguishing renal cystoid from hydronephrosis, which in its local phenomena and in its results *may* too closely resemble it. In general, however, it will not do so. An attentive study of the history of the case, and the circumstance that in hydronephrosis lateralis death ensues rather from the mechanical effects of the tumour, or from adhesion of the intestines to it, or in some cases from inflammation and suppuration, will often make its diagnosis from renal cystoid possible. At last, however, death occurs, either during the development of the degeneration (then as yet only to be suspected, not to be diagnosed) under stormy anæmic phenomena, generally in a few days; or if it be a typical case in the period of involution, with gradually diminishing urinary secretion and failure of strength, but without the symptoms dependent on the local influence of the tumour, which from the nature of the thing are to be expected rather in hydronephrosis.

Utrecht, September 23rd, 1864.

EXPLANATION OF THE PLATE.

Fig. 1.—A part of the one half of the kidney on the surface of section, in order to show the peculiar striped appearance of the pyramids, especially at the renal papillæ. Of the appearance of the cyst on the outer surface *a* gives an idea.

Fig. 2.—Longitudinal section of a renal papillæ. Calcareous infarction and displacement of the tubuli uriniferi by connective tissue. Calcareous granules irregularly scattered throughout, but particularly aggregated in the tubuli, or by their appearance and direction showing here and there still more distinctly the position of the former tubules. Magnified 60 diameters.

Fig. 3.—Transverse section of an affected renal papilla. A spot is chosen where, next to a closed spot infiltrated with cretaceous matter, some openings of straight pyramidal canals are to be seen. The narrow tubules (Henles) are all obstructed. Magnified 180 diameters.

DOUBLE UTERUS.—At a meeting of the Medical Society in Vienna, Dr. Späth related the following case which had recently come under his notice:—A girl aged 18, primipara, was admitted into hospital. On examination there was found to be a double os uteri, and the existence of a bilocular uterus was therefore suspected. After the first labour-pains had set in, the patient was seized with convulsions, which recurred, and ended fatally in spite of the hypodermic injection of acetate of morphia. During life, it was found that both orifices were dilated, and gave the sensation of an os uteri divided by a band: this was divided by scissors, and the child was discovered presenting transversely. After death, the uterus was found to consist of two cavities, of which the right was somewhat larger than the left.—*Wiener Medizin. Wochenschr.*

ABSTRACT OF

METEOROLOGICAL AND MEDICAL OBSERVATIONS TAKEN AT THE MILITARY HOSPITAL, NICE,

FROM THE 10TH TO 20TH FEBRUARY, 1866.

By Dr. CABROL,

CHIEF PHYSICIAN TO THE HOSPITAL.

Translated by R. CROTHERS, M.D., Nice.

THE pressure of the atmosphere as indicated by the barometer has oscillated between 0·753 and 0·764, presenting between these extremes a difference more considerable than usual this winter. The weather has also been variable the last ten days. The mean temperature was 54 in the first part of the decade and only 50 in the latter, which is to be attributed to the influence of the prevailing winds, which have blown (sometimes violently) from N.E., N. and even N.W.

In our last bulletin we congratulated ourselves on the mildness and brightness of the atmosphere at the beginning of the month; such is no longer the case; during several days the sky has been often overcast; there have been very slight showers, inappreciable by the pluvimeter (rain gauge), scarcely sufficient to lay the dust, which has been annoying, being blown about by the violence of the winds. The wind always falls towards evening, and the nights have been calm and fresh, some even a little cold, as the thermometer fell to 34°. The sea has been often rough.

We have remarked that the winds, which blow rather violently, begin at about the same period each year, and appear to correspond with the elevation of the mercury of the thermometer, which then attains the height of 104 or even higher, an increase of temperature which precedes the high winds by some days.

In presence even of such meteorological phenomena we have only to state the appearance of slight affections. The return and aggravation of rheumatic pains of all kinds constitute almost the only disease. *Apropos* of the constitution medical, we take this opportunity to reply to some observations suggested by our bulletins.

By the medical constitution of the time, we understand (*l'ensemble*), the whole of the characters which meteorological changes impress upon the appearance or origin, the progress, duration, and termination of diseases.

Persuaded that in this study, physicians (principally those at places of winter resort) will find indications useful in the treatment of diseases, we shall publish with our notices of physical phenomena, the results which we experience of their influence upon the diseases of the period. It is this study which constitutes the principal importance of the meteorological and medical observations which we have established at Nice.

The dry winds which prevailed during the above period were trying to some cases of advanced consumption amongst the visitors, causing increased frequency and hardness of cough, with restless nights. These cases are now relieved by the advent of the spring rains, which have set in since the publication of the above bulletin.

CASE OF IDIOPATHIC INTERMITTENT EMPRASTHETONAS, CAUSED BY CANCER OF THE BRAIN.

By Dr. GEMMA.

Translated by T. M. MADDEN, M.D., M.R.I.A., &c., &c.

B. C., aged twenty-five, of robust constitution, although the daughter of pellagrous parents, had always enjoyed good health until July, 1862, when her menses ceased without apparent cause. Soon after this she was one day suddenly attacked by intense pain in the frontal region, screamed loudly, and then at once became lock-jawed, and at the same time her head was thrown violently for-

ward. She showed by her gestures that she understood what was said to her, although incapacitated from responding. The attack lasted for three hours, at the end of which time these symptoms disappeared completely, with the exception of some slight confusion of ideas, which was recovered from next morning.

After this date a similar seizure recurred every fifth or sixth day, her general health being apparently unaffected in the intervals. No cognizable exciting cause for the disease could be ascertained to exist.

She continued in the above-described condition for four months, during which blood-letting, purgatives, and iodide of potassium were tried in succession, but without benefit. At last, on the 12th of October, a final paroxysm occurred, intelligence was completely destroyed, though sensibility remained, and at the end of an hour the patient, after a violent spasm, sank down and died.

On a *post-mortem* examination the arachnoid membrane was found congested, the left hemisphere of the cerebrum was much softened, and in the corresponding hemisphere of the cerebellum there was also softening, though not to so great an extent. The *ramallissement* was more considerable in the interior than in the posterior portion of the left hemisphere. In the centre of this hemisphere a tumour of the size of a poulet's egg was found, formed by a gelatinous tissue containing a small nucleus of a fibro-cartilagenous structure. The right hemispheres of the brain and cerebellum, the corpus callosum, and the spinal cord, presented no pathological change. The intestines were slightly congested; the other viscera were healthy.—*Gazette Medicale.*

PROGRESSIVE LOCOMOTOR ATAXY, FOLLOWING ANGINA DIPHTHERITICA.

A Man, aged 31, who had previously had good health, came under treatment for a deep diphtheritic ulcer of the right tonsil, which caused pain in swallowing, troublesome accumulation of mucus in the throat, and was accompanied with cardialgia, and suddenly occurring paroxysms of suffocating, coming on especially at night. Three weeks after the diphtheritic affection commenced he had a fall from giddiness, and during the next eight days he became very feeble, and impairment of memory, heaviness of the legs, and a dragging, staggering gait came on. He walked better quickly than slowly, and worst in the dusk, as he required to see his feet in order to direct the movements of them. Then sight began to get dim, and after fourteen days everything appeared as if shrouded in a thick mist; but there was neither strabismus nor double vision, nor any drooping of the upper eyelids; the pupils were normal, and the iris freely mobile. Deglutition ceased to be painful, but became difficult, food returning by the nose. The soft palate hung loose, and flapped on deep inspiration. The ulcer in the still swollen tonsil was deep, but clean. Some days later taste was lost for all but sweet things, a solution of quinine not tasting at all bitter. Peculiar pricking and shooting pains affected the middle of the hard palate and the right corner of the mouth. The nape of the neck was sensitive, and the head could not be held up straight, the muscles of the nape having lost power. The giddiness increased, and he became very drowsy. Later the pricking pains affected the ulnar border of the right hand, and the tips of the fourth and fifth fingers, and the sensibility of those parts was diminished. The voice became highly nasal. He could no longer see his feet, and his gait became extremely uncertain and staggering. There was obstinate constipation, and though laxatives were taken daily the bowels were relieved only once in four or even six days.

On the 22nd of September sight returned quite suddenly, after having been lost for a month. Some days later memory was restored, and the giddiness, the drowsiness, and the pricking pains in the gums and corner of the mouth all ceased. But as the cerebral symptoms disappeared, affection of the spinal cord rapidly increased. Pain fixed itself in the upper vertebræ. The sensations of formication, cold, and deadness in the hands and feet changed in fourteen days into complete anæsthesia. Everything felt to the patient as if his hands were covered with woollen gloves. He could not take up small objects, nor hold fast larger things when given him; he could neither write nor convey food to his mouth; but he could distinguish between heat and cold, and the latter seemed to rather increase the sensibility. In the feet and legs up to the knees he felt an icy coldness, and he could only just feel the ground under his feet; he could neither stand nor walk alone, for he felt as if rocking constantly to and fro. Peculiar convulsive movements of fingers and toes now came on, some being extended, others flexed or abducted, the movements being altogether beyond his control. He could still taste sweet things, but nothing else. To this was added complete insensibility inside the mouth; difficulty of deglutition continued. If in the dusk he folded his hands together, he could never separate them till light was brought so that he could see the positions of the fingers. In the beginning of October the delusive rocking motion ceased, and the patient could no longer, when he put down his feet, feel the ground; he was obliged always to sit or lie; he could not rise up without aid, and when lifted up, his legs would not support him; but while lying he could stretch out the legs with tolerable force; he could give a squeeze of the hand, and could swing the arms backwards and forwards, but was not able to lift them up. At this time the dysphagia suddenly quite disappeared, so that the patient could again satisfy his imperious appetite. The impulse to eat came on suddenly, and if he could not quickly satisfy it he grew faint. The swelling and ulceration in the tonsil had disappeared, but the voice remained nasal. In the middle of October the icy coldness of the legs ceased, giving place to an agreeable sensation of warmth. In the latter half of the month, however, the paralysis of the lower half of the body reached its highest degree, and the pain in the back was felt lower down towards the loins. For some days the patient could not feel that he sat, and had no sensation in the genitals. The government of the lower extremities was entirely lost, and when the patient was held up on both sides he dragged his legs after him as if quite inanimate; yet he could, when lying on a sofa with his legs up, stretch them forcibly out. He sat always bowed extremely forwards, and could only raise himself straight for a moment. Œdema of the feet came on; the urine was clear and frothy, but contained neither sugar nor albumen. In the middle of November the above-described symptoms began to gradually disappear, so that in December all the functions were again normal; only some difficulty in writing remained. By the end of the year, however, this had ceased; he was perfectly well, and had gained flesh.

The treatment "did not differ from that usually adopted in such cases." It may be mentioned, however, that the patient through a long period took strychnine—1-20th of a grain, cautiously increased to 1-12th, morning and evening, every twelve days discontinuing its use for four days.—*Brit. and For. Medico-Chirurgical Review.*

Erratic Course of a Bullet—At a meeting of the New York Pathological Society, Dr. Sands showed a bullet, which had been removed from a soldier who had been wounded in June, 1862, in the region of the upper right eyelid. The wound was perfectly healed, when some time ago he presented himself at the Eye Dispensary. He had been examined by surgeons in the army, but no bullet had been detected. On close examination, a swelling was discovered behind the ear, near the insertion of the sterno-cleidomastoid muscle, which, presenting the features of a hard foreign substance, was cut down upon, and proved to be an ordinary conical rifle projectile. It was imbedded below the above named muscle, in the fibres of the splenius capitis. The case showed how extensively these projectiles may travel through, or in the neighbourhood of, important parts, without inflicting serious injury, or giving rise to much trouble.—*Phil. Med. Rep.*

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEB. 27TH, 1866.

Dr. ALDERSON, F.R.S., President.

ON GRANULAR DEGENERATION OF THE VOLUNTARY MUSCLES.

By E. MERYON, M.D., F.R.C.P.

SINCE 1851, when Dr. Meryon communicated to the above-named Society an account of this disease, the details of which were published in its "Transactions" in 1852, four more cases have fallen under his observation. In one, which terminated fatally in 1859, the post-mortem examination was carefully conducted by Mr. Savory, who, during a searching microscopical investigation, failed to detect a vestige of disease in any part of the nervous system. The disease appears to consist in a gradual but progressive breaking up of the amorphous membrane which envelopes the primitive muscular fibres, and of a dispersion of the contained granular matter. After these preliminary observations, Dr. Meryon proceeded to describe the case of a gentleman, aged twenty-two, who was present at the meeting, so that the Fellows had an opportunity of examining his present condition. At the age of five years he began to show symptoms of weakness in the loins by a waddling gait; and, in the course of two or three years, he had difficulty in bending the thighs on the body, as in the act of getting up stairs; next he gradually lost the power of bending the legs on the thighs; and eventually the voluntary motions of the feet and toes were lost also. The morbid action then began to manifest itself in the upper extremities, and the patient has now no longer the power of raising his arms to his head; but he can bend the forearms on the arms, and he still retains a firm grasp with the hands. The tendency of the disease, however, is to extend itself from the proximal to the distal portions of the extremities, and then to attack the muscles of respiration; but in no case are the involuntary muscles or muscles of organic life affected. The history of one case is the history of all; and on the uniformity of the symptoms and the order of their appearance, &c., Dr. Meryon has attempted to distinguish this form of paralysis from all others which are dependent on lesions of the peripheral nerves or nervous centres—1st, by the centrifugal course of the disease, irrespective of the course and distribution of nerves; 2nd, by the entire absence of any symptoms of nervous disturbance during life; and 3rd, by the absence of any trace of lesion in any part of the nervous system after death—at least so far as the most careful investigations have extended up to the present time. There is another difference observed in the muscles thus affected, as compared with paralysed muscles dependent on nervous lesion: it is in the disruption of the sarcolemma and the segregation of the granules which constitute the sarcous matter in the former case; whereas, in the latter, the primitive fibres gradually waste, the transverse striæ gradually disappear, and oil-globules by degrees fill the interspaces of the fibres, and occupy the space which the healthy muscular tissue formerly occupied. Dr. Meryon's patient affirms that both he and his sister, who is also a subject of the disease, have retained the condition in which they were when they began to take arsenic. The gentleman has been under the influence of that medicine a little more than a year. In conclusion, Dr. Meryon adverted to the question of priority of description of this peculiar form of disease. He quoted passages from several of the French medical periodicals in relation to this matter. It is unnecessary to report these, though the following fact may be mentioned—that at the Academy of Medicine M. Cruveilhier referred to Dr. Meryon's plates in illustration of his (M. Cruveilhier's) own diseased muscles, and called the attention of the Academy to a form of paralysis "non encore décrite." Dr. Meryon's paper had been published in the *Lancet* more than a year before, and shortly afterwards appeared also in the Society's Transactions.

Mr. SKEY said that during a period of some fifteen months, in which he had the charge of the young gentleman of fifteen years of age alluded to by the author, he was informed of an example of a similar disease in one family only, residing in a remote part of Dorsetshire; and with regard to treatment, nothing satisfactory had yet been accomplished. The case related in the paper was interesting from the circumstance that the manifestation of a morbid condition of the muscular system was not developed till a late period of childhood, or rather perhaps an early period of boyhood—namely, eight years of age. In all the cases with which he was acquainted the change from health to disease commenced in infancy; for while these children were still in their nurses' arms they showed a want of activity and elasticity of movement peculiar to the disease. Again, he observed another peculiarity in the fact that in the cases quoted by the author the change of structure was not confined to one sex; whereas in the two families under his cognizance the females were entirely exempt, and it was the more remarkable because in the family of —— the daughters were noticeable for their healthy and handsome appearance. Nor was it possible to trace the disease from either parent to their male offspring. In the case reported on by the author the morbid changes were confined to the family of the father by his second marriage, thus exempting him from suspicion of personal taint. Supposing the disease to be hereditary, it seemed reasonable to infer that it was obtained through the maternal channel. The treatment adopted consisted in the resort to tonic agents of various kinds—iron, bark, wine, mineral acids, and animal food; but most especially were all the muscles maintained in active exercise at least twice daily, and persisted in up to the point of fatigue: all, however, as the post-mortem appearances showed, without the least benefit. There was one striking feature in this case which he was inclined to consider common to them all—namely, that the morbid changes in the sarcous elements were confined to the muscles of animal life. In the muscular tissue of organic life (the unstriped fibre) no change had occurred; and this he was prepared to expect from the perfectly healthy condition of all the internal functions during life. It could not, then, be asserted that all the muscular tissues are involved, but only those of animal and external life. This fact throws some doubt on the supposed source of the diseased changes in the muscular tissue itself; because if one system be primarily involved, why not both? The sarcous elements are the same, though differently arranged. Why should the myogenic property be arrested in one case and not in the other? If dependent on a morbid state of the nervous centres we must look to the spinal cord, and exclude the ganglionic system, which for the most part supplies the muscular fibre of organic life.

Mr. SOLLY said that though he did not deny the probability of muscular atrophy without disease of the nervous system, he was sure that this view of the pathology of the cases described by Dr. Meryon could not be admitted unless there were more complete proof of the spinal cord being perfectly healthy. He felt confident that, in order to detect disease in the spinal cord, it was necessary to examine thin slices of it under the microscope, prepared according to the process enunciated by Mr. Lockhart Clarke; and that until that had been done, we remained in ignorance of the pathology of the disease.

Mr. G. L. COOPER said it had fallen to his lot to see two such cases, and in both instances the symptoms were slow, insidious, free from pain, and ending in a complete degeneration and atrophy of the muscles. He believed that we may assign this disease to a softening of the brain,

accompanied by an accumulation of fluid in the coverings of the spinal cord pressing on the nervous centre. The first case was that of a gentleman, about forty-five years of age, who complained of a pain in his right shoulder, which was soon accompanied by an inability to raise the joint, with an apparent wasting of the deltoid. The muscles of the arm and forearm after a time became flabby and soft, and soon showed a degeneration and atrophied condition of their structure. The left arm has subsequently wasted, and he (Mr. Cooper) suspected would follow the course of the right. The second case was that of a coachman, aged forty-one. He had drunk freely in his early days, and had been exposed very much to the severity of the weather day and night. He suffered from a bad cough with profuse expectoration for many years, but was able to continue his employment until about three years ago, when he noticed a weakness in the thumb of the right hand, which disabled him from holding the whip. The hand soon wasted, and was followed by the forearm and arm in the same condition, with a total loss of power over their action. The left hand and arm were attacked in a similar manner about a year ago, and continued the same course as the right, ending in complete degeneration and paralysis of the extremity, but with more rapidity in its destructiveness. About six months ago his feet, legs, and thighs were similarly diseased, and followed precisely in the same course, ending in complete atrophy or degeneration, with total paralysis. This wasting was not observable in the muscles of the trunk, and the internal organs exercised their functions with a due regularity.

Mr. Lockhart Clarke said that the interesting case which Dr. Meryon had exhibited was considered by him to be one in which there was no lesion of the nervous centres. This opinion was grounded on the absence of pain in the wasting muscles. Now, the absence of pain in wasting muscles was no more a proof that their atrophy is independent of lesions of the nervous centres than absence of pain was a proof of the same independence in cases of motor paralysis. And as we had muscular paralysis without pain, but dependent on lesions of the nervous system, so he believed we might have muscular atrophy without pain, but dependent on the same cause. But whatever *à priori* opinions might be formed on the subject, the question could be decided only by the evidence of post-mortem examination. A few months back a very decisive case came under his notice; or, rather, he received from Mr. Paget the pons Varolii, medulla oblongata, and part of the spinal cord of a child who had died with muscular atrophy of the upper extremities and of other parts, but who had never, he (Mr. L. Clarke) believed, experienced any pain whatever. In the cervical enlargement a small area was discovered, in which the nerve-tissue of the central grey substance had undergone evident disintegration. The pons was healthy, as was every part of the medulla oblongata, except one, where some granular exudation was found extending through the spinal accessory nucleus from behind, and reaching forward into the nucleus of the hypoglossal nerve. At the same level the lateral parts of the medulla oblongata had undergone a certain amount of disintegration. As Mr. L. Clarke had not received any detailed history of the case, he wrote to ascertain whether the tongue was not in some way affected, and received an answer informing him that the tongue was the part in which the atrophy had commenced. Here, then, was satisfactory evidence of lesions of nerve-centres in a case of muscular atrophy in which there was no pain. This was the more important because pain was not experienced in more than about one-third of the cases of this malady. But when it did occur it was often very significant. Sometimes it took the course of particular nerves, either before or during the wasting of the muscles. Again, the nervous character of muscular atrophy was occasionally indicated by its beginning with an attack of temporary paralysis. Romberg had related a case which began with hemiplegia of the left side. The leg completely recovered, but the arm remained weak, and its weakness corresponded with the wasting of its muscles. No pain was experienced.

Mr. Holmes Coote, in remarking on the interesting nature of the cases now before the Society, said that they were not so uncommon as some of the members supposed, but were "grouped together" in certain hospitals or under the care of special practitioners. He had seen, both in the adult and the infant, many cases of such progressive muscular paralysis—a disease which, in course of time, rendered even the bones light and easily broken. In the infant the functions of the sensorium were sometimes disturbed; sometimes not. So also in the adult. And no one had done better service in this department of pathology than Mr. Lockhart Clarke, who had succeeded in demonstrating morbid changes in the grey matter of the nervous centres. His investigations had paved the way to a better classification of these cases, by assigning to them in their varieties one common primary seat—namely, the grey matter of the nervous centres, from whatever cause such disease might arise.

Dr. Fuller said that it had fallen to his lot within the last few years to meet with seven well-marked examples of the disease, which, in their progress and in the mode of evolution of their symptoms, resembled precisely the cases related by Dr. Meryon. The cerebral functions remained unimpaired to the last, and the paralysis, which commenced very gradually, did not follow the course of particular nerves, but fixed upon particular bunches of muscles, first in one part of the body, and then in another, quite irrespectively of their nervous connexions. In some of the cases, pain in the limbs, and fibrillary twitching of the affected muscles were prominent symptoms; in others, pain was absent, but fibrillary twitching was well-marked; and, in two of them, there was no pain, and only the faintest twitching. In one respect Dr. Fuller's cases differed from those detailed by the author of the paper—they all occurred in adults, and in most of them the symptoms appeared to have originated in nervous exhaustion. In one instance, and in one only, the muscles of organic life appeared to be affected. In that case, which Dr. Fuller saw in consultation with Dr. C. J. B. Williams, the heart, about two months before the patient's death, became extremely feeble in its action, and the pulse fell to 26 in the minute. Dr. Fuller agreed entirely with Dr. Meryon in regarding this disease as quite distinct from ordinary paralysis; and he regarded it also as distinct from the creeping paralysis of the insane, which he believed to constitute the bulk of the cases referred to by Mr. Holmes Coote. As some confusion exists on the subject, Dr. Fuller thought it very desirable that a special title should be assigned to the disease, for at present the nomenclature is quite unsettled.

Dr. Barclay said that previous speakers seemed to him to have lost sight of the distinction which Dr. Meryon had sought to make between muscular degeneration as a cause of paralysis and those other forms which depend on disease of the nervous system. He (Dr. Barclay) believed that several different forms of paralysis had been referred to, and that when the correctness of some of the author's observations was impugned it was because other forms of paralysis presented symptoms different from those traceable in muscular palsy. The presence or absence of the symptoms referred to was the test by which the true character of the affection became known. This was particularly true of the so-called centrifugal direction in which the disease proceeded, in opposition to the ordinary course of gradually extending paralysis dependent on progressive disease of the nervous system.

Mr. Lockhart Clarke, in reply to Dr. Barclay, said that he had been asked whether the morbid changes in the nervous centres might not be the consequences of the muscular wasting. He was sure that the changes he had observed were not so; for they were not simple atrophy of the nerve-tissues, but disintegrations, arising either from softening or from morbid exudations. Moreover, he had lately examined the spinal cord (given him by Mr. Dickinson of St. George's Hospital) of an old pensioner

who had lost one of his legs a great many years ago; but he was scarcely able to perceive any difference between the two sides, and there was certainly nothing at all resembling the disintegrations that he had found in cases of muscular atrophy. For an account of these cases, which he had published, he would refer to recent volumes of the *British and Foreign Medico-Chirurgical Review*, and of Beale's *Archives of Medicine*, particularly to No. 13, vol. iv., which contains one of the most important and interesting cases of any disease on record. He did not, however, wish to be understood to mean that there was no such thing as muscular atrophy without lesion of the nervous system. Such a disease might exist, but the question could be determined only by a sufficient number of post-mortem examinations.

Mr. SKEY fully endorsed the truth of the observations of Dr. Barclay. They were discussing various forms of paralysis. He spoke only on that form described by the author of the paper, which is special, if not specific, and which consists microscopically of a deposit of oil or fat globules in the place of muscular tissue. He still believed the disease a very rare one.

Mr. SOLLY said he thought that Mr. Cooper's case was analogous to the scrivener's palsy, where a nervous centre was exhausted by overwork, and that it might be entitled the driver's palsy, adding another to the list, such as the musician's palsy (of which he had lately had a case under his care), the milker's, the shoemaker's, the nailer's, &c.; but there was no analogy between these cases and those of Dr. Meryon.

Dr. BARKER referred to a case of muscular atrophy which had been under his care in St. Thomas's Hospital. The patient was a gardener not over 40 years of age. The first symptoms of the disease were a tripping in his walk, and an inability to prune trees. These were followed by general loss of power. When he first came into hospital he was plump in appearance, but the muscles of the arms, legs, and thighs were wasted. With the exception of complete loss of muscular power the man was in every respect well.

Mr. HOLMES COOTE assured the last speakers that he had had very many opportunities of seeing such cases, not only in Bethlehem Hospital, but also at the Orthopædic and St. Bartholomew's; and that he was not at all likely to fall into the error assigned to him.

Dr. WEBSTER said, in reference to the author's statement regarding a recent speaker at the Paris Academy of Medicine, who had claimed the merit of being the first to notice the malady now under discussion, it should be remembered that French medical men rarely read English periodicals and seldom speak the language; hence no one ought to feel surprised if professional questions occupying attention in England do not always become immediately known beyond the Channel. In proof of this, he would mention that at the library of the learned body just named no English medical journal is accessible for perusal. At least, this was the case not long ago, when he visited the library of the Imperial Academy, where the only English periodical publication shown him by the courteous official of whom he made inquiry was the Registrar-General's Report of Marriages, Births, and Deaths, sent by the British Government. In fact, the tables of that institution are scantily supplied with foreign medical literature, and very unlike not only this Society, which receives numerous journals of various countries, but likewise dissimilar to several continental capitals, such as Stockholm, Lisbon, and others, which he might specify from his own personal observation. Therefore Dr. Meryon need not deem it strange whenever any French observer thinks himself an original discoverer, seeing the circumstances above related may perhaps furnish a satisfactory explanation of the assumption narrated.

THE College of Physicians have approved of the Lord Provost's proposed plans for the sanitary improvements of Edinburgh.

Reviews.

ON FLOODING AFTER DELIVERY AND ITS SCIENTIFIC TREATMENT; with a Special Chapter on the Preventive Treatment. By LUMLEY EARLE, M.D., Obstetric Surgeon to the Queen's Hospital, Birmingham; Honorary Medical Officer to the Hospital for Sick Children, Birmingham, &c. Pp. 244. London: Hardwicke. 1865.

IN this treatise Dr. Earle has brought together a great amount of useful and practical information upon a very common and very serious complication of the puerperal state, and one in which prompt and decisive conduct on the part of the obstetric practitioner may often save the patient from imminent death. Dr. Earle divides his book into eight chapters, the first being devoted to some preliminary observations; the second, to the signs and symptoms of post-partum hæmorrhage; the third, to the preventive treatment; the fourth, to the remedies which ought to be used to arrest the hæmorrhage: the fifth, to the causes of hæmorrhage occurring before the delivery of the placenta; the sixth, to the causes occurring after the expulsion of the placenta; the seventh, to the rare causes of flooding after delivery; and the eighth, to the after-treatment. In the chapter on preventive treatment, Dr. Earle strongly advocates the plan of applying the hand to the breast and using pressure, in preference to the application of the child to the nipple, and he also recommends the use of the binder as a most important precaution. In describing the various modes of treatment adopted during the period of the greatest peril, Dr. Earle lays especial stress upon the necessity of administering brandy, a supply of which, he justly observes, ought to be in readiness in all cases of difficult or dangerous labour, and which, he thinks, not only rallies the patient in cases of hæmorrhage, but also assists in arresting the bleeding, by inducing contraction of the uterus. In two or three lingering cases of labour, he observes, he has brought about a speedy termination of the case by giving a glass of hot brandy and water. Among some of the common, though often unsuspected, causes of hæmorrhage after delivery, Dr. Earle mentions distention of the bladder, and he states that he has met with some cases of flooding which were distinctly caused and kept up by the injurious influence of a distended bladder upon the recently unburdened uterus. In cases where the hæmorrhage is caused by a retained placenta, and the discharge has occurred rapidly and to an alarming extent, the hand should be at once introduced and the placenta removed; but when the discharge is more moderate a longer time may be allowed to intervene, and other remedies may be tried first, as cold and ergot; and in cases where there is no great loss of blood, half an hour may be allowed to elapse.

The foregoing brief abstract will show that Dr. Earle's treatise is thoroughly practical throughout, and we may add that most of his observations are founded upon extensive experience gained in actual practice. The book will be found very useful to the profession, many of the members of which are frequently called upon to treat the urgent symptoms described by Dr. Earle, and the readers will do well to store up in their minds the precepts he gives for their guidance in case of emergency.

THE HEALTH RESORTS OF THE SOUTH OF FRANCE. By EDWIN LEE, M.D. Second Edition, with alterations and additions. Pp. 213. London: Adams. 1865.

NICE AND ITS CLIMATE. Second Edition. By EDWIN LEE, M.D. Pp. 179. London: Adams. 1865.

SAN REMO AS A WINTER RESIDENCE. By AN INVALID. 1862-65. Pp. 128. London: Churchill. 1865.

DR. EDWIN LEE'S books on the Health Resorts of this country and of many parts of the Continent, are so well known, that

little more is necessary on our part than to announce the Second Edition respectively of his little book on the South of France and of its companion specially devoted to Nice and its Climate. Those who are seeking in those regions for the means of renovating their health will find Dr. Lee's pages a trustworthy guide, and instead of being confronted with technicalities in the perusal, will find a large amount of general and amusing information.

The little book on San Remo is written by Mr Aspinall, who has himself derived signal benefit from a residence in that town, and he communicates the results of his own experience in a neat little volume, illustrated by several pretty views of the surrounding country. To those who may be unacquainted with the locality of San Remo, it may be stated that it is situated on the Italian shore of the Mediterranean, about thirty miles distant from Nice, and about fifteen from Mentone; and Mr. Aspinall states that it combines the advantages of both those towns as a health resort.

AN INTRODUCTION TO THE STUDY OF MEDICINE; to which is appended a Report of the Homœopathic Treatment of Acute Diseases in Dr. FLEISCHMANN'S Hospital, Vienna, during the Months of May, June, and July, 1846. By GEORGE WILLIAM BALFOUR, M.D. Pp. 307. Edinburgh: A. and C. BLACK. 1865.

THE author, in the preface to this little work, very justly observes that it is not intended to be exhaustive, but merely suggestive, for nothing else can be expected in a treatise on so wide a theme as the study of medicine, comprised in little more than three hundred pages. The subject-matter is divided into seven chapters, exclusive of the Appendix: the first chapter being introductory, the second being on medicine as an art, the third on life and death, the fourth on health and disease, the fifth on inflammation, the sixth on fever, and the seventh on chronic disease.

Dr. Balfour belongs to what is called the school of Young Physic, and he vigorously denounces the errors and mistakes of those who were or are attached to the old. He is in fact a disciple of the doctrines set forth by the late Sir John Forbes, and which procured so much approbation from some quarters and elicited so much opposition from others. We hardly know indeed whether it is more correct to say that Dr. Balfour is a disciple of Sir John Forbes, or that Sir John Forbes was a disciple of Dr. Balfour; for the Report on the Homœopathic Hospital at Vienna, printed as an appendix in the volume before us, was originally published in the pages of the *British and Foreign Medico-Chirurgical Review* while it was under Sir John's editorship; and the facts revealed in the Report appear to have made a great impression upon his mind, and to have contributed very materially to the formation of those opinions as to the relative part played by Nature and Art in the treatment of diseases which Sir John Forbes promulgated in the latter years of his life. Indeed the facts recorded by Dr. Balfour as the result of his sojourn in the hospitals at Vienna, both homœopathic and (the so-called) allopathic, are startling enough, and are quite sufficient to make the most devoted adherent of the old school of physic pause in his career and carefully review the grounds of his practice. Dr. Balfour was a pupil of the late distinguished physician, Dr. Alison, of Edinburgh, who, as is well known, advocated the utility, and indeed necessity of general bloodletting in the treatment of pneumonia; and we can imagine the surprise of the pupil who had been indoctrinated with such principles in 1844, and who in 1845 witnessed in the hospitals of the Austrian capital a practical refutation of their truth. In that city he attended the practice of Dr. Fleischmann, who presides over the large homœopathic hospital; and he also saw under the care of Dr. Skoda a great number of patients whose diseases were left to the unaided powers of nature. While the former believed that he was curing diseases by the administration of infinitessimal globules, the latter "having reasoned himself into a thorough scepticism as to the utility of all medication, was giving all his patients an equal chance of attaining either of the only two possible methods of exit from their maladies—death or recovery—by withholding from them all such active medication as might influence the result."

We presume that this was only a temporary experiment on Skoda's part, because Dr. Balfour tells us in another portion of his book that Skoda treated his ague patients with quinine, and a comparison is drawn between the results of that treatment and the globulistic plan followed by Fleischmann. Dr. Balfour, it should be mentioned, is no homœopathist, and he attributes the cures which undoubtedly take place under that system to their true cause—namely, the abandonment of the disease to nature, and the withdrawal of all agencies which can interfere with her operations. But he is not so explicit in telling us whether Skoda remained convinced of the uselessness of all medication in all diseases, or only in acute diseases; but, for the reasons above stated, we conclude that Skoda admits that medicine may occasionally do good, as for instance in cutting short the duration of an intermittent fever.

As is usual with many of the followers of the School of Young Physic, Dr. Balfour ridicules the idea of any change having taken place in the type of disease, and he summarily disposes of that theory by alleging that Dr. Alison, Dr. Christison, Dr. Stokes, Dr. Watson, and many others who have entertained it, were all mistaken. They were quite honest in their belief, but they were misled by the influence of prevailing doctrines; and it is they who have changed their opinions and not disease which has changed its features. Bleeding and calomel were quite as unnecessary in the times of Armstrong, Cullen, Clutterbuck, Southwood Smith, and Marshall Hall, as they are now; and much mischief was done to the patients, who, although some may have survived the treatment, were really injured rather than benefited. Such is Dr. Balfour's reasoning, and he handles his arguments with great skill and considerable research.

Our space does not permit us to enter more fully into Dr. Balfour's work, which is, indeed, very suggestive, and is evidently the production of a thoughtful mind. Without endorsing all the conclusions he draws, we admit that his facts are most instructive; and we commend his pages to the careful study of the profession.

PAROCHIAL BOARDS AND MEDICAL OFFICERS.—At a recent meeting of the Committee of Works of St. George's Hanover-square, a member, Dr. Appleton, made some strong observations about the conduct of Dr. Aldis, a medical officer of health, in writing to *The Times* a letter recommending the abolition of dustbins and the substitution of wooden boxes for the reception of ashes, to be taken away by the dustcart twice a week. In reply to the attack made upon him Dr. Aldis wrote a letter to the Board stating that he had made a similar suggestion to the Sanitary Committee of St. George's in 1858. At a subsequent meeting Dr. Appleton renewed his complaints of Dr. Aldis's conduct in writing to *The Times* instead of communicating with the parochial committee, and expressed his surprise that if the suggestion made in 1858 was regarded as important it should have been allowed to rest until now. It was most indecent that officers appointed by vestries should attack them in the manner which was now becoming so common, as in the cases of Dr. Hillier in St. Pancras and Mr. Rendle in Southwark. Dr. Aldis repudiated any intention to cast discredit upon the Board, and said his only object in writing to *The Times* was the public good. Subsequently a motion was proposed that Dr. Aldis's proposition was inpracticable, but after some discussion the motion was not pressed, and the subject was allowed to drop.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 14, 1866.

THE POOR-LAW BOARD AND THE MEDICAL PROFESSION IN ENGLAND.

The Meeting of Noblemen, Members of Parliament, Members of the Medical and Clerical Professions, and of the general Public, which was lately held in Willis's Rooms, will do much towards bringing about a better system of attendance on the Sick Poor in Workhouses than that which at present exists. We are rejoiced to find Peers and Bishops uniting with persons of meaner estate in demanding justice for the sick pauper, and we hope that in their places in Parliament our Senators will always pursue the same benevolent course. The question of the nature and amount of Medical services rendered to the sick in Workhouses was necessarily introduced into the addresses made by several of the speakers, who, however, were but little informed as to the real relations existing between the Medical Officers and the Guardians, or as to the obstacles placed by the latter against the former in the discharge of their duties.

"With regard to the parish doctors," said the Chairman, the Earl of Carnarvon, "they no doubt were anxious to do all in their power; but they were only flesh and blood, and could not accomplish impossibilities. The doctor, in fact, ran through the wards as fast as he could, and his whole life was spent in a sort of confusion in endeavouring to keep things straight as between himself, the patients, and the board of guardians." The Chairman might have gone on to state that by the present system of electing the Medical Officers, and by the tyrannical conduct pursued towards them by the Guardians and encouraged by the Poor-law Board, the Medical Officers are deprived of all power of independent action; that they dare not, under pain of dismissal, remonstrate against any abuse, however flagrant; and that in matters strictly falling within their own department they are liable to be overruled by the other functionaries in the Workhouse, such as the master or the matron, or even the pauper nurses. The reports of the Medical Officers must be drawn up in accordance with the views of the Guardians, if any peace is to be secured; and can it be at all a matter of wonder that honourable men resign their appointments, or are dismissed, while those who remain at their posts continue to perform their duties in a perfunctory manner, knowing quite well that any attempt on their parts to ameliorate the condition of the sick poor would draw down upon themselves the displeasure of their taskmasters?

The position of Medical Officer in a metropolitan Workhouse is of the most anomalous character; and although he is supposed theoretically to be answerable for the care of the sick poor, it is impossible that he can perform the duties imposed upon him while the present system continues to exist. We state only the bare truth when we assert that the Medical Officer of a Workhouse is looked upon only as a subordinate by the Guardians; and while the latter would never dream of contradicting their legal adviser on a point of law, they make no scruple of rejecting any proposition made by the Medical Officer, however much it may be sustained by the dictates of science or experience. In fact, as long as the "Doctor" goes through the wards and supplies sufficient "stuff," the Guardians are quite satisfied; but if he ventures to represent the existence of conditions unfavourable to health, or to suggest improvements in drainage, lighting, ventilation, or nursing, he is considered to be overstepping his province and to be guilty of an act of the greatest presumption.

Now such a position as this is held, so far as we are aware, by no other Medical Officer in charge of large bodies of persons nominally intrusted to his care. In Lunatic Asylums the Medical Officers have the supreme control over the management of the patients. Even in Prisons the sick prisoners are entirely under the direction of the Medical Officer; and in the Army and Navy these officers have always possessed the control of their own department. It may be said, and indeed it has been said, that the class of "Parish Doctors," as they are called, is of an inferior grade, compared with the other Medical functionaries to whom we have just alluded; but, in the first place, we do not admit that any such inferiority exists; and, in the second place, we assert that if the "Parish Doctors" rank too low in public estimation, it is entirely the fault of the operation of the present Poor Laws. In fact, on the principle of giving a dog a bad name and then kicking him, or hitting a man because he has no friends, the present Poor-law administration has degraded the Medical Officer, and then it abuses him because he has allowed himself to be degraded. We do not claim for the Workhouse Medical Officer any exemption from the faults and the failings of humanity, and we do not deny that there may be cases where the duties of the office may be unsatisfactorily performed; but in the first place, the Poor-law Executive is armed with the most ample powers to punish any dereliction in this respect, and in the second place we cannot criticise very closely the performance of duties so badly paid as are those of the average "parish doctor." He, like other human beings, must live; and as it is impossible he can live on the pittance doled out to him, he must either starve or eke out his income from some more profitable source than his parish duties.

While feeling every good wish towards the benevolent objects contemplated by the meeting at Willis's Rooms, we cannot help thinking that the machinery at present in operation is amply sufficient to remedy existing abuses if the administrators of the Poor-laws could be urged to perform their duties. The care of the Sick Poor is as much a charge upon the State as the care of

lunatics, or of prisoners, or even of our soldiers and sailors; and while the State has provided a Commission in Lunacy for one class, and a Home Secretary to take care of another class, and a War Department to provide for a third, so has the State provided a Poor-law Board to watch over the interests of the Poor. If the State has cruelly neglected the Sick Poor the fault is with the authorities at Whitehall in the first instance, and with the Boards of Guardians in the second instance; and the insolence, the arrogance, the ignorance, and the mismanagement of the latter might have been controlled by the former, if, instead of slavishly waiting upon public opinion, the Poor-law Board had gone in advance. As we have before remarked, we have no blame to cast upon the Board for its general administration of the Poor-law; but we unequivocally condemn its whole course of proceedings in reference to the sick, until very lately, when public indignation has been aroused by the record of individual sufferings and hardships. The Board now tries to avert the storm of indignation, which ought really to be directed against itself, by obliquely throwing the blame on the Local Boards, which have actually been encouraged in their misdoings by the ægis thrown around them by Government authority.

As to the expense of erecting suitable receptacles for the Sick Poor, and the difficulty anticipated in obtaining the funds, we utterly ridicule the idea. Within the last few years gigantic lunatic asylums and model prisons have sprung up in the very vicinity of the metropolis, and who has ever said a word against the cost of their erection? They have been built at the expense of the public, and without a murmur on the part of the tax-payers; and why, we ask, should there exist in a Christian country any difficulty in procuring funds for the comfort of the sick pauper, when they are readily granted for the lunatic and the criminal?

Notes on Current Topics.

THE MEETING OF THE MEDICAL COUNCIL.

We understand that the annual general meeting of the Medical Council is fixed for Thursday, the 17th of May. Various objections have been urged against the period chosen, such as the facts that it will be in Whitsun week, that the Parliament will not then be sitting, and that the season will be so far advanced that there will be no chance of any success in legislative attempts. But it is to be hoped that the weather will be fine; and as two, if not three, opera houses will be open, and the white-bait will be in season, and many other attractions will, no doubt, present themselves, there is every reason to anticipate that the visitors to London will enjoy a pleasant holiday, the more pleasant as it will be at the expense of the Profession. As the week's sitting of the Council costs some fifteen hundred pounds, it might perhaps be asked what is likely to be the *quid pro quo* for this rather large expenditure, and the answer must be that no beneficial result can be expected. In fact, the Profession is utterly dissatisfied with the Act of 1858, which, instead of being a measure for the protection of the legitimate practitioner, is a measure for the protection of the quacks; and if any attempt were made to secure its real efficiency for the purpose which it pretends to aim at, the chief opponents to its amendment would be the quack fraternity, backed by the great mass of the members of the Legislature. There is not, we believe, the slightest chance that any improvement of the Act will be effected, at least while the present ministers remain in power, and our best wish to the Medical Council is that they may enjoy their holiday, and our hope is that they may spend as little time in talk as possible.

PARLIAMENT AND THE VACCINATION ACTS.

A BILL has just been introduced into the House of Commons, and has passed its second reading, having for its objects the consolidation and amendment of the statutes relating to vaccination in England. The bill contains some clauses which may, perhaps, be serviceable in promoting the practice of vaccination, but we are sorry to observe that the remuneration of the vaccinators is fixed at the former low rate, and that no payment is offered for certificates of vaccination granted by Medical men, whether public vaccinators or not. It is, of course, of little avail for the profession to interfere with the progress of this bill, as it is not very likely that their remonstrances will be successful; but we cannot help expressing our sense of the great impropriety and inexpediency of intrusting the superintendence of vaccination to the Poor-law Board and the local Poor-law Guardians. It is true that some of the Poor-law Medical Officers are also public vaccinators, but this is by no means necessarily the case, nor is it at all desirable that the practice of vaccination should be confounded or mixed up with the medical relief of the poor. A child who is vaccinated by a public vaccinator is not pauperised by the operation, and it is expressly stated that gratuitous vaccination is not a charity, but a necessary duty performed by the state. When we add to this very strong reason the still stronger argument that the Board of Guardians are wholly incompetent to superintend the performance of vaccination, and that the Poor-law Board is in no respect better qualified, we conceive that we have made out a strong case for the transference of the present power to other hands. Vaccination is a department of preventive medicine, and stands in no connexion with the administration of the Poor-law.

THE DISCOVERY OF THE TRICHINA.

THE question as to the discovery of the trichina in the human subject appears likely soon to be definitively settled, the paper of Dr. Cobbold, to which we alluded last week, having called forth some further explanations, all remarkable for their courteousness and their candour. But among the new claimants to the honour appears Mr. Thomas Nunneley of Leeds, who states that in April or May, 1832, he accidentally discovered what now appears to be the entozoon in question, in the muscles of the neck of a subject brought for dissection to the dissecting-room of Guy's Hospital. But Mr. Nunneley candidly admits that although he preserved the specimen of muscle for many years, he believed the parasite to be a species of *cysticercus*. Mr. Paget, who discovered the trichina in a subject at St. Bartholomew's in January, 1835, is equally modest and equally candid, and he gives a graphic and rather amusing account of carrying his specimen about in

search of a microscope to various great men of that period, but not finding the instrument in the possession of any of them except Robert Brown, the celebrated botanist, who, although no helminthologist, pulled the worm from its cyst. The trichina thus developed, but not yet described, was presented (in diagram) by Mr. Paget to the Abernethean Society, on February 6th, 1835, but it was nearly three weeks afterwards that Professor Owen, having received the specimen, detected its true nature, and described it at a meeting of the Zoological Society.

A MODEL WORKHOUSE INFIRMARY.

In a letter published in the *Times*, Mr. H. C. Tucker, C.B., announces himself as a Guardian of the parish of Marylebone, who was unable to obtain a hearing amidst the noise which prevailed at some period of the proceedings at the meeting for the improvement of Workhouse Infirmaries, and he states that he intended to show that, however true in general the denunciations against these establishments might be, the Marylebone Workhouse was an exception to the rule. The Infirmary of this Workhouse, we are told, is a light, cheerful building, looking upon a garden and a playground, and has as good a classification as any Hospital. There are male and female surgical wards, male and female medical wards, separate wards for admission of persons afflicted with insanity, rooms for permanent idiotics, imbeciles, and epileptics, lying-in wards and wards for children, with separate rooms for hooping-cough and measles. Three hundred and sixteen women were confined here in 1865, and only two died; and of two hundred and fourteen persons with mental afflictions, no less than one hundred and seven were cured. There is a paid head nurse, one midwife, four superintendents of idiots and lunatics (about one to fifty), and ten paid nurses. We do not question any of Mr. Tucker's statements, and we are further happy to record the great liberality of the Marylebone Guardians towards their Medical Officer, who, we are told, receives £950 a year—a rather handsome salary as times go. But what with the male and female surgical and medical wards, the three hundred and sixteen lying-in women, the two hundred and fourteen lunatics, besides the imbeciles, permanent idiots, and epileptics, and the children with hooping-cough and measles, the one Medical Officer must have his hands pretty full.

THE DEATH OF DR. CONOLLY.

The death of Dr. Conolly, which took place on Monday week, although it will not surprise those who were aware that his health has lately been failing, will come like a shock upon the public and the profession, with whom his name has long been associated, especially in connexion with the treatment of the insane, whose present improved condition in asylums is in great measure due to Dr. Conolly's personal labours and to the influence of his writings. Dr. Conolly had arrived at the full age of three score years and ten, and lately presented the appearance of an invalid, looking even older than he actually was; but many now living can recollect him as a handsome and elegant man, with black glossy hair, when he first came to London in 1828, as the original Professor of the Principles and Practice of Medicine at the then University of London. This position, however, he did not long retain, and he returned to provincial practice, being succeeded at the University by Dr. Elliotson; and Dr. Conolly having subsequently devoted himself to the special study of diseases of the mind, was appointed Medical Superintendent of the County Asylum, then newly established at Hanwell, where he acquired a large field of experience, and where he introduced and carried out many beneficial changes. After his retirement from that institution, he devoted himself to private practice, and became the proprietor or part-proprietor of more than one private asylum, with which he was connected at the time of his death. His decease, although not unlooked for as a probable contingency, was at last somewhat sudden, as he was seized with insensibility on Sunday, March 4th, and died on the following day.

THE WINES OF GREECE.

Among the light and cheap unadulterated wines which the policy of the present Chancellor of the Exchequer has introduced into common use in this country, some of the most promising are those of Greece, which Mr. Denman, of 20, Piccadilly, is now importing. It is well known to all who are familiar with the works of the classical writers that the wines produced on the continent of Greece and the adjacent islands have long been celebrated, not only for their pure and vinous flavour, but for their strength, which, so far from diminishing, increases with age. The public have now an opportunity of making themselves acquainted with these wines, and at a very cheap rate, the price of an excellent red wine, of a decided Burgundy flavour, being only about sixteen shillings a dozen. Those who expect to find in these wines the brandied flavour and the syrupy sweetness of the manufactured ports and sherries brought into the English market will of course be disappointed; but those who can appreciate a pure and unadulterated liquid obtained by the action of fermentation on the simple juice of the grape will obtain an article at once wholesome, invigorating, and refreshing, and at such a price as to bring it within the reach of all. The principal wines are those of Santorin, a volcanic island, almost entirely devoted to the cultivation of the grape; of Patras, on the isthmus of Corinth; and of Athens, which yields both the Mont Hymet, obtained, as its name implies, from the vicinity of the celebrated Hymettus, and the Keffesia, named from the no less celebrated river Cephisus. The St. Elie, or wine of night, so called because the vintage takes place during the night, and the grapes are hidden beneath the leaves of the vine, is an almost colourless wine, developing by time the flavour of Amontillado, while the Mont Hymet is a red and dry wine, of a Burgundy character. Mr. Denman has done good service by presenting these wines to British consumers, and the more they are known the better will they be appreciated, more especially as they improve by being kept. They are almost as cheap as beer, and form excellent dinner wines, being adapted either for sipping in wineglasses or for mixing with water and being used as beverages.

BRAGG'S CHARCOAL POWDER AND BISCUITS.

The well-known chemical properties of charcoal as an absorbent, deodoriser, and disinfectant, have led to the use of this substance as a medicinal agent, taken internally in some disordered conditions of the stomach, especially those

characterised by flatulence and heartburn. Charcoal is quite tasteless, undergoes no change in the stomach, and produces no deleterious effects whatever. As an internal medicine it has been brought into notice chiefly by Mr. James Bird, who has written a useful monograph upon its application and the cases of illness for which it is adapted. In order to introduce it into the system in an agreeable form, Mr. Bragg, of Wigmore-street, Cavendish-square, has invented a biscuit, which contains the purest vegetable charcoal, so mixed with the ordinary ingredients of a biscuit, that, except for the colour, it would be impossible to know that there was any peculiarity in its composition. We consider this method of administering charcoal to be the most ingenious hitherto devised; but Mr. Bragg has also prepared a pure vegetable carbon in impalpable powder, which may be taken by itself in water, if this mode of administration should be preferred.

VACCINATION BILL, 1861.

The following is the epitome of the Vaccination Act referred to by Mr. Griffin in his letter, and about to be amended by Mr. Bruce's Bill:—

Clause 1.—Repeal of former Acts.

Clauses 2 and 3.—Guardians to have power to divide unions or parishes into districts, subject to the approval of the Poor-law Board.

Clause 4.—Qualification of public vaccinator to be prescribed by the Lords of Her Majesty's Council, who are to make regulations to secure efficient performance of vaccination, or the provision and supply of vaccine lymph by public vaccinator.

Clause 5.—For every successful vaccination at an appointed station, situated at or within two miles of the residence of the vaccinator, or in the workhouse of the union or parish, not less than 1s. 6d., and beyond that distance not less than 2s. 6d. [It should be altered to 2s. 6d. and 3s. 6d. for the first 300 cases in any one year, and above that number to 1s. 6d. and 2s. 6d.—R. G.]

Clause 6.—Conditions may be imposed in contracts to secure the fulfilment of the provisions of this Act on the part of the vaccinator, and guardians shall provide all stations at which the vaccination shall be appointed to be performed other than the surgery or residence of the public vaccinator.

Clause 7.—No payment for revaccination if previously successfully vaccinated unless Lords of Council issue regulations on the subject, and then only two-thirds of the fee allowed for primary vaccination.

Clause 8.—Contract not valid unless approved by the Poor-law Board, and even then may at any time be determined by them.

Clause 9.—No payment to be made unless contract approved of by Poor-law Board.

Clause 10.—No public vaccinator to be paid for vaccination out of his district.

Clause 11.—In districts with scanty population guardians may provide for the attendance of public vaccinator after intervals exceeding three months. Between the periods parent of child exempt from penalties. [Under this provision, how is the inspection to be made or the supply of lymph to be kept up?—R. G.]

Clause 12.—Guardians to give notice of alteration of districts.

Clause 13.—Registrar-General to provide forms.

Clause 14.—Registrar of Births to give notice to parents or others, where and when a child may be vaccinated.

Clause 15.—Child to be vaccinated within three months after birth, unless death, &c., of parent, then four months allowed.

Clause 16.—Child to be taken on the seventh day following vaccination to public vaccinator for inspection, and if he sees fit he has power to take from such child lymph; if vaccination has been unsuccessful, vaccinator may direct child to be forthwith revaccinated.

Clauses 17 and 18 make provision if the child is not fit for vaccination, and the delivery of a certificate by the public vaccinator or medical practitioner, which shall remain in force for two months, and be renewable every two two months. [No fee for this.—R. G.]

Clause 19 determines the continuance of the two months' certificate by saying if a child has been more than once unsuccessfully vaccinated, and the vaccinator shall find he is insusceptible of vaccination then a certificate to that effect shall be granted, and the parent shall thenceforth not be required to cause the child to be vaccinated. [No fee for this.—R. G.]

Clause 20 provides for the furnishing of a certificate to be forwarded to the registrar where the birth was registered (if known to him), or else to the registrar of the district where child was vaccinated, within twenty-one days of its successful vaccination, and duplicate certificate to the parent of the child. [No fee for this.—R. G.]

Clause 21 provides that no fee shall be paid the public vaccinator for these certificates. [This should be reversed. R. G.]

Clause 22 provides that the parent of the child shall transmit the certificate if the medical practitioner be not a public vaccinator.

Clause 23 provides that the registrar shall keep a book wherein to enter vaccinations, and for every search therein 1s. shall be paid and for every copy 6d.; but no fee shall be paid for a search by a public vaccinator, or any officer of the guardians authorized by them to make such search, or any inspector appointed by the Poor-law Board or Lords of her Majesty's Council; the registrar shall also receive a fee of 1d. for every notice to vaccinate when he registers a birth, and 3d. for every certificate of vaccination he shall have registered, and 1d. for every certificate of vaccination where he has not registered the birth.

Clause 24.—Registrar to make out in duplicate quarterly accounts and to be paid fees by boards of guardians.

Clause 25.—Vaccination declared to be not parochial relief.

Clause 26.—Guardians to be paid all reasonable expenses for notices to be printed and circulated, and compensate any officer appointed by them to prosecute persons charged with offences against this act, or otherwise to enforce its provisions.

Clause 27.—Parents or others neglecting to take child to be vaccinated, or after vaccination to be inspected or revaccinated and reinspected, shall be guilty of an offence, and be liable to be proceeded against summarily, and upon conviction to pay a penalty not exceeding 20s.

Clause 28.—Vaccinator and parent neglecting to transmit certificate liable to a penalty not exceeding 20s., and in the case of false certificates to be guilty of a misdemeanour, and punishable accordingly.

Clause 29.—Justices may make an order for the vaccination of any child under 13 years of age within a given time, and if at the expiration of the time the child has not been successfully vaccinated, or is unfit, &c., the parent or other person shall be liable to a penalty not exceeding 20s., and it shall be no answer to the making of such order that he shall have been previously convicted of an offence under this or any other act relating to vaccination.

Clause 30.—Penalties upon persons inoculating with small-pox.

Clause 31.—Penalty, not exceeding £5, for wilfully exposing small-pox patients, or carelessly conveying them in public conveyances.

Clauses 32, 33, 34, and 35, relate to the statutes now in force, notices and interpretation, clauses and titles, followed by forms A, B, C, and D, which will require altering, especially the medical titles, which are only M.D., L.A.C., or F.R.C.S.

Parliamentary Intelligence.

HOUSE OF LORDS.—March 5.

THE CATTLE DISEASES PREVENTION ACT.

The Duke of Buckingham called attention to the fact that the police were unable in certain districts to comprehend the provisions of the Cattle Plague Bill.

Earl Granville was understood to say that attention would be directed to the subject.

THE CATTLE PLAGUE BILL.

Earl Granville stated, as several alterations had been made in the Catt e Plague Bill, he wished to inform their Lordships that these would be printed before they went into committee of the whole House. But in order to avoid any further loss of time, he proposed that their Lordships should go into committee on Thursday, and that the standing orders should then be suspended, in order that the Bill might be carried through all its stages that day.

March 6.

THE CATTLE DISEASE.

Earl Granville read a report from Professor Simonds of some experiments with Mr. Worms's mode of cure that had been made on Baron Rothschild's cattle, at Mentmore, and from which he said he was sorry it appeared that these experiments were comparatively a failure.

March 8.

THE CATTLE PLAGUE BILL.

The House went into Committee upon the Cattle Plague Bill.

Considerable discussion took place upon various clauses, and several amendments were introduced, but the principal debate arose upon a clause giving to the Privy Council a discretionary power to discontinue the compulsory slaughter of cattle after the passing of the Act.

The Duke of Richmond objected to the clause, and proposed to amend it by deferring the discretionary power until after the 15th of April, the date fixed by the 12th section of the Cattle Diseases Act.

Lord Granville supported the amendment, believing that it was desirable that the experiment of compulsory slaughter should be tried for a few weeks.

The Duke of Marlborough believed that it would be impossible to get the local authorities to carry out a system of compulsory slaughter, which had originated in a moment of panic, and which would be more injurious than the disease which it was intended to meet. He should recommend that a discretionary power be given to the local authorities, to order compulsory slaughter or not, as they might deem advisable in the circumstances of their respective localities.

After some remarks from the Duke of Argyll and Lord Kinnaird in support of the clause, and from support of Lord Spencer in the amendment, the Committee divided, when the amendment was carried by a majority of 57 to 24.

The Duke of Marlborough then proposed a clause giving immediate discretion to local authorities to suspend the compulsory slaughter of cattle which were recovering, but, after a brief discussion, the clause was negatived by 50 to 24.

The only other clause which led to any debate was one proposed by Lord Lichfield, the effect of which was to close all markets and fairs for a considerable time to come.

Lord Granville objected to the clause, and pointed out the inconvenience that would arise from restraining the action of the Privy Council.

Lord Spencer supported the clause, which, upon a division, was carried by 24 to 22.

The remaining clauses were agreed to, and, by a suspension of the Standing Orders, the Bill was read a third time and passed.

HOUSE OF COMMONS.—March 1.

THE DWELLINGS OF THE WORKING CLASSES IN THE METROPOLIS.

Mr. T. Hughes postponed for a week his motion relative to the adoption by the House of certain standing orders with reference to the removal of the dwellings of the working classes in the metropolis in connexion with the construction of railways and public buildings.

March 3.

THE CATTLE PLAGUE.

Mr. Waldegrave-Leslie moved an address for a return of the number of cattle slaughtered in each county and borough in England in obedience to the directions of cattle inspectors, acting under the order of the Privy Council of the 26th day of August, 1865, between that date and the 23rd day of November, 1865, when the said order was revoked; a similar return for each county and borough in Wales; and a similar return for each county and borough in Scotland.

Agreed to.

March 6.

COMMONS NEAR THE METROPOLIS.

Mr. Cowper gave notice of his intention to move for leave to bring in a bill with respect to the commons in the neighbourhood of the metropolis (hear, hear).

Mr. Hibbert moved for leave to bring in a Bill to permit capital punishment to be carried out in the interior of prisons.

Rather an interesting debate followed, in the course of which

Sir G. Grey, while declining to oppose the bill, suggested that it would be better to wait until the Government Bill on the subject was brought in. He intimated pretty distinctly that the Government Bill would contain provisions to carry into effect the proposals of Mr. Hibbert's Bill.

Leave was given to introduce the measure.

RETROSPECT OF MEDICAL JOURNALS.

10th March, 1866.

The *Lancet* of the above date devotes an article to the consideration of compensation for railway accidents. There is no doubt but that swindling goes on to a great extent in cases of this nature; deception on the part of the fortunate plaintiff and personal feeling on the part of the jury often enable persons to mulct a railway company to no small amount. So much is this the case that there is an inclination on the part of the railway companies to settle these claims out of court. Such accidents as are accompanied by any visible or tangible symptom, as fracture or wound, are sure to be considered fairly. We consequently fail to observe in the cases reported in the newspapers any litigation about them, but where the symptoms are of a nervous type, and the nature of the accident depends on the statement of the individual, there is naturally some incredulity to be expected, and hence the merits of the case are laid before a jury with the usual concomitant phenomenon of conflicting medical testimony. More than ordinary attention is drawn to this subject now, in consequence of some of the leading metropolitan railways having applied for Acts of Parliament to limit the amount of liability, at least so far as parliamentary trains and the different classes of passengers are concerned. We believe opposition will be given to such a measure, on the ground that it would be desirable to consider the expediency of framing an act of Parliament which would refer to all companies, and not give to any individual company a preference. Dr. Buzzard is engaged in the very difficult task of collecting together instances of nervous affections produced by railway accidents. It is the first attempt at any such compilation, and we are sure that, when published, it will form a very valuable addition to the medico-legal library.

The value of statistics is beginning to be looked on as accessory and not *probative* of any particular object.

Reference is made to the case of the Guardians of the York Union and Dr. North. This gentleman seems to be more fortunate than others in his masters; they acknowledging his increasing services and usefulness, have gradually increased his pay within twelve years from £40 to £120 per annum It is quite refreshing to find such rare case of magnanimity "cropping out" occasionally, hence it is a pity that the guardians should be baulked by Dr. Smith, the new Poor-law Inspector.

Objection is made to Dr. Buchanon's views as regards the utilizing of the bodies of criminals for the purposes of scientific experiment before and after death. We should not forget that on the Continent some medical questions have been set at rest by the examination of criminals, who

did not think bad of bartering a chance of life for some tempor-ry painful operation.

Dr. Grey has been elected Coroner for a division of Yorkshire.

It is worth bearing in mind on the part of those about competing for Indian appointments, that those surgeons who were gazetted on the 2nd inst. were hurried off on the 4th. This certainly indicates a want of men.

We find letters from Mr. J. Paget, Mr. Wilks, and two Presidents of the Abernethian Society, in reference to the first discovery of trichinæ in human muscle. It will be remembered that Mr. Paget (then a first year's student) was the first to lay them before the public.

Dr. Goolden gives some cases in which the inhalation of oxygen gas, in certain forms of disease resulting from debility, was attended by marked benefit.

Dr. Brown-Séquard's lectures on the diagnosis and treatment of functional nervous affections are continued.

We are sorry to see Dr. Forbes Winslow's paper on the subject of the Medical evidence given before the Royal Commission on Capital Punishment. At first sight he would appear to be jealous of Drs. Hood and Tuke, who gave evidence before that body. Every one knows that Dr. Winslow's opinions are extreme on the subject of moral insanity; but even admitting this, we were not prepared for the hairsplitting analysis of Dr. Tuke's evidence. He appears more in the light of a special pleader than a scientific man in search for the truth.

Mr. H. Power relates a case of death from spasmodic stricture of the œsophagus, in which no disease could be detected after death.

Dr. Williamson describes a case in which Dr. Tyler Smith attempted to perform ovariotomy, but was obliged to desist. A large abscess formed in the abdomen, and the patient completely recovered.

At St. George's Hospital a case of poisoning by two drachms of oil of almonds has occurred.

The *Medical Times and Gazette* for the 10th inst. draws attention to the daily life of a naval surgeon, which it must be allowed is sufficiently monotonous; the list of instruments to be furnished by the assistant-surgeon comprehends but two silver and two gum-elastic catheters, no aneurism needle, but twelve lancets and six pewter syringes.

In the French Senate Cardinal Archbishop Donnet has been reproducing instances of persons buried alive; it is clear that some such have happened from time to time, but not in the number that the vulgar would have us believe.

M. Alphonso Guérin's method of treating anthrax by subcutaneous incision, has been tried by M. Gosselin, who has given up the ordinary crucial incision, as indeed has almost every modern surgeon. Velpeau is still fond of extensive incisions, as is also Nelaton, although the latter at one time renounced them.

Mr. W. E. Porter describes a new method of reducing dislocation of the shoulder by manipulation.

One of the most practical and useful papers we have read for some time is that by Mr. J. Hutchinson, on injuries of the head and neck of the humerus. He alludes to the fact, that after fracture through the upper epiphysary line we have a deformity resembling that attending unreduced dislocation. This is a very important point; he also divides fractures in this neighbourhood into those through the tuberosities and below them, thus very properly setting aside that absurd division which included fracture through the anatomical neck. We would recommend every hospital surgeon to peruse this paper.

Dr. Richardson makes some remarks on the new method of producing local anæsthesia. As yet the only improvement made in the instrument is the substitution of a compound jet. We have heard that the sale of the instrument has been unprecedented.

In the *British Medical Journal* of the 10th inst., on the subject of village hospitals and the remuneration of the medical men so attending, we find the following:—

"It is very refreshing to find a man in Dr. Thompson's position who speaks out thus against the folly and wrongness of medical men working without due remuneration. On this score, also, we may mention with pleasure that, at the annual meeting of the Royal Medical and Chirurgical Society, Dr Alderson, in his excellent presidential address, spoke in no measured terms against the cruel system of gratuitous medical services. We sincerely hope that the eyes of the profession are becoming opened at last to this monster evil; that they are beginning to see the matter in its true light—in fact, to acknowledge that gratuitous medical services are only another term for medical competition."

We find another successful case of amputation at the hip-joint mentioned from the practice of Dr. Packard of Philadelphia. The operation was secondary to an original amputation through the lower third, followed by hæmorrhage and necrosis.

Dr. Althau's lecture on hysteria is a very sensible *resume* of the subject. He does not believe in the uterus as the origin of the disease, but that the affection is due to an excitable condition of the nervous system. We recollect when a student having been reproved by our professor of medicine for talking of hysteria in the male; we were told to call it hypochondriasis.

THE WORKING OF THE ENGLISH POOR-LAW SYSTEM.

The Rev. Sir Lovelace Stamer, Rector of Stoke-upon-Trent, in addressing the Guardians of that Union, made the following observations, which we extract from a local paper:—

"Under the present system the medical officers were paid by small fixed salaries, altogether out of proportion to the work they had to do, and extra medical and vaccination fees. The tendency of this was to make medical officers eager to secure as many extra fees as they could get. And this was quite natural; for they all knew very well that if an employer had clerks or others who had small pay, if there was some other allowance of payment for extra work, they would try to do that work. The present system of payment to the medical officers was, he considered, disadvantageous both to the parish and to the poor. In cases in which the medical officer had to decide between a long course of treatment to effect a cure and a capital operation, it was most likely that he would resort to the capital operation rather than have the trouble of the prolonged course of treatment. Then he did not know what check they had upon the medical officers, and he was not aware of any control they had over the expenses under the present mode of payment, and, on that ground, he thought the system was not satisfactory. From a consultation he had had with a gentleman well qualified to give an opinion on such a matter, he fully believed that it would be much better to pay the medical officers by a fixed salary, and not allow any extra fees only in cases of vaccination and midwifery; in the latter he thought it would be especially desirable to retain the present system of allowing an extra fee, as the poor would then be more likely to get good attention."

These remarks are, we think, perfectly uncalled for, and weigh with a special weight of injustice from a gentleman of the rank and profession of the Rev. Baronet. Unless the Union to which the speaker belongs be specially unfortunate in its Medical Officers, and we have no reason to think it is, the insinuation that they make their conscience and their duty subservient to their own interests is most uncalled-for and unworthy. It is a gross libel on the Poor-law Medical Officers of England to say that, "in cases where the Medical Officer had to decide between a long course of treatment and a capital operation, it was most likely that he would resort to the capital operation rather than have the trouble of the prolonged course of treatment." If the Reverend Gentleman does not think that Medical Officers should be trusted to adopt the most judicious treatment, he will not

be in a better position by placing them under a fixed salary. But this inuendo is especially discreditable, it being only the peg on which to hang a reform, the real reason for which is behind in the subsequent statement of the Rev. Baronet that if fixed salaries were given, "there would be a considerable return from the Consolidated Fund."

Let the Stoke Guardians, by all means, relieve themselves at the expense of the Consolidated Fund, but let them not look for an excuse for so doing in the practice of their Medical Officers.

THE CHARGE OF MANSLAUGHTER AGAINST AN ASSISTANT.

We are requested to publish the following extract from the *Newcastle Daily Chronicle*, leaving our readers to judge of their pertinence as regards the charge against Dr. Richardson. It will be remembered that a verdict of manslaughter was returned against Mr. Richardson's assistant for omitting to catheterise a patient who died in consequence:—

TO THE EDITOR OF THE DAILY CHRONICLE.

Sir,—In your report of the inquest at Middlesbro' yesterday, in to-day's publication, I am said to have made to the coroner the remark that "It appeared to me that people could be poisoned at South Stockton, but it was manslaughter at Middlesbro." What I really said to the coroner was "That a child could be poisoned at South Stockton by the gross ignorance of a young medical man, and a South Stockton jury acquitted him of having committed any crime; whilst a Middlesbro' jury had convicted a talented and experienced medical man of manslaughter, who had faithfully performed his duty to his patient." I may add my only fear is that no judge will allow such a paltry contemptible case to go to a jury, as if he does, the most shameful conspiracy to destroy the character of an excellent practitioner will be fully exposed.—I am, Sir, yours faithfully,

William Richardson.

Stockton-on-Tees, Jan. 23, 1866.

The Serious Charges against the Middlesbro' Parish Authorities.—The usual fortnightly meeting of the Stockton Guardians was held in their offices, High-street—the Chairman (Mr. Marshall Fowler) presiding.—The Chairman said a report had reached him that morning that an unfortunate affair had occurred at Middlesbro'. There had been an inquest held, and a verdict of manslaughter returned against one of their medical officer's (Mr. Richardson) assistants.—Mr. Fallows said he had not had time to make himself fully acquainted with the matter, but he understood that a question as to the mode of treatment to the man used by Mr. Richardson's assistant had arisen, and a verdict of manslaughter had been returned. He was desirous that the matter should be refered to the Middlesbro' Committee of Guardians, in order that they might make themselves fully acquainted with the circumstances of the case, and report to the Board at their next meeting. The medical officer of the Guardians was involved in the matter, and it was a question which fairly called upon the Board for investigation.—Mr. Wm. Richardson, of Stockton, would be glad to second that motion. He was present at the inquest, and was satisfied that there was nothing at all in the matter; there was not a tittle of evidence against the medical officer.—Mr. Fowler: What did they give their verdict upon, then?—Mr. Richardson: It shows the absurdity of appointing an attorney instead of a medical man as coroner.—Mr. Fowler: But what was the cause of death?—Mr. Richardson: He died, sir, of retention of urine and extravasation of blood from the urethra. I have no hesitation in saying that Mr. Simpson simply did his duty.—Mr. Richardson: No, sir; but I should like the matter inquired into.—Mr. Fowler: Well, we should stop the assistant from attending any other patient.—Mr. Richardson: That has already been done, sir. Mr. Simpson was a pupil of mine for seven years.—Mr, Fowler: Well, the matter had better be referred to the committee.

Correspondence.

POOR-LAW MEDICAL RELIEF AND VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I shall feel obliged by your allowing me space to inform the Poor-law Medical Officers that a Bill has been introduced into the House of Commons by Mr. Bruce and Mr. Baring, entitled "A Bill to Consolidate and Amend the Statutes relating to Vaccination in England." I wrote to Mr. Bruce a few days since, enclosing a copy of the plan proposed by us in 1861, which will be found in the pamphlet entitled, "Evidence on Poor-law Medical Relief, 1861," page cxii. A few copies of this pamphlet I have still in hand, and shall be happy to send one to any gentleman on receipt of twelve postage stamps. Mr. Bruce's Bill is a great improvement upon the Acts now in existence, and contains penalties in sufficent abundance; but the rewards to the Medical Officers stand as they are in the present Acts. The 1*s.* 6*d.* and 2*s.* 6*d.* ought to be altered to 2*s.* 6*d.* and 3*s.* 6*d.* for the first 300 cases vaccinated by an individual Medical Officer in any one year, and for all above that number the 1*s.* 6*d.* and 2*s.* 6*d.* may remain. The Act expressly provides for the granting of certificates by medical men, whether public vaccinators or not, but there is to be no payment. Thus a medical man may vaccinate a child half a dozen times unsuccessfully, and be compelled to give as many certificates, but he is to have no payment either for vaccination or certificates. I recommend that certificates should be paid for at 6*d.* each, which would give the profession about £13,000 per annum. The Act should be perused by the Poor-law Medical Officers, who are for the most part public vaccinators; it can be procured through the medium of a bookseller or an M.P. In order, however, to save time, I have drawn up an epitome,* which is at your service should you be able to find space for it. I should strongly recommend every public vaccinator to write to his M.P., and endeavour to get some of the clauses amended, particularly those relating to payment, for as they now stand it is not worth a District Medical Officer in a small and thinly-populated district taking the trouble to carry out the provisions of the Act, and as a consequence small-pox in this kingdom will never be eradicated.—I am, &c.,

Richard Griffin.

12, Royal-terrace, Weymouth, March 3, 1866.

List of subscriptions received during the last week for the Poor-law Medical Reform Association by Mr. Griffin:—

Burrows, S., South Molton, 5*s.*; Hinton, J., Bath, 10*s.*; Boyle, T. St. Columbe Major, 5*s.*; Carter, C. H., Pewsey, 10*s.* 6*d.*; Moreton, J. E., Gt. Boughton, 10*s.*; Ransome, R., Cambridge, 10*s.* 6*d.*; Cordwent, G., Taunton, 5*s.*; Brown, G. D., Ealing, 5*s.*; Goold, H. B., Portsea Island, 5*s.*; Simpson, T. B., Portsea Island, 5*s.*; Fowler, R., London, East, 5*s.*; Hurst, A. D., Islington, 5*s.*

By Mr. Prowse, Amersham:—

Jay, F. F., Depwade, £1; Hovell, D. de Berdt, Hackney, £1 1*s.*; Hewitt, T. S., East Hampstead; 10*s.*; Hill, W. R., Lymington, 5*s.*; Chinery, E., Lymington, 5*s.*; Barrett, A., Freebridge, Lynn, 5*s.*; Hutchinson, J., Prestwich, 10*s.* 6*d.*; Hitchins, C. V. Axbridge, 5*s.*

THE LATE PROFESSOR SCHROEDER VAN DER KOLK.

The following letter, addressed to the Editor of the *Reader*, appears in that journal for February 3rd:—

"7, South Anne-street, Dublin, January 16, 1866.

"Sir,—My attention has been called to the following passage, which appears in your impression of the 23rd December, 1865, p. 711:—

"'C. Schroeder van der Kolk, son of the great anatomist, has just published a work entitled "Soul and Body" (Seele und Leib), in which the endeavours to prove that what is called soul is simply the manifestation of brain, just as digestion is the function of stomach. He says, memory, imagination, reason, and even volition, are but the result of physical actions, or electro-molecular, excited by the operation of perception—the contact with the outer world.'

* See page 260.

"It is true that Dr. H. W. Schroeder van der Kolk, son of the late distinguished anatomist and physiologist, and now Professor of Physics at Zutphen, in Holland, has edited essays entitled 'Ziel en Ligchaam' (Soul and Body), and that a German version of this work has recently been brought out by Vreweg, but the essays are from the pen, not of the son, but of the late Professor himself. I am assured that these essays, however, contain no theory of the action of the brain; what is stated in the paragraph I have quoted from your pages refers clearly to the 'Handboeck van de Pathologie en Therapie der Krankzinnigheid' (Manual of the Pathology and Treatment of Insanity), a fragment published after the author's death, and subsequently translated by Theile into German. But neither are the views contained in this work correctly stated in the above paragraph. The words 'just as digestion is the function of the stomach,' strongly recall expressions of Vogt, but are not to be found in the writings of van der Kolk. As it fell to my lot to translate some of the works of the late distinguished Professor, and as I was privileged during the editing of my translations to enjoy a lengthened correspondence with him, I am enabled to say that he held opinions the very opposite of those implied in the passage just brought forward. I hope it will not occupy too much of your space to allow me to quote, in support of this statement the following passage from my translation of S. van der Kolk's work on 'The Minute Structure and Functions of the Spinal Cord,' a translation (published by the New Sydenham Society, London, 1859) which was carefully revised and corrected by the Professor himself. The author, speaking of the harmonization of movements, says, at p. 74:—

"'Some, as E. Pflüger, observing such phenomena, have been misled into assuming a sort of voluntary power of mind in the spinal cord, an error attributable solely to want of examination of the ingenious arrangement of the tissue and of the structure of the cord, in which all these harmonized movements appear to lie hidden, pre-arranged in the several combinations of the groups of ganglionic cells, and ready to be excited by any stimulus, whether voluntary or reflex, so that they are produced just as the harmonic tones of a piano under the fingers of the player. Such a view is sufficient to excite amazement at the ingenious nature of all these arrangements and wonderful combinations, but, it is conceivable, and in my opinion not so difficult to imagine; while the idea of volition in the spinal cord, without consciousness, with the entire rejection of the existence of a soul, as Pflüger suggests, is an absurdity not to be thought of. On the contrary, the deeper we penetrate into the knowledge of the mechanism of our body, the more we shall be convinced that the whole is arranged as a perfect minister of our spirit and of our will, in which both the amazingly correct insertion, size, and combination of the muscles, and certainly not less the combination of the ganglionic groups, whereby these muscles are harmoniously and suitably moved, are calculated with incomprehensible wisdom and fulness of purpose.'

"The sentiments expressed in the foregoing quotation will, I trust, be sufficient to defend their author from the imputation of any leaning towards materialism. I trust, therefore, Sir, you will allow me, as the friend and constant correspondent, during many years, of the late Professor Schroeder van der Kolk, to show by an example what the real tendency of his writings and teaching was, as it is possible that a contrary inference might be drawn from the paragraph which found its way into your number of the 23rd December last.

"I have the honour to be, Sir, your obedient servant,

"William D. Moore, M.D.Dub., M.R.I.A."

MEDICAL DEPARTMENT OF THE UNITED STATES

The Surgeon-General has just published a circular for the information of the medical officers of the army. The circular comprises reports from Brevet-Lieutenant-Colonel Otis, having charge of the surgical, and Brevet-Major Woodward, having charge of the medical history of the rebellion. From the surgical reports it appears that complete registers of the number of wounded were in course of preparation, in which over 87,000 cases of wounds and 17,000 surgical operations have been recorded up to September, 1865, the work of registration being still far from complete. The number of wounds received cannot practically be now determined with accuracy, though data for an approximate estimate are accessible. In the British army in the Crimea during the entire war there were 12,094 wounded and 2755 killed, or a total of 14,849. In the French army in the Crimea, of a total effective force of 309,268, according to the report recently made by M. Chenu, there were 39,868 wounded and 8250 killed, or a total of 48,118, although in his report of injuries of different regions M. Chenu records but 26,681 cases. In our late war the monthly reports from a little more than half the regiments in the field give for the year ending June 30, 1862, an aggregate of 17,496 gunshot wounds. The reports from rather more than three-fourths of the regiments for the year ending June 30, 1863, give a total of 55,974 gunshot wounds. The battle-field lists of wounded for the years 1864-65 include over 114,000 names. But these returns are to be completed by collating with them the reports of general hospitals where many wounded were received, whose names the recorders of field hospitals or regimental medical officers failed to obtain, and by adding the names of those killed in battle. In comparing the numbers of cases of some important injury, as, for example, gunshot fractures of the femur, it is found that in the French Crimean army there were 459 such injuries, and in the English army 194, while over 5000 such cases have been reported to this office. Or if one of the major operations is selected for comparison, as excision of the head of the humerus, the Crimean returns give 16 of these excisions in the British and 38 in the French army, but the registers of this office contain the detailed histories of 575 such operations. The medical staff that served in the late war was composed of a surgeon-general, one assistant-surgeon-general and medical inspector-general, 16 medical inspectors, 170 surgeons and assistant-surgeons of the regular army, 362 volunteer staff surgeons and assistant-surgeons, 3000 regimental-surgeons and assistant-surgeons of volunteers, 2500 acting-assistants-surgeons and physicians serving under contract, and six medical storekeepers. The second report, by Major Woodward, contains an outline of the material collected for the medical branch of the history. The mortality from disease alone was 48 and 7-10ths per 1,000 of mean strength for the first year of the war, and 65 and 2-10ths for the second. Total number of deaths from disease reported for first year, 14,183, and 42,010 for the second. These figures do not include those who died while absent as prisoners of war or after having been discharged the service for disability. The number constantly sick was about 10 per cent. of the strength. The total number of cases treated by the medical department, including wounds and injuries, was 878,918 during the first year, and 1,711,803 during the second. The most fatal disease was camp fever, of which there were 213,260 cases, and 19,459 deaths during the two years; next comes diarrhœa and dysentery, 725,675 cases and 11,560 deaths; then inflammation of the respiratory organs, 304,284 cases and 8090 deaths. Venereal diseases were much less frequent than the experience of other armies would have led us to expect. Still, 84 men in every thousand suffered during the first year, and 65 during the second, the total number of cases being over 39,000. Twenty-eight thousand six hundred and twenty discharges for disability were reported during the first year, or about nine per cent. of the strength of the army. The report concludes with a sketch of the hospital system. It appears that at the *maximum* there were 202 general hospitals with 136,894 beds for patients. During the war over a million patients were treated in these, of whom but one in 12 died. Dr. Woodward says never before in the history of the world has the mortality in military hospitals been so small, and never have such establishments so completely escaped from diseases generated within their walls. Incomplete reports for the first year of the war from troops in the field and in garrison represent an average strength constantly present during the year of 281,117 men; in hospital, constantly present, 9759 men; total, 290,936, among whom were 14,183 deaths from disease. The number of deaths recorded is much less than the real number, and does not include prisoners of war and other absentees. For the second year, in field or garrison, 598,821; in hospitals, 45,687; total, 644,508, of whom there were 42,010 deaths from disease.—*New York Times.*

The Administration of the Poor Law.—Mr. H. B. Farnall, C.B., the Commissioner of the Poor-law Board for the inspection of the metropolitan district, attended the meeting of the guardians of the Greenwich Union, for the purpose of conferring with them as to their mode of administering the poor law. Mr. Carter occupied the chair. The Commissioner said the average rates in that union, comprising Greenwich, Woolwich, and Deptford, amounted to 2s. 2¾d., while an average rate which would cover all the expenses for the poor of the metropolis would only amount to 1s. 2d. 9-10ths. He felt it his duty to suggest that there were means by which they might lower the rating in the union. Their workhouse, in his opinion, was overflowing. In it there slept on their previous night 938 persons, and of these 938 as many as 810 belonged to the temporarily disabled, old, and infirm classes. He did not think it was a fit place for them. Would not the great majority of them be happier and less costly in their own homes? The relieving officer and the medical man no doubt got rid of cases easily by sending them to the workhouse, and were tempted to do so; but this was a course which he should like to see stopped. It must be remembered that the average cost of a person in the house was 3s. 6d. a week, and this taking the baby at the breast with the others, while in a sick case the cost was not less than 6s. a week. There were 40 pauper nurses to look after the sick and infirm, and not a single paid nurse; and this, doubtless, was looked upon by the guardians as a great advantage, but it was not, as he could prove to them.

Scientific Societies.

Royal Society of Literature.—Feb 21.—Sir Patrick Colquhoun, LL.D., in the chair.—Mr. Vaux read a paper, communicated by Col. Alexander, C.B., 'On the Character Life, and Opinions of Confucius,' wherein the history of this remarable sage was traced out with great care from the original Chinese documents.—The Rev. M. E. C. Walcott gave an interresting account of the Chartulary of Lanercost Abbey, in Cumberland, now in the possession of the Dean and Chapter of Carlisle. This Chartulary is stated to be a transript of the original manuscripts formerly at Naworth Castle, and was presented to the Library of the Cathedral Church, in 1777, by J. Hawksdale, Esq. The monastery of Lanercost was founded in A.D. 1116, by Robert de Vallibus (or Vaux), who held the Barony of Gillesland during the reign of Stephen.

Ethnological.—Feb. 27.—J. Crawfurd, Esq., President, in the chair.—The papers read were:—'On the Origin and Progress of Written Language,' by Mr. J. Crawfurd. The author made an elaborate outline of the origin and spread of languages over various parts of the earth, attributing the numerous existing languages to the separate inventions of distinct races. Of the ancient Europeans, he remarked that while Asiatics had early designed many alphabets, it was a most remarkable case that no European race, from the Euxine to the Atlantic, or from Greece to Scandinavia, had ever invented one. It might be presumed that no European race had reached that point of civilization at which written languages is invented, before the time when a foreign phonetic writing was presented to them and adopted.—'On the Somali Race,' by Col. Rigby. The Somali inhabit the north-eastern portion of Africa between the Straits of Babelmandeb and Cape Guardafui, and thence as far south as the Equator. They differ from all other African races in feature, language and customs. Up to this day the greater part of their country remains unvisited. They are a pastoral race, having large herds of cattle and flocks of the doomba, or fat-tailed sheep. In person, they are tall and well made, with very dark, smooth skins, and features expressing great ntelligence and animation. They have none of the characteristics of the negro race, whom they despise.

Society of Arts.—Feb. 19.—'On Submarine Telegraphy' (Cantor Lecture), by Mr. Fleeming Jenkin.—Feb. 21.—Prof. Huxley in the chair.—The paper read was, 'On Modern Legislation in regard to the Construction and Equipment of Steam Ships,' by Mr. T. Gray.

Royal Institution.—Jan. 26.—Sir H. Holland, Bart. President, in the chair.—"On the Sources of the Nile," by Mr. S. W. Baker.

Society of Arts.—Feb. 5.—"On Submarine Telegraphy" (Cantor Lecture), by Mr. Fleeming Jenkin. Feb. 7.—J. Hawkshaw, Esq., in the chair.—The adjourned discussion on Mr. W. Hawes's paper, "On the Proposal that the Railways should be purchased by the Government," occupied the entire evening.

Medical News.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise:—

Lloyd, Thomas Franklin, Finsbury-circus.
Owens, Edward Matthew, Sutton, Surrey,
Smith, Christopher, Paris.
Smith, Walter, Bognor, Sussex.
Tarleton, John Haigh, Birmingham.
Wyllie, Robert, Robin Hood's Bay, near Whitby.
Laslett, Alfred Kent, Canterbury.
Body, Henry, M., Cheriton-Fitzpaine, Devon.
Dalley, Charles Thomas, Leicester.
Fennings, Allen, St. Ann's-road, Notting-hill.
Rogers, George Arthur, Queen-square.
Smith, William, Gorton, near Manchester.
Verity, Abraham Robert, Bridgend, Glamorganshire.

The following gentlemen passed their first examination on the 1st inst.:—

Adams, GeorgeE. D'Arcy, King's College.
Wilkins, John Canning, University College.

Dr. Dempster, Inspector-General of Hospitals, has been granted the good service pension of £100 a year for his meritorious services.

Medical Mayor.—William Peter Nichols, Esq., senior surgeon of the Norfolk and Norwich Hospital, has been elected Mayor of Norwich.

Cambridge, March 1.—Dr. Humphrey was this day elected Professor of Anatomy in the room of the Rev. Dr. Clarke, who has resigned. Mr. Alfred Newton, M.A., of Magdalen College, has been elected Professor of Zoology and Comparative Anatomy. Dr. Drosier received the support of a considerable minority of the electors, the votes being for Mr. Newton 110, and Dr. Drosier 82.

The Minister of Agriculture has sent M. Delpech, professor of medicine, M. Raynal, veterinarian, and M. Alfort, to Germany, to examine and report upon the trichina disease prevalent in pork.

Fatal Mistake.—An inquest was lately held on the body of Mrs. Anne Woodham, whose death was occasioned by a large dose of laudanum administered to her by her attendant in mistake for tincture of rhubarb.

Thomas James Woodhouse, M.D., London, F.R.C.S., has been appointed Physician to the Royal Hospital for Incurables, West-hill, Wandsworth.

The memorial stone of a new dispensary at Callian has been laid by the Governor of Bombay. The cost of the building, about 60,000 rupees (£6,000), will be defrayed by Mr. Munguldass Nathabhoy, an influential and wealthy Hindoo, resident in Bombay. The dispensary is to be endowed by the same charitable gentleman.

Benjamin Guy Babington, M.D., F.R.S., has been appointed Consulting Physician to the Hospital for Diseases of the Throat, 32, Golden-square, London, W.

The *Portage* (Wisconsin) *Register* announces the death of Joseph Crele, supposed to have been the oldest man in the world. His baptism is stated to be on the register of the Roman Catholic Church of Detroit for the year 1725, so that he was in his 141st year. He died in Caledonia, about four miles from Portage. His great age had for some time made him notorious.

The Central Hall for Art and Science which the late Prince Consort projected is likely to be begun. The site will be to to the north of the Horticultural Gardens, and the cost will be £200,000.

The Polytechnic Institution.—At the general meeting of the shareholders held at the Institution, Professor Pepper stated the laboratory had been further utilized by the delivery of regular courses of lectures on electricity, geology, and chemistry.

The Metropolitan Board of Works lately held a meeting to consider how they were to discharge that portion of their duties which the Cattle Diseases Bill cast upon them. On the suggestion of the chairman, it was agreed that Committees of the Board should be appointed, one for each metropolitan borough, who would superintend the carrying out of the provisions of the Act within their respective departments.

The Surrey County Hospital.—Her Majesty has been graciously pleased to present a bust of the late Prince Consort to this Hospital. The bust, which is of life size, and of the purest Sicilian marble used for statuary purposes, is two feet six inches in height, and is mounted on an elegant coloured marble pedestal four feet high, making the total height six feet six inches.

Testimonial to Dr. Lobb.—A valuable Testimonial, consisting of a silver salver, and a tea and coffee service, accompanied by a handsomely illuminated volume, containing the names of the subscribers, was presented at the Albion Tavern, on the 3rd instant, to Dr. Lobb, of Aldersgate-street, by several of his friends and patients, on his retirement from practice, in which he had been actively engaged for upwards of 40 years. After the presentation Dr. Lobb was entertained at dinner—Dr. C. Brodie Sewell, the Treasurer of the Testimonial Fund, presiding.

Healthy Homes for the Artisan.—At the proposed Exposition Universelle at Paris in 1867, a section will be

devoted to model habitations, combining the cheapness of construction with sanitary arrangements calculated to ensure the highest degree of health and comfort. The Emperor will exhibit in this section houses constructed on the plan of those he has had erected.

New City Lunatic Asylum.---Last week the Lord Mayor and the members of the Court of Common Council, with the principal officers of the Corporation, paid a visit to the new lunatic asylum for the city of London, which has been erected at the cost of the Corporation at Stone, near Dartford, and is now ready for the reception of patients. They were accompanied by the chairman and deputy chairman, with six of the guardians of each of the three Poor-law Unions in the city, and travelled by a special train on the London and South-Eastern Railway. The asylum has been erected at a cost of about £65,000, from designs by Mr. Bunning, the late city architect, and is intended to accommodate 250 patient. It is pleasantly situated on an elevated piece of ground about a mile and a half from Dartford, overlooking the Thames, and commanding a view of the surrounding country for miles. It is fitted up with baths and lavatories, laundries and workshops, and surrounded by spacious grounds tastefully laid out. Bagatelle boards and other games and means of recreation are provided for the inmates; and, in short, all the appliances for comfort and convenience which have been adopted of late years in the best regulated establishments for the treament of persons afflicted with insanity in all its varied forms. In the first instance the plans and designs, after certain alterations had been made, were approved by the Home Secretary and the Commissioners in Lunacy, and while the building has been in progress the Commissioners have paid repeated visits to it, and seen that the conditions required by them were being fulfilled. The asylum has been erected under the superintendence of a special committee of the Court of Common Council, of which Mr. Alderman Dakin is chairman, and nearly five years have been spent in its construction.

Mr. Lawrence on the Court of Examiners of the College of Surgeons of England.—Mr. Lawrence, in 1826, speaking of the Court of Examiners, says that "admission into this body, with subsequent promotion, depends on seniority; and as the appointment is for life, it must often happen, as it frequently has, that the duties of that court, which if properly performed would require men in the active period of life and the full vigour of their faculties, have been executed by persons nearly approaching or actually arrived at the extreme verge of existence. In an imperfect and progressive science like surgery, such individuals must be far behind the actual state of knowledge; consequently unable to estimate the acquirements of those recently educated, and not the best qualified to represent the surgical profession. Hence we cannot be surprised that, although the Council and Court of Examiners have always numbered amongst their members individuals of justly-earned and acknowledged eminence, their acts as public bodies have not commanded the respect of the profession at large." Mr. Lawrence, now in the year 1866, and himself at the age of 83, is still a member of the Court of Examiners of the College, being the only life-member on the Court.

Fever in Whitechapel.---The Medical Officer of Health for Whitechapel, Mr. Liddle, has made a report to the local Board of Works, in which he states that during the past year the number of deaths in the district from fever has been 167, exclusive of those which occurred in the Fever Hospital of those belonging to the district. During the past year the medical officers of the union attended 573 cases of fever, and in the preceding year 395 cases. In the workhouse during the past year there have been 535 cases of fever. These facts, Mr. Liddle remarks, indicate that our sanitary arrangements are very imperfect, and that much greater exertion must be made, a d further scientific inquiries must be instituted, if this plague is to be checked.

Scurvy.---Last week an inquiry was held by Mr. Humphreys, coroner, relative to the death of one of the crew of the *St. Andrew's Castle*, a ship now lying in the St. Katharine's Dock. The ship *St. Andrew's Castle*, of Glasgow, left Shanghai for London on the 22d of October last. She had a crew of thirteen men, and a lady with two children, the eldest five years and the youngest then only three months old, on board. The lady had no servant, and was unaccompanied by any other passenger. On the voyage seven of the crew were disabled by scurvy. The deceased man was seized with the same dreadful disease. He had been attacked with intermittent fever and dysentery in China, and he was consequently very feeble; however, the captain treated him out of the "medicine book," and he lived till the ship was being towed up to the St. Katharine's Dock on Friday last. The disability of so large a proportion of the crew from scurvy was, of course, a serious embarrassment to the captain, but his misfortunes had not yet reached a climax. A fortnight before sighting land the lady passenger went mad. The unlucky captain and his mate had thus thrown on their hands, not only the task of minding the unfortunate passenger but the more difficult task of nursing the infant of six months, and of looking after the child of five years of age. Witnesses were called to prove that everything possible was done for the man, and the coroner having summed up, the jury returned a verdict "That the deceased died on board the *St. Andrew's Castle* from exhaustion, scurvy, and dysentery; and the jury wish to express their opinion that the captain of that vessel did his duty well, and with great humanity."

Scientific Report on the Trichina.—The Prussian Government had entrusted investigations on the nature and mode of propagation of the trichina to Professor Kühne, of Halle, and zealously were they pursued from 1863 to 1865. The report has been sent in, and states, among other things, the following particulars:—Pigs affected with trichinæ do not present symptoms sufficiently obvious to be recognised by breeders. It was therefore incumbent on the reporter to elucidate facts connected with diagnosis. Animals were for that purpose fed with meat full of trichinæ, and daily watched by veterinarians. The latter could hardly detect any change in the health of the animals, nor did slight indispositions present anything which could be construed into a pathognomonic symptom of the disease, yet it was proved by post-mortem examination that trichinæ had formed in large masses in the muscles of the animals. Hence the breeder cannot be expected to recognize the existence of the malady, nor should he be punished as having sold diseased meat. No difference of race, sex or age, creates a greater or less aptitude to be invaded by the trichinæ. It is not true, as has been asserted, that trichinian disease is produced by feeding pigs with beetroot, by the ingestion of earthworms, or of moles containing trichinæ. The investigators have found that the parasites of the beetroot and the moles are not identical with the trichinæ which infest the pig. Not so, however, with rats and mice, which are sometimes devoured by pigs. Cats also may be thus contaminated: the latter are especially susceptible. It is therefore important to prevent pigs from eating dead animals. It is very likely that foxes and weasels may be very dangerous in this respect, but it is plain that pigs can but seldom feed upon them. Dogs are also very liable to breed trichinæ, but birds are quite insusceptible. Trichinæ, which have passed into the stomach of pigs with their food, are therein completely destroyed; hence it may be inferred that the fæcal matter of diseased animals is not obnoxious. The culinary precautions to be held in view when cooking pork are the following:—The process of boiling or roasting should be carried on with the greatest care. People should not partake of any meat that has not been sufficiently cooked, and avoid such roast pork the centre of which still presents traces of blood. By salting and smoking ham for about ten days, the trichinæ are quite destroyed

Vaccinated Cows in Contact with Diseased Cattle.—M. H. Bouley stated, February 13th, from his place at the meeting of the Academy of Paris, that all the vaccinated cows which had been sent to England, in order to be placed in contact with diseased cattle, so as to test the amount of immunity acquired by vaccination, had taken the complaint.

Royal Free Hospital, Gray's-Inn-road.—The thirty-eighth annual general meeting of the governors of this institution was held on the 1st inst. in the board-room of the hospital. The report showed that the year 1865 had been a most prosperous one, the receipts having reached the sum of no less than £1507 7s. 6d. in annual subscriptions, and £3011 2s. in donations, which sums, including £569 7s. 8d., the profit on the anniversary festival last May, presided over by the treasurer, Edward Masterman, Esq., with £6804 14s. 2d. in legacies, made altogether a sum of £11,323 3s.

8d.; thus enabling the committee to clear off all the loans and debts of 1863 and 1864, leaving the hospital in debt only for the balance of the expenditure of 1865. The number of patients admitted during the year was 75,506 out-patients and 1415 in-patients, of whom 414 were cases of severe accident, making a total of 76,921 individuals who received the benefits of this charity in 1865. The expenditure stood—for the year 1865, £6831 4s. 10d.; paid loans incurred in 1863 and 1864, £2588 7s. 3d; paid old debts of 1864, £1886 16s. 3d.; ditto of 1863, £595 19s. 10d.; making a total of £11,602 8s. 2d.

The Sick Poor of London.—The mal-administration of the Poor Law in London, as evidenced by the cases from time to time reported in the press, has induced a number of noblemen and gentlemen to form themselves into a committee for the purpose of concerting measures to improve the condition of perhaps the most dependent, helpless, and ill-used of those under the management of the London guardians—namely, the sick poor. Among those on this committee are Earl Fortescue, the Earl of Airlie, Lord Burghley, Lord Charles Bruce, Mr. Neate, M.P., Mr. H. D. Seymour, M.P., Mr. L. Oliphant, M.P., Mr. Thomas Hughes, M.P., Mr. Charles Dickens, Mr. J. C. Parkinson, Mr. Hans Friswell, the Rev. Dr. Mortimer, the Rev. Mr. Hansard, the Rev. Llewellyn Davis, the Rev. F. D. Maurice, the Rev. S. Martin, Dr. Austie, Dr. Carr, Dr. C. B. Radcliffe, Dr. J. Rogers, Dr. J. Stallard, Mr. Ernest Hart, Mr. J. Neate, Mr. J. Sharpe, LL.D., Dr. Lankester, Mr. J. S. Storr, Mr. W. H. Smith, and many other gentlemen who have paid attention to the condition of the London poor. A meeting was held the other evening, when many of the above gentlemen were present, and letters were received from the Archbishop of York, Lord Lyttelton, Mr. John Abel Smith, and others, promising to attend a public meeting.

A Physician Charged with Poisoning his Patient.—A Greek physician has been taken before the authorities at Guinwrdgina, Salonica, on the charge of having administered poison to a merchant in the shape of pills.

King's College Hospital.---The annual court of this corporation was held last week. The report stated that the number of patients admitted into the hospital during 1865 was 1900, and the number of out-patients amounted to 35,792; the number of women confined was 168, and the number of midwifery cases attended at their own homes was 133. The total ordinary receipts for the year amounted to £7834 13s. 3d., and the total expenses to £9145 19s. 3d. The amount of outstanding tradesmen's bills up to December last was £3196 8s. 9d., the total liabilities at the end of the year being £5196 1s. 9d. Legacies amounting altogether to £2190 had been bequeathed to the hospital during the year, and the sum of £1837 8s. 4d. had been received, being the share of the residue of his estate bequeathed by the late Lord Bishop of Ely, besides £19 19s. bequeathed by the late Mr. John Wright. The amount of stock standing in the name of the corporation was £5742 10s. 1d., and the balance of the annual income of the Craven Charity was £354 10s. The Board had also received a donation of £504 from an old friend of the hospital who had constituted 16 members of his family life governors. Donations had also been received from several of the city companies. The committee acknowledge the great value of the connexion of the hospital with St. John's House. They, however, expressed their great regret that notwithstanding all their efforts the expenditure of the past year had amounted to more than £9000.

Asphyxia in Infants.---On Monday week, Mr. Carter, Coroner for Surrey, held four inquests upon infants who had died of asphyxia from being overlaid by their mothers.

Unqualified Midwives.—Mr. Humphreys, Middlesex coroner, lately held an inquest on the body of a poor woman, who had lost her life through the carelessness and incompetence of two midwifes. The evidence showed that the women had engaged to attend the deceased in her confinement for 6s.; that they regularly practised as midwives, but had gone through no course of instruction or preparation for the office. They left the deceased in the midst of her trouble, though she called out to them pitifully that "she knew she was going to die." Finding the deceased was getting low, one of them gave her a powder, though she confessed she did not know what was in it. The husband considered both his wife and newborn child had been sacrificed through the neglect of the midwives, and medical evidence showed that with proper skill and attendance both might have lived. The coroner severely commented on the case, and said the stupidity of the midwives had caused the deceased to lose her life He wished he had the power to send them to the treadmill for their conduct. The jury returned a special verdict, echoing this opinion, and regretting that the law did not allow them them to send the women to trial for manslaughter.—*Globe.*

New City Lunatic Asylum.---A new asylum for the City of London has been erected at Stone, near Dartford. It is fitted up in every way suitable and convenient for patients, of which it is intended to accommodate 250. Its erection cost £65,000.

Fever in Newcastle-on-Tyne.---Typhus fever, which has been fatal in some of the more neglected parts of the east-end of Newcastle-on-Tyne during the winter, seems to be travelling into the more wealthy quarters of that town. Last week Dr. Watson, a highly respectable medical practitioner, was carried off by it, and on Monday Dr. Hawthorn, a gentleman in large practice, fell a victim to the same disease. On Monday, also, Mr. John Benson, a town councillor, and a gentleman taking a very prominent part in the public movements of the town, died of typhus fever, after a very few days' illness.

The Surrey County Hospital.---Some months since Her Majesty the Queen graciously informed the committee of the Surrey County Hospital that she had instructed Mr. Theed, the eminent sculptor, to prepare a bust of the late Prince Consort, to be presented by Her Majesty to the hospital. We understand that the bust arrived at the hospital on Tuesday morning, in charge of Mr Smith, foreman to Mr. Theed, who was instructed to place the statue in the position selected by the committee, in the vestibule or chief entrance hall, directly opposite the door. The bust, which is of life size and of the purest Sicilian marble used for statuary purposes, is 2ft. 6in. in height, and is mounted on an elegant coloured marble pedestal of 4ft. high, which makes the total height 6ft. 6in. The original from which the bust is taken is in Windsor Castle, but it is said that this last production is by far the more successful of the two, and that it is unrivalled as a work of art. On the pedestal is the following inscription:—"This bust of his Royal Highnes Prince Albert was graciously presented to the Surrey County Hospital by Her Majesty Queen Victoria, 1866." The bust will not be exposed to public view until the hospital is opened for the reception of patients. Mr. Theed has at the same time kindly presented to the hospital a tinted plaster cast of his "Good Samaritan," which is considered by competent judges to be one of the finest pieces of sculpture of the day. The original of this work was executed for Mr. Cresswell, of Huddersfield, as a monument to his sister's memory. The cast, which is about 2ft. 6in. by 2ft., is mounted on a pedestal of coloured marble, on which is the following selection from Scripture: "Inasmuch as ye have done it unto one of these my brethren, ye have done it unto me."—Matthew xxv., 40. This mural piece is placed in a niche near the chief entrance to the hospital, and doubtless it will be an object of interest to every visitor. As the name indicates, it is an illustration of the beautiful parable of the Good Samaritan. Nearly the whole of the foreground is occupied by the prostrate figure of the unfortunate traveller, with the Good Samaritan bending over him, while in the background may be seen the haugty Levite hastening away from the spot.—*West Surrey Times.*

Mr. Farnall, C.B., made an official inspection of Paddington Workhouse on Tuesday week. He was satisfied with all the arrangements. One good feature of the Paddington management is that it has paid-nurses, and only makes use of the best of its paupers to act under these nurses. This is found to be more economical than employing all pauper nurses, as some parishes insist on doing—Greenwich, for instance, where the cost for extras alone for the pauper nurses amounts to upwards of £315 a year.

Scarlatina and diphtheria are prevalent just now in the suburbs of Edinburgh, and several deaths have occurred during the last fortnight.

ENGLISH WORHOUSE INFIRMARIES.

The Association for the Improvement of the Infirmaries of Workhouses held a public meeting at Willis's rooms—the Earl of Carnarvon in the chair. There was a very full attendance of noblemen, members of Parliament, gentlemen of the medical and clerical professions, guardians of the poor, and the general public.

The Archbishop of York proposed the first resolution:—"That the present management of the sick in the metropolitan workhouse infirmaries is highly unsatisfactory; that the buildings are inadequate and unhealthy, the medical attendance insufficient, the nursing merely nominal, and the general system of administration radically defective.

Mr. T. Hughes, M.P., seconded the resolution, and expressed his hearty concurrence in all that had been said by his Grace the Archbishop of York. A grievous and cruel wrong had been suffered to grow up among them, and he rejoiced at meeting so many who, like himself, were resolved to put an end to it.

Mr. G. Brooke, one of the Guardians of the City of London Union, supported the views of the Association, and wished that the whole Poor-law system might be revolutionised.

The resolution was then carried.

Mr. Ernest Hart moved—"That, with a view to the humane and efficient treatment of the sick paupers, it is desirable to consolidate the infirmaries of the metropolitan workhouses, to support them by a general metropolitan rate, and to place them under uniform management in connexion with the Poor-law Board." He mentioned several cases showing the inefficient management of workhouse infirmaries, and said the best way of meeting the difficulty was by establishing six district hospitals, each capable of accommodating 1000 patients, to be supported by a general rate, and that the guardians of each district should nominate among themselves two representatives to constitute the government of the hospital, and a certain number of paid inspectors should be nominated by the Poor-law Board to assist the governing body in their deliberations.

Mr. W. H. Smith seconded the resolution, and stated that apart from all higher considerations of humanity and Christian duty, it was incumbent upon the meeting, on the mere ground of economy, to give every support to a movement so well calculated to promote the comfort and happiness of the poor.

Mr. Davenport Bromley, M.P., then moved:—"That, in order to give effect to the foregoing resolutions, it is necessary that immediate steps should be taken to introduce a fitting measure in the House of Commons, and that a deputation be appointed to wait on the President of the Poor-law Board to ascertain whether he will be willing to bring in a Bill for the purpose." And, "That, in the event of the President of the Poor-law Board declining to take charge of this question, the committee of this association is requested to take independent means to bring forward an appropriate measure in Parliament during the present session."

Sir J. Kay Shuttleworth seconded the resolution, and said he had much experience from his former official connexion with the administration of the Poor-law in the city of London, and his conviction was that the guardians were not wholly responsible for the evils which existed.

The resolution was agreed to, and a vote of thanks to the chairman brought the proceedings to a close.

Hyposulphite of Soda in Cattle Plague.—Mr. J. T. Noakes, of Brockley Hall, Lewisham, states that his herdsman has successfully used hyposulphite of soda as a preventive of cattle disease. He recommends that a solution of the strength of five pounds dissolved in 100 gallons of water be given as an ordinary drink to cattle. Those of his herd thus treated escaped the infection, although not isolated. The remainder died.

THE MORTALITY AT HONGKONG.

We have received the following information from a source which we can trust as to the recent mortality in the garrison at Hongkong:—The strength of the 9th Regiment on its arrival at Hongkong in February, 1865, was 839 non-commissioned officers and men, 47 women, and 77 children. Of these 48 non-commissioned officers and men, 6 women, and 28 children have died; 139 non-commissioned officers and men, 27 women, and 31 children have been sent home sick, with several orderlies in attendance on them. There remained at the station in January, 1866, only 636 non-commissioned officers and men, 14 women, and 18 children. The 9th also lost two officers, and one was invalided. On the 31st of May, 1865, the Tamar brought from the Cape 25 officers, 702 non-commissioned officers and men of the 11th, with 54 women and 92 children. On their arrival at Hongkong there was actually no accommodation ready for them. Two companies had to be lodged on board the condemned three-decker Hercules, and a few on board the Princess Charlotte hulk. The rest were put into sheds at a swampy place called Kawloon, on the mainland, just opposite Hongkong. Disease and death soon began to appear in their midst. Between the 5th of June and the end of last year two officers, 58 non-commissioned officers, five women, and 27 children died. Four officers, 189 non-commissioned officers and men, 22 women, and 35 children have been invalided. There are still in hospital 53 non-commissioned officers and men. Besides this, the 11th has lost all its surgeons; one has died, one is sick, and one is on leave at home. The excuse given by the authorities at Hongkong for not having made proper preparations for the reception of the 11th is that they did not expect them till two months later. They were warned, however, by the Horse Guards long before that the Tamar had been sent to convey the regiment from the Cape to Hongkong. In any case there are plenty of buildings to let which might have been hired for the occasion, or a ship might have been got to take the men out to sea. General Guy was absent in Japan, and Captain Roberts, the Quartermaster-General, would do nothing without his sanction. Two companies were put into wretched "go-downs," where rice had been stored—places little better than kennels, but the men were more healthy there than at Kawloon. Two companies which were sent to Japan lost only four men, who were, in fact, diseased before they embarked. The causes of this sad mortality are not far to seek. Proper accommodation should have been ready for the 11th Regiment on its arrival. If the General chose to go to Japan he ought to have left proper instructions with the Quartermaster-General, and not have trusted to giving orders through a post which takes twenty days each way. Another undoubted error was the withdrawal of the native Indian regiment and the substitution of unacclimatized European soldiers. Even if men had been brought from India they would not have suffered so much; but those from the Cape were exposed to all the worst effects of the new climate to which they were transported. The excessive nightwork tells very severely on the European troops, who, in addition to other hardships, are deprived of their fair share of sleep. The object of removing the Indian regiment is well known. It was in order that the pay of the rest of the forces in Hongkong, which, while an Indian regiment was there, was maintained at the Indian scale, might be reduced to the colonial standard. But, putting humanity out of the question, the arrangement has proved, in a pecuniary point of view, a very costly one. The heavy expense of sending home sick troops has more than outbalanced any saving which has otherwise been effected; and the loss of so many good soldiers must also be taken into account. Altogether, it is calculated that the shortsighted economy of the authorities has entailed a loss of at least £30,000. The excessive work thrown on the diminished numbers of the garrison will doubtless add to the sickness and mortality. There are still, we understand, in the 11th Regiment, exclusive of one to only 36 non-commissioned officers, 103 privates, and 12 drummers fit for duty.—*Pall-mall Gazette.*

At the meeting of the Academy of Paris, on the 11th of February, M. Auzias-Turenne read a paper, in which he advocated the regeneration of vaccine by inoculating horses. Arm-to-arm vaccination should, however, be continued as before among children.

THE COUNTY INFIRMARIES (IRELAND) BILL.

Mr. Pollard Urquhart's Bill is set down for a second reading on the 14th inst. It is, however, improbable that it will come before the House on that day, as the attention of the House will probably be engrossed by the Reform debate and by other questions of more general importance. We printed Mr. Urquhart's Bill in full in our number for February 21st. It is the same as was brought in last year, and withdrawn on account of the great press of public business at the termination of the Session. The principal clause in the measure is that which provides that Grand Juries shall present at all future Sessions a specific sum for the maintenance of the County Infirmaries of Ireland, a proviso which has been rendered necessary by the attempts made to withdraw public support from these most valuable institutions and to merge them in the Union Workhouses. This movement manifested itself in only a couple of the counties of Ireland, and it was received with so little favour by the great majority of the grand jurors, who had the best reason to appreciate the value and efficiency of the infirmaries, that it has since died out. The attempt to withdraw these County Grants would never have been heard of at all but for the very needless enactment of Sir Robert Peel's Poor Relief Bill a few years since. It seems to have been a pet project of the Right Hon. Baronet when he held office as Chief Secretary for Ireland, and he hoped to carry the abolition of the Infirmaries by admitting to Workhouses the class of persons from whom the Infirmary patients came. These were defined by the Act as "poor persons," and included the Constabulary, who did not legally come within the operation of the Irish Poor-law. Our analysis of the last report of the Poor-law Commissioners showed that the expectations of the Right Hon. Baronet had proved completely delusive, and that an absolutely insignificant number of the patients had availed themselves of its provisions. The County Infirmaries are now liable at any time to the attacks of a parsimonious juror, and Mr. Urquhart has our best wishes in his effort to obtain legislative protection for them.

THE LATE DR. WEBER.

Dr. Wyber was the son of a Glasgow citizen, and was educated at the High School and University of Glasgow. After a few months spent in two voyages to America, and in a short tour on the Continent of Europe, he was strongly attracted by the desire of hospital work in London, and most earnestly endeavoured to obtain an appointment in the London Fever Hospital; and after a short delay, Dr. Wyber was appointed to the office he so much desired, and in performing the duties of which he met his premature death. Up to the very last moment of health, his letters bore the same cheerful happy tone of cordial satisfaction with his work and his new friends that had been his habitual characteristic at home. Dr. Wyber died at the age of twenty-six years, leaving a gap in the affections of his many friends in Glasgow that cannot easily be filled up. He was buried in St. Mungo's churchyard, and was attended to the grave by several of his teachers, and a numerous array of students, who had come to appreciate his worth both as a fellow-student and as, in his turn, one of their instructors. The *Lancet* states, that of upwards of thirty medical officers who have been engaged in the dangerous service of the London Fever Hospital during the last thirty-four years, Dr. Wyber is the first who has died of typhus fever. He has fallen a victim to his earnest devotion to the public service, and to his zeal for the practice of a noble and generous profession. His death is another instance of the risk at which medical skill and experience are obtained.

REPRINTS OF CONTRIBUTIONS.

Contributors to "The Medical Press and Circular" are informed that their communications can be reprinted in book form at a very moderate cost immediately after they have appeared in the Journal. It being assumed that the contributions have been properly corrected and revised before publication in the Journal, and great delay and no little expense having been incurred in consequence of alterations made subsequently to publication, it is notified no proofs can in future be sent out, or alterations made in the matter, before reprinting. The rates of charges for reprinting will be forwarded on application at the office.

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, March 3, 1866, in the following large Towns:—

Boroughs, &c.	Estimated Population in middle of the Year 1866.	Persons to an Acre. (1866.)	Births registered during the week ending March 3.	Deaths. Corrected Average Weekly Number.*	Deaths. Registered during the week ending March 3.	Temperature of Air (Fahr.) Highest during the Week.	Temperature of Air (Fahr.) Lowest during the Week.	Temperature of Air (Fahr.) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2087	1400	1545	48·0	22·5	34·4	0·74	75
Bristol	163680	34·9	108	73	‡90	45·3	22·0	33·4	0·45	45
Birmingham	335798	42·9	240	163	215	...	...	...	...	...
Liverpool	484337	94·8	420	281	421	45·1	27·3	35·7	0·05	5
Manchester	358855	80·0	262	203	‡253	48·8	20·0	31·0	0·01	1
Salford	112904	21·8	79	57	80	46·2	19·7	33·3	0·04	4
Sheffield	218257	9·6	173	115	147	43·6	19 7	32·9	0·07	7
Leeds	228187	10·6	177	116	172	48·5	19·0	33·5	0·03	3
Hull	105233	29·5	85	49	53	...	...	...	...	...
Newcastle-on-Tyne	122277	22·9	96	65	84	43·0	23·0	32·4	0·39	39
Edinburgh	175128	39·6	119	84	89	40·7	23·0	33·2	0·80	81
Glasgow	432265	85·4	376	252	274	43·6	23·3	33·5	0·92	93
Dublin	318437	32·7	187	+156	196	46·5	17·5	34.3	0·30	30
Total of 13 large Towns	6122894	34·4	4109	3014	3620	48·8	17·5	3	0·35	35
					Week ending Feb. 24.	Week ending Feb. 24.				
Vienna	(1863) 560000	...	...	...	...	...	...	44·8	...	

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·331 in. The barometric pressure was 29·71 in. on Sunday, and it fell to 29·01 in. on Wednesday.

The general direction of the wind was N.E. & S.W.

* The average weekly numbers of births and deaths in each of the above towns have been corrected for increase of population from the middle of the 10 years 1851-60 to the present time.

† Registration did not commence in Ireland till January 1, 1864; the average weekly number of births and deaths in Dublin are calculated therefore on the assumption that the birth-rate and death-rate in that city were the same as the averages of the rates in the other towns.

‡ The deaths in Manchester and Bristol include those of paupers belonging to these cities who died in workhouses situated outside the municipal boundaries.

§ The mean temperature at Greenwich during the same week was 36.2 deg

NEW WORKS IN MEDICINE AND SCIENCE.

(From the Publishers' Circular.)

Bennett (John Hughes)—The Restorative Treatment of Pneumonia 3rd edit. 8vo. (Edinburgh, Black) pp. 110, cloth, 4s. (Longmans.)

Comstock (J. L.)—System of Natural Philosophy. Revised by G. Lees. New edit. 18mo. roan, 3s. 6d. (Whittaker.)

Fisher (Joseph)—Where Shall We Get Meat? The Food Supplies of Western Europe: being Letters in Reply to the Question, Where is England to Get Meat? during a brief Tour in France, Switzerland, Belgium, and Holland in the Autumn of 1865; to which is appended a Paper on the Production of Food. 12mo. pp. 288, cloth, 5s. 6d. (Longmans.)

Gamgee (John)—The Cattle Plague; with Official Reports of the International Veterinary Congresses held in Hamburg, 1863, and in Vienna. 8vo. pp. 880, cloth, 21s. (Hardwicke.)

Heath (Christopher)—A Manual of Minor Surgery and Bandaging. 3rd edit. 12mo. pp. 240, cloth, 5s. (Churchill.)

Morris (Albert J. T.)—A Treatise on Meteorology—the Barometer, Thermometer, Hygrometer, Rain Gauge, and Ozonometer, with Rules and Regulations to be observed for their Correct Use. To which are appended some of the latest Discoveries and Theories of Scientific Men respecting various Solar and Terrestrial Phenomena. Post 8vo. (Edinburgh, Grant) pp. 104, cloth, 3s. 6d. (Simpkin.)

Pattison (John)—Diseases Peculiar to Women; with a New and Successful Treatment for the same without the use of Caustics. Post 8vo. pp. 144, cl. 3s. (Turner.)

Rossiter (William)—A First Book of Botany for the use of Schools and Private Families. 12mo. pp. 126, cloth, 1s. 6d. (Allman).

Rye (E. C.)—British Beetles: an Introduction to the Study of our Indigenous Coleoptera. Post 8vo. cloth, 10s. 6d. (Reeve.)

Tate (Ralph)—A Plain and Easy Account of the Land and Fresh-Water Mollusks of Great Britain; containing Descriptions, Figures, and a Familiar Account of the Habits of each Species. 12mo. pp. 250, cloth, 4s. (Hardwicke.)

North (Nelson L.)—On Epidemic Cholera. 8vo. (Brooklyn, 1866) pp. 39, London, 2s. 6d.

ADVANCED PAYMENTS.

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Contributors are requested in all cases to forward their communications direct addressed to the Editor of the special department of the Journal in which they reside. Considerable delays have arisen in consequence of matter from England being forwarded to the Editor of the Irish or Scotch Departments, it being necessary to reforward them to London, for revision before publication.

NOTICES TO CORRESPONDENTS.

The Obstetrical Society of London.—The card has been received.

M. M.—The subject shall receive attention.

Juvenis.—The case is published in the last volume of the society's transactions.

J. S. Stafford.—We have not yet received the communication referred to.

Dr. T.—The *suggestio falsi* was pointed out in our columns long before the subject was noticed by our contemporary.

An Approving Voice.—We feel grateful for the kind expression used by our correspondent.

Dr. Eben. Watson's Reply to Dr. Morell Mackenzie is not of sufficient scientific interest to justify its insertion as a leading article. We think the controversy has gone far enough, but will in justice to Dr. Watson insert a short letter of reply to any observations of Dr. Mackenzie's which he considers may require it.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Having accidentally "dropped" on a rather quaint puff in the "pill" interest within Saint Saviour's Church here, I copied it *ver. et lit.*, and enclose copy for the "contemplation" of the curious in such matters.—Faithfully yours, Bartle O'Barry.

London, February 12, 1866.

On a couch, and in a semi-reclining position, with right hand under chin and left hand holding a book, there is a full-sized carved figure of a man, with very large mouth and "ferocious" wig. Carved on front of the couch I read, "*Decease* Aprill ye 26th Anno Do 1672 aged 72." Then, on a tablet posterior to the figure, I read as follows:—

"Here Lockyer lies interr'd enough his name
Speaks one hath few Competitors in fame
A name Soe great Soe Generalli may Scorne
Inscriptions weh doe Vulgar tombs adorn
A diminution 'ti's to write in Verse
His Eulogies weh most mens mouths rehearse
His Virtues & his Pills are Soe well known
That Envy can't confine them Vnder Stone
But they'l survive his dust and not expire
Till all things Else at th' Vniversall fire
This Verse is lost his Pill embalms him Safe
To future times without an Epitaph."
"Restored October 1711."

LIST OF PAPERS (NOT) READ AT THE MEETING OF THE BRITISH MUTUAL ADMIRATION SOCIETY.

1. On the Vegetable formation of the Baldwin Islands, as suggesting a new theory of capillary attraction, by Dr. Wigsby and Mr. Beardmore.
2. On the theory and practice of ovisuction, based on the minute anatomy of the *chalaza* under high powers of the microscope: being a lecture specially dedicated to the grandmothers of England, by Dr. Bleareye, F.R.S.
3. On shirt-collars as an archetypal relic of the exoskeleton and on the gills of the tunicata, by Dr. Shelly.
4. On the composition of the milk among the Asiatic nomads as explaining the formation of cream of tartar by their revolutions on the Steppes, by Professor Dariman, of Pumpernickel.
5. Professor Wrigley on the vermiform process.
6. On the strata of native hippuric acid recently discovered at Bayswater, under the auspices of the Geological Society.
7. On the successful treatment of homicidal mania by the external application of the *Cannabis sativa*, by Dr. John Bull.
8. On nidification in the Equus caballus, by G. P. R. M. D.
9. On the paralysis producible in birds by the application of chloride of sodium to the feathers covering the posterior termination of the vertebral column, by Dr. Handy Fowler.
10. On the arrest of *tubes* in the horse by a general grumous discharge, by Professor Augreus Hercules, of the N. Y. C.
11. On a new species of mouse, the *Mus remotus* (or farm-'ouse), discovered in the country round London, by Tittlebat Titmouse, Esq.

BOOKS RECEIVED.

Clinical Surgery: on Diseases of the Testicle, Vesico and Recto-Vaginal Fistula, and Ruptured Perineum. By Thomas Bryant. Part VI. Churchill and Sons.

Photographs (Coloured from Life) of the Diseases of the Skin. By Alex. Balmanno Squire, M.B.Lond. Churchill and Sons.

ERRATUM.

In Dr. Greenway's paper on "Cholera and Choleraic Diarrhœa," page 193, 2nd column, line 44, for "early stage" read "*advanced* stage."

APPOINTMENTS.

Bailey, Mr. I., has been elected Dispenser to the Radcliffe Infirmary, Oxford.

Bradley, John, M.R.C.S. Eng., has been appointed House-Surgeon to the Northern Hospital, Liverpool.

Farrelle, William K., L.R.C.P.Edin., has been elected House-Surgeon to the Belfast Union Infirmary.

Hicks, Dr. J. Braxton, F.R.S., has been elected Honorary Fellow of the Berlin Obstetrical Society.

Nichols, William P., F.R.C.S. Eng., has been elected Mayor of Norwich.

Peirce, W., M.D., has been appointed Second Assistant Medical Officer to the Dorset County Lunatic Asylum, Dorchester.

Smith, Alfred R., M.D.Edin., has been elected one of the Physicians to the General Infirmary, Hereford.

Spearing, Andrew, M.D. Glasg., has been elected Medical Officer to the Antrim Union Workhouse.

POOR-LAW VACANCIES—RESIGNATIONS.

Bradford (Yorkshire) Union.—Horton East District. Remuneration by case.

Bridge Union.—Third District; area, 4248; population 2409. Remuneration by case.

Hastings Union.—Third District; area, 8144; population, 1552; salary, £40 per annum.

Louth Union.—Grimoldby District; area, 17,217; population, 2854; salary, £40 per annum.

Poplar Union.—Western District; population, 26,168; salary, £75 per annum.

Wem Union.—Wem District; area, 12,196; population, 3526; salary, £70 per annum, including the workhouse.

Medical Diary of the Week.

Wednesday, March 14.

Royal College of Surgeons of England.—1 p.m. Prof. Huxley, "On the Classification and Structure of the Mammalia."

Microscopical Society.—8 p.m. Papers by Dr. Maddox, Mr. Tuffen West, Dr. Greville, and others.

Thursday, March 15.

Royal Institution.— 3 p.m. Professor Frankland, "On the Non-Metallic Elements."

Harveian Society of London.—8 p.m. Dr. Meredith, "On the Duality of Venereal Ulcers."

Friday, March 16.

Royal College of Surgeons of England.—4 p.m. Prof Huxley, "On the Classification and Structure of the Mammalia."

Royal Institution.—8 p.m. Mr. Balfour Stewart, "On the Evidence of the Existence of an Ethereal Medium pervading Space."

Saturday, March 17.

Royal Institution.—3 p.m. Rev. G. Henslow, "On Structural and Systematic Botany,"

Metropolitan Association of Medical Officers of Health.—7½ p.m.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

Annesley.—At Devonport, the wife of Francis C. Annesley, M.R.C.S., Deputy Inspector-General of Hospitals, of a son.

Bennie.—At Lympstone, Exeter, the wife of A. Bennie, L.R.C.P.Edin., of a daughter.

Blagden.—At Stroud, the wife of Robert Blagden, L.R.C.P.Lond., of a son.

Caddy.—At Watcombe, Torquay, the wife of Dr. Caddy, R.N., H.M.S. *Ganges*, of son.

Cresswell.—At Dowlais, Glamorganshire, the wife of Pearson R. Cresswell, M.R.C.S.E., of a daughter.

Puddicombe.—At Silverton, Devon, the wife of E. M. Puddicombe, M.R.C.S.Eng., of a son.

Sanders.—At Chigwell, Essex, the of Dr. Charles Sanders, of a son.

Sarell.—At Pera, Constantinople, the wife of Richard Sarell, M.D., of a son.

Somerville.—At Gosforth, Whitehaven, the wife of W. Somerville, M.D., of a daughter.

Thomas.—At St. Clear's Carmarthenshire, the wife of J. L. Thomas, M.R.C.S.Eng., of a son.

Holmes—Arrow.—On March 3, at Manchester, Frank Holmes, M.R.C.S., to Annie Elizabeth, daughter of the late Henry Arrow, Esq.

Waller—Austen.—At Trinity Church, Rathmines, by the Rev. Loftus Shire, Frederick Waller, Esq., to Jane, daughter of Richard Austen, Esq., M.D.

Morton—Lord.—On November 23, 1865, at St. Mark's Church, Darling Point, Australia, by the Rev. Thomas Kennis, Selby Mars Morton, Esq., M.R.C.S.E., L.S.A., late of Haverstock Hill, London, son of John Morton, Esq., Brighton Park, late Superintending Surgeon, H.E.I.C.S., to Anne Isabel, youngest daughter of the late James Lord, Esq., Woodhouse Grove, Leeds.

Boyd, Henry, M.D.Glasg., at Argyle-street, Glasgow, on February 18, aged 54.

Taylor, James, M.D.Glasg., at Barnhill, Glasgow, on February 16, aged 22.

Husband.—At 28 Clarence-street, Edinburgh, on the 25th inst., Helen Frances Macnicoll, wife of William Husband, M.D.

Husband.—At 28, Clarence-street, Edinburgh, on the 26th inst., the infant son of William Husband, M.D.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

LECTURES

ON THE

NATURE, CAUSES, AND TREATMENT OF DYSPEPSIA.

Delivered at the Queen's Hospital, Birmingham,

By BALTHAZAR W. FOSTER, M.D., F.L.S.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE QUEEN'S HOSPITAL AND PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, AND OF THERAPEUTICS AND MATERIA MEDICA IN SYDENHAM COLLEGE, BIRMINGHAM; PHYSICIAN TO THE GENERAL DISPENSARY, BIRMINGHAM.

LECTURE IV.

Gentlemen,—In the investigation of diseased action there can be no more fatal mistake than the supposition that we have to deal with forces other than those which exist in the body in health. The phenomena of the pathological state are merely the manifestation of a disturbed action of physiological laws. In reference to our subject the application of this truth is important. The various errors of the digestive process I would have you consider as modifications only in the phenomena which precede or attend on healthy digestion. Do not suppose that fresh forces meet you in these diseases, but seek rather by a careful analysis of the action of the laws which preside over the function, to discover in what way the abnormal results have been produced.

We have already reviewed many influences, more or less removed from the act of digestion, which may excite the maladies under notice, and it now remains for us to inquire into the pathogenic circumstances connected with the act itself. This part of our task will entail a consideration, necessarily limited, of the many conditions essential to the normal course of the assimilating process. Practical medicine can here, as elsewhere, gain much from a well-directed study of physiology. Her greatest successes have ever been closely connected with the correct interpretation of physiological laws. The more complete our knowledge of a function, the more certain our diagnosis, and generally the more successful our treatment of its maladies. The organs which coöperate in the reduction and absorption of our food, have received much attention at the hands of physiologists, and their elucidation of the phenomena of the process will greatly assist us in our task. We may divide for our purpose digestion into three stages—viz., 1st, oral; 2nd, gastric; and 3rd, intestinal. The actions to which the food is submitted in each of these will disclose to us the manner in which many of the troubles of digestion arise. Throughout the alimentary tract we find the food submitted to two kinds of action—viz., mechanical and chemical. These vary in their development in the different stages of digestion. In the mouth the purely mechanical action is most marked, while the chemical change produced is comparatively slight. In the stomach and intestines the chemical metamorphosis of the food is the special part of the function; the purely physical part is much less marked.

1. In the oral stage of digestion, the process of mastication plays the most prominent part; indeed for long it was supposed that only mechanical changes were produced in the food while in the mouth. We now know that the minute division of the food which is obtained by the masticatory action of the teeth, aided by the free secretion of saliva, is also associated with chemical changes in certain constituents of the alimentary mass. These changes will be considered hereafter. We have first to notice the trituration of the materials submitted to the action of the teeth. By mastication properly performed the food is thoroughly moistened with the saliva (insalivated), and formed into a bolus apt for deglutition and capable of being easily permeated by the juices of the stomach. Comparative anatomy testifies to the necessity of this operation by the varied means Nature has provided to insure its accomplishment in the animal kingdom. The minute division of matter which the chemist calls to his aid in order to procure sometimes a simple solution, at others chemical change, equally witnesses to the essential character of the process. And the fact that neglect or inability to perform this preparation of our food is one of the most fruitful sources of dyspepsia, is a further proof of the importance of mastication. The free secretion of saliva and the healthy condition of the muscles of mastication and of the teeth, as well as a careful exercise of them, are all necessary to insure the proper division of the food. In the young, the habit of swallowing food not sufficiently masticated, and in the old (and sometimes the middle-aged) the inability from loss of teeth to perform the operation properly, are conditions frequently connected with dyspepsia. Under these circumstances the food enters the stomach without having undergone the full chemical action of the saliva, and also in a state unfavourable to the rapid action of the gastric juice. The thorough breaking-up of the food can only be obtained by the combination of the conditions above mentioned, and, we may further add, that under such conditions we obtain also the chemical change which should take place in the food while in the mouth. The mechanical function of the saliva is less striking, though not less important, than its chemical properties.

By the term saliva you must not understand the secretion of any one gland or of the larger glands alone, but you must include in the term all the fluids secreted in the buccal cavity. This mixed secretion not only facilitates mastication and deglutition, and by rendering soluble many portions of our food, thus administers to the sense of taste, but it also chemically transforms the starchy aliments by changing them, first into dextrine and then into grape-sugar. This converting property of the saliva, which it owes to a peculiar ferment called ptyaline or salivary diastase, acts chiefly on the starchy particles when in the mouth, but the conversion continues also in the stomach under favourable conditions. In order that this change should proceed in the gastric cavity, the azotised portions of the food should engage thoroughly the action of the acid gastric juice, for the saliva alkaline in its reaction works but imperfectly in the presence of an acid. We must remember, also, that the continual arrival of saliva in the stomach, even after the food is ingested, assists in the transforming process. Some authors* have attributed in addition to the saliva a power of acting upon the fatty constituents of our food, but the evidence in favour of this view is scanty at present. From the importance of the changes produced in the buccal fluids we can readily understand that alterations in these secretions may give rise to digestive trouble. We find accordingly that the quantity or the quality of the saliva may be in fault. The quantity of saliva secreted daily has been estimated by Bidder and Schmidt at about three and a half pounds. Harley values it at from one to two pounds. This latter estimate nearly agrees with that of Beclard†, and we may assume that about two pounds of saliva are formed daily, bearing in mind that the quantity may vary within very wide limits according to the character of the food. Dry substances demanding a greater flow, moist a smaller quantity of saliva. When this secretion falls short of the required amount, not only is the process of mastication rendered unusually difficult, but the amylaceous food passes into the stomach chemi-

* Longet "Physiologie." 1861.—Harley. *Vide* "Carpenter's Principles of Human Physiology." 1864.

† Physiologie, 1856, p. 95. Guipon, op. cit., p. 57.

cally unchanged and there impedes the gastric digestion, and further taxes other secretions to perform the unfinished office of the buccal fluid. Clinical experience supports this view, for we find often in smokers, in the salivation of pregnancy, and in infants, that the excessive loss of saliva renders the first stage of the digestive process imperfect, and that it reacts upon the others. When very little saliva is secreted the acid mucus which lubricates the mucous membrane of the mouth may neutralize the alkalinity of the other secretions of the mouth, and thus impede their chemical action. An excessive flow of saliva also assists in the production of dyspepsia. Under these circumstances the continued action of the saliva on the starchy matters in the stomach passes its ordinary limits, and, unchecked by the relatively less active gastric juice, it ceases not when dextrine and glucose are formed, but, by virtue of its ferment, produces further transformation of these substances into lactic or butyric acids.* In this way frequently arise many of the unpleasant symptoms of acid dyspepsia. From what has already been said, you can easily suppose that the quality of the saliva errs chiefly in respect to its alkaline reaction and its ferment. When the secretion has lost its alkaline reaction, the ptyaline loses its transforming power, and the starchy food passes into the stomach unconverted, and acts as an impediment to gastric digestion. The same condition obtains, when the ferment from any cause is deficient in quantity or altered in quality, or when any acid fluid has checked the changes in the mouth. In all these cases laborious and painful digestion may result. In cases of chronic dyspepsias, there are often found many symptoms referable to faults in the transformation of the starchy constituents of food. In such cases valuable indications can often be obtained by testing the reaction of the saliva. In doing so we should be careful to test the mixed buccal fluid, and to avoid the error of merely placing the test-paper on the mucous membrane, where the mucus normally slightly acid may mislead. Before passing away from the consideration of this part of the subject, I would add that the form of dyspepsia, which, in my opinion, most frequently arises from error in the salivary secretion, is the acid form above mentioned. The importance of the converting power of the diastase of the saliva has, I am inclined to believe with Bernard, been somewhat over-estimated,† and while difficulties of digestion *may* arise in the way indicated above from a defect in the transforming action, I am convinced that they seldom occur, as compared with errors in the opposite direction, which produce some of the forms of acidity. Any deficiency in the action of the salivary diastase may be always supplemented by increased activity in the pancreatic secretion.

(To be continued.)

NOTICE OF A CASE OF

SUCCESSFUL AMPUTATION OF THE THIGH FOR ELEPHANTIASIS OF THE LEG, IN WHICH ACUPRESSURE WAS EMPLOYED.

By P. K. VARTAN, L.R.C.S.E., Nazareth.

(Read before the Edinburgh Medico-Chirurgical Society)

By Dr. HANDYSIDE.

On the 4th December, 1865, a Moslem, Mahommed by name, aged 35, a native of Jedda, near Mecca, applied at the Medical Missionary Dispensary, Nazareth. His complaint was hypertrophy of the right leg, from the toes upwards to above the knee, and this swelling—at one part two feet in circumference—was very painful. It had increased gradually in size and painfulness during a period extending to more than four years.

The poor man informed Mr. Vartan that he had been advised to bathe, as a cure, in the Lake of Tiberias. This he had accordingly done during the preceding fifty days, but had thereby, he said, endured a great increase in his sufferings. He was now in such a pitiable state, and begged with such importunity that his leg might be amputated, that Mr .Vartan could not refuse him the benefit hoped for from the operation.

On the 9th of December, at three o'clock p.m., amputation was performed through the lower third of the thigh, acupressure, as in former instances, being employed to close the main vessels divided. At seven p.m. profuse hæmorrhage of florid blood took place. All the sutures, with the exception of one at each extremity of the wound, were then withdrawn, when it was found that the bleeding had not proceeded from any distinct vessel, but proved to be a general oozing from the entire surface of the wound. This was at once checked by the usual styptics, and the wound was then left open.

On the 11th December, at nine o'clock a.m., being the forty-second hour after the application of acupressure, all the needles were removed and the wound closed. These needles, Mr. Vartan remarks, might have been taken off the vessels sooner perhaps with perfect safety.

Subsequently the wound has gone on satisfactorily, healing, of course, by granulation; for its having been disturbed and left open during nearly thirty-eight hours had disappointed this surgeon's hopes of seeing it healed by the first intention, although he adds that his *best* hopes in him, he trusts, may not be disappointed, and that his connexion with the Medical Mission there under such favourable circumstances may prove a blessing to him.

DECLINE OF THE RINDERPEST.

There really seems to be reason to believe that a solid and tangible decline has occurred in the rinderpest. During the sixteen weeks ending March 3 the whole number of attacks reported to the Veterinary Department of the Privy Council has been as follows:—

Week ending.	Current cases.	Back cases.	Total.
Nov. 13, 1865	2669	676	3345
„ 25 „	3610	2941	6551
Dec. 2 „	3828	1908	5731
„ 9 „	5356	2129	7485
„ 16 „	6054	2133	8187
„ 23 „	6256	1951	8207
„ 30 „	7693	2263	9956
Jan. 6, 1866	7106	1402	8508
„ 13 „	9243	2956	12,299
„ 20 „	10,041	2801	12,842
„ 27 „	11,745	1893	13,638
Feb. 3 „	9153	2290	11,443
„ 10 „	11,590	4305	15,895
„ 17 „	13,001	5355	18,356
„ 24 „	10,167	1143	11,310
March 3 „	7310	2060	9370

The public has, perhaps, been led to form erroneous conclusions on the subject, as the abstracts published weekly have taken no account of the "back cases"—that is, the cases not reported in sufficient time to be included in the weekly returns, and carried forward in consequence to the next week. At the same time, the totals referring to these back cases are too considerable to be overlooked. It will be seen that the aggregate number of attacks in the week ending March 3 was less than in any previous seven days since January 6, while, comparing the number of attacks in the week ending March 3 with the total for the week ending February 17, we see a decline of nearly 50 per cent. The next two or three weekly returns will be of great importance, as they will show whether the measures recently attempted by the Government have really been attended with the good results which they appear to have produced. Another point of great importance in connexion with this question is that the general proportion of recoveries to attacks at the close of the week ending March 3 was 13·949 per cent., while at the close of the first week of November it was only 5·235 per cent.

* *Vide* Cl. Bernard, "Leçons de Physiologie Experimentale," vol. i.. p. 164.

† *Vide* Bernard, op. cit., p. 167, where we find these words; "En résumé le rôle chimique de la salive, dans la digestion parait donc être insignifiant, sinon complétement nul."

CLINICAL LECTURE
ON
DEEP-SEATED ABSCESS OF THE THIGH.

By JOHN K. BARTON, M.D., F.R.C.S.I.
SURGEON TO THE ADELAIDE HOSPITAL, AND LECTURER ON SURGERY IN THE LEDWICH SCHOOL OF MEDICINE.

(Continued from page 244.)

HAVING considered the diagnosis of deep-seated abscess of the thigh, we will now turn to the treatment best suited to such cases. The purulent matter being pent up beneath strong unyielding structures, gives rise to great constitutional disturbance, so that an early opening of the abscess is urgently called for, besides there is the danger of the burrowing of the matter along the vessels, which should be avoided if possible. The surgeon should therefore open the abscess as soon as he is satisfied that such a collection really exists. The question whether this should be done by one free opening or by two, an opening or counter opening, or finally by the drainage tube, will have to some extent be decided by the position of the abscess, and also by its acute or chronic character. But I am inclined to think that the latter mode of opening—viz., by the drainage tube—is applicable to nearly all, and is the best in the great majority of cases. I must now relate the mode of treatment and result in Purdon's case, whose symptoms I have already detailed.

Case 1 *(continued).*—Three days after his admission a free incision was made into the swelling, three inches above the inner side of the knee-joint, fully three inches in depth, before the matter was reached,* the limb was then carefully supported from the toes up with a bandage, and pads were placed round the seat of the abscess, a poultice over the opening, and the many-tailed bandage over all. He went on as well as possible for two or three days, when he had a shivering, the discharge became scanty and thin, mixed with a shreddy substance, and the lips of the wound were everted and gaping; his pulse rose to 120 per minute, and was weak and compressible; the bandage was removed, a large poultice laid over the lower part of the thigh, and he was ordered wine freely, and decoction of bark with carbonate of ammonia. The patient's condition, however, became no better; there was a copious very fœtid discharge from the abscess of a thin pus, with masses of shreddy substance mixed through it; the opening, which had been a clean cut of about two inches in length, had in a few days become an oval deep ulcer, about four inches in diameter, from the bottom of which the pus came freely when pressure was made either in the middle of the thigh or in the popliteal space. A free counter opening was now made in the popliteal space, from which but little matter escaped at the time, but next day the edges of the ulcerated wound looked more healthy, and soon a copious discharge of dead cellular tissue came from both openings, and the constitutional symptoms began to improve. That a considerable quantity of the fascia lata perished and came away was not doubted by those who were present, while the layers of dead tissue were removed from the wound. During this process of separation of dead tissue from the intermuscular space, pledgets of lint soaked in a weak solution of chloride of lime were inserted deep into the wound twice a day with very good effect. In place of this a solution of citric acid, as it has been recently recommended for such cases, was substituted for a few days to try its effect. We found the fœtor very much controlled by it, and the wound looked better after its use, but certainly the patient seemed to suffer more pain from it than from the use of the other solution. The constitutional treatment consisted of wine, bark with carbonate of ammonia, and afterwards the perchloride of iron, with opium to procure sleep and allay pain. The pain at this time—*i.e.*, when the sloughs were coming away from the interior of the large cavity which the abscess had formed—was intense, the patient, a young man, crying bitterly and declaring it was intolerable. I have no doubt that the internal branch of the popliteal nerve was laid bare. I did not see it, but from the position of the abscess, and from the character of the pain as described by the patient, this appeared certain. As was to be expected, considerable contraction of the hamstring muscles took place, so that the leg was nearly quite flexed on the thigh, the patient being unable to do more than move it to a right angle. Passive motion continued steadily for several weeks succeeded in overcoming this, and he left the hospital with a straight and sound limb.

What occurred in this case appears to have been an erysipelatous inflammation of the cellular membrane in the vicinity of the abscess, with consequent sloughing; this followed almost immediately upon the opening being made for the evacuation of the pus, being ushered in by shivering, and accompanied by great depression of the vital nerves. In all such cases something of this kind is to be apprehended when the abscess is acute, and no distinct sac has been formed as in this case, we see what may occur; and when the abscess is chronic and walled in by a well-marked sac, this sac is likely to become inflamed, and when it does so is accompanied by the most serious constitutional depression. In abscesses where a free incision is sufficient not only to evacuate the pus, but also to afford it a constant and ready discharge afterwards, as quickly as it is formed, this does not occur, nor in cases where the drainage tube being employed the pus is discharged gradually and no air is admitted into the abscess. It appears to me that the *cause* of this low form of inflammation is not the action of the air upon the interior of the abscess, but the action of the mixture of air with the pus which is retained, we have all the conditions for decomposition—heat, moisture and air. The pus under these conditions readily decomposes, and at once becomes the cause of gangrenous inflammation of the sac of the abscess, or of the cellular tissue in the neighbourhood.

If this view be correct, our treatment should be directed to obtaining such an evacuation of the abscess that its contents could not decompose. This may be accomplished in either of two ways—1st, by laying open the abscess in such a manner that no pus can collect in it, but must run out as it is formed; 2nd, by the use of the drainage tube, so that the pus may be gradually evacuated without the admission of any air into the abscess. In cases where the abscess is small, or where it is so placed that it admits of a free opening or *two* free openings being made into it, the first plan will succeed, and the patient's relief be immediate, while his recovery will be rapid; but most cases of abscess in the thigh cannot be treated in this manner successfully. In the case just related this was attempted, but without success. After a very free opening was made the sides of the abscess and the whole of the neighbouring part of the limb was carefully supported by pads of cotton wadding, surrounded by the many-tailed bandage, with the view of giving such support as would prevent the collection of pus in the space between the muscles, but it was not until a very free counter opening in the ham was made that this was accomplished. The reason I made a free opening in this case instead of using the tube was that the constitutional symptoms from the retained pus were very severe, and a free opening was sure to relieve them at once. So it did; but from the subsequent progress of the case, I think my patient would have done better had I taken the more cautious plan of inserting a drainage tube.

The following case illustrates its beneficial action:—

Case 3.—James Stafford, a porter, 20 years of age, a strumous-looking young man, was admitted into the Adelaide Hospital upon the 11th of last February on account of a tumour which occupied the upper and anterior part of the left thigh. He had latterly been addicted to drink. About seven weeks previous to his admission, while carrying a heavy load, he gave his left leg a twist, from which he felt considerable pain at the time, but he observed no swelling until a week afterwards,

* Nearly a pint of healthy pus was discharged, no pressure being made upon any part to force it out.

when he found there was a tumour in the upper part of the left thigh, which has gone on gradually but steadily increasing in size. For the last week he has been confined to bed, being unable to straighten his leg, and suffering excessive pain. Upon examination we found the whole of the upper part of the left thigh very much swollen, the foot and leg being œdematous. A tumour the size of half a cricket ball occupied Scarpa's triangle. It was clearly divided from Poupart's ligament by a distinct space; three or four enlarged and tender glands were to be felt in the groin; the whole limb was œdematous, but still the tumour could be distinctly isolated from the surrounding swelling; an indistinct deep-seated fluctuation could be felt in it; there was no bruit audible, nor any pulsation to be felt; the femoral artery beat strongly above it, and the arteries of the leg could also be distinctly felt pulsating; there was considerable constitutional disturbance; countenance pale and anxious; pulse over 100; scarcely any sleep from the pain. Upon the 15th of February a drainage tube was passed through the tumour; this was accomplished simply by making an opening with a long straight bistoury, through which a probe, having the tube firmly and neatly attached to it, was introduced, this prevented the escape of the contents completely. A similar opening was then made in the opposite side of the tumour, and the probe pushed out at this and quickly drawn through, leaving the tube projecting from both openings. Not more than an ounce of matter escaped until the tube was in, when from both ends it flowed out freely; it was whey-like strumous pus, with flakes of lymph floating in it. No pressure whatever was made in the sac, but a warm poultice was laid over tube and all. Upon the following day (16th) the discharge was slight; the constitutional disturbance much relieved. 17th: He had slept well, but there was no discharge, and there was a red blush over the outside of the thigh; tumour very tender upon the slightest pressure. Next day these signs of inflammation had subsided, and he rapidly regained his appetite, when all tenderness had disappeared; there being a very slight discharge from the abscess, the tube being low in the openings, it was withdrawn; it was in the abscess about a week. Shortly after this the patient left the hospital.

You observe that some inflammation did take place in this case, but it was trivial, and quickly disappeared. The patient was of a strumous habit, and a drinking man besides; yet he escaped all severe inflammation of the sac, and left the hospital in about a fortnight from the time of his admission quite well. While urging upon you the advantages of the drainage tube in such cases, let me caution you against the commission of two mistakes, either of which would be fatal to its success—1st., take care your tube does not slip out—to avoid this you had better always use a long tube, the ends of which will pass out beyond the poultice, the purulent matter being received upon cotton wadding or tow. If you do not attend to this, the end of the tube becomes fixed in the poultice, and when this is taken off it will be pushed out. If you try to replace the tube you will often find it very difficult to do so, and the poking and working to get it into its place again will be the worst thing possible for the interior of the sac, and if you do not replace it the abscess is in a worse state than if you had treated it at first by a free incision, for there could be nothing worse than two little openings sufficient to admit the air, but insufficient for the discharge of the pus. The second caution is, to take care not to remove the tube too soon. If inflammatory symptoms come on, don't imagine your tube is the cause. I have shown you their cause is much more surely when it is not employed. Leave the tube alone until all symptoms of pain and swelling of the part has entirely subsided. When this has taken place you will observe the tube becoming low in the openings; you may then withdraw it with safety.

Mr. Baker Brown has just been elected a member of the Medical Society of Christiania, in recognition of his services in operative surgery.

Proceedings of Societies.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, February 7th, 1866.

Dr. BARNES, President.

The following gentlemen were elected Fellows:—Messrs. J. C. Burrows, Brighton; Robert Jones, Manchester; J. J. Phillips, Guy's Hospital; Samuel Tilley, Rotherhithe.

The President announced that several important responses had been received in answer to the invitation to aid the approaching exhibition of instruments. Dr. Radford of Manchester had forwarded a very large and valuable collection. Dr. Hugenberger of St. Petersburg, promised contributions from St. Petersburg and Moscow; Prof. Ninon, from Denmark; Drs. Laggati and Casati, from Italy; and Dr. E. A. Meissner, secretary of the Obstetrical Society of Leipzig, offered the cordial aid of that Society.

Dr. Meadows related two cases of

AMPUTATION OF THE CERVIX UTERI.

In both the operation was performed for *allongement* of the uterus, with more or less complete procidentia. In one case the patient was 23 years of age, single, and had suffered from procidentia three years. Treatment of various kinds, by pessaries and otherwise, had been tried without any benefit. The uterus measured four inches and three-quarters in length, the length of the cervical cavity being fully two inches and a half. The *allongement* was limited to the infra-vaginal portion of the cervix. There was no rectocele or cystocele. About an inch and a half was removed by means of the écraseur, the patient making an excellent recovery. In the second case the patient was 28 years of age, married, and had had two children and two abortions. She first suffered from procidentia after the birth of the second child, and for several years the uterus has been outside the vulva. On examination, it was found to measure no less than five inches and a half, the uterus being also much thickened and indurated. There was neither rectocele nor cystocele. About two inches of the cervix was amputated with the écraseur, but so difficult was it to cut through the thick indurated cervix that no less than two wire ropes and three chains were broken before the operation was accomplished. The uterine wall at the seat of amputation measured fully an inch in thickness. The patient has since made an excellent recovery, and in both these cases the uterus has continued so high up that there is every reason to hope that a cure will be effected.

Dr. Barnes related two cases of

SUDDEN DEATH DURING LABOUR.

In one case, that of a primipara, maniacal excitement came on during the dilatation of the cervix. Chloroform was given to induce moderate anæsthesia, so as to facilitate the application of the forceps. Gentle traction, aided by uterine contraction, effected delivery in half an hour. The placenta was cast. The patient maintained a good pulse; she spoke deliriously at times, but also rationally afterwards. Death occurred almost suddenly ten hours after delivery. No post-mortem examination was held. He (Dr. Barnes) did not think death was owing to the chloroform, but was disposed to attribute it to the nervous shock which was manifested before the chloroform was given. The other case was more clear. The woman was in her seventh labour. Convulsion, stertor, and syncope set in before the expulsion of the child. The child was expelled alive. The mother died in twenty minutes afterwards. A small clot, quite recent, was found in the left thalamus opticus; and another, larger and of a dissecting

character, in the left crus cerebri. The abdominal and pectoral organs were healthy. The record of such cases Dr. Barnes considered to be exceedingly important, as supplying illustrations of the fact that death during labour might occur independently of any fault on the part of the practitioner.

Mr. Benson Baker read a paper on

ABORTION AND MENORRHAGIA DEPENDENT UPON LEAD-POISONING (WITH CASES).

The author observed that this subject had received little attention in this country. In Dr. Graily Hewitt's work "On the Diseases of Women" there was an allusion to it, and reference to a paper in the *Archiv. Gén. de Méd.* This was all the author had been able to learn from the obstetric literature of this country; consequently he had availed himself of M. Paul's paper, of which he had made an abstract. The author's cases and observations afforded concurrent testimony of the effect of lead-poisoning in the woman. The lead poison killed the fœtus in utero, and then abortion took place. Not that abortion was dependent upon the action of lead on the muscular structure of the uterus. After abortion took place, persistent menorrhagia was often found to exist, and which would not yield to ordinary treatment, but was cured by treating the patient for lead-poisoning. With respect to the mortal effects on the spermatozoa, the woman being free from lead-taint, cases had not come under his observation, although M. Paul affirms that the mortality to the fœtus is equally great whether the father or the mother be permeated with lead poison.

Dr. Sansom read a paper

ON THE ANÆSTHETIC PROPERTIES OF THE BICHLORIDE OF CARBON.

The author considered that this new anæsthetic would be of great value to the practitioners of obstetrics. Very much as to its constitution and properties had yet to be determined, and more could not be attempted at present than the presenting to the Society a few scattered hints and observations. Dr. Sansom claimed to be the first to describe this body as an anæsthetic in his book on "Chloroform," published in May, 1865. It was then called tetrachloride of carbon; it has since been determined to be a bichloride, and Sir James Simpson has suggested for it the convenient term chlorocarbon. The fluid possesses many of the characteristics of chloroform; its odour, however, is more pleasant and less pungent; its density is slightly greater, and its volatility less. It takes a longer time to induce anæsthesia. On the 4th of July, 1864, the author, in conjunction with Dr. John Harley, tried the effect of the inhalation of the new anæsthetic upon a frog. The circulation in the web of the foot was observed by the microscope throughout the process. It was seen to cause a considerable amount of irregular muscular action, and a very decided contraction of the capillary arteries. A state of torpor was then induced for three-quarters of an hour, but reflex action was not wholly abolished. Experiments were made upon dogs and guinea-pigs. In these there was considerable muscular agitation at the outset. Deep anæsthesia was slowly produced, but, once induced, continued very profound until death. The post-mortem signs were, complete collapse of the lungs and distension of the right side of the heart, so that the organ assumed a globular form. The sensations produced by the inhalation of the bichloride of carbon are at first very agreeable; there is a pleasant sensation of warmth, and, as the author thought, a freedom from the vertigo such as is produced by chloroform. Dr. Sansom has employed it in cases of midwifery. It was readily inhaled: it mitigated the pains, and in one case almost completely abolished them; it did not interfere with consciousness. In reviewing the relative merits of the two anæsthetics, the author considered (1) that chlorocarbon has the advantage over chloroform in its being inhaled with greater comfort; it is not susceptible of decomposition with the formation of deleterious chlorine compounds; and its cost will probably be considerably less. Being much less volatile than chloroform, it will probably be best administered by pouring it upon a sponge wrung out in hot water. (2) It is, during its early stage of action, a powerful stimulant to the circulatory system. It will probably be especially valuable in midwifery, for it abolishes pain without affecting consciousness, and its tendency is certainly to increase muscular action. (3) It is not advisable to induce deep narcotism by means of this agent. Its profound effects are very persistent, and it is eliminated from the system slowly.

Dr. Greenhalgh stated that two and a half months ago he requested Dr. Sansom to administer chloroform to a lady during the removal of a large polypus from the uterus. She was extremely anæmic and feeble, from large and frequent losses of blood occurring over a period of two years and a half. She had a damaged heart, and a profuse sanious and offensive discharge from the vagina. Shortly after the administration of the chloroform, and before complete anæsthesia was induced, her pulse began to falter, her breathing became embarrassed, and her countenance livid. Dr. Sansom, without delaying the inhalation, substituted ether with the best results. Dr. Greenhalgh begged to ask that gentleman if he had adopted a similar practice in other cases with good effects; and if so, whether he considered that the vapour of ether could be regarded as an antidote to the evil consequences of chloroform, and whether he could offer any physiological explanation of how such beneficial effects are brought about.

Dr. Sansom replied that it was his constant practice to administer ether if in any case chloroform seemed to produce a depressing effect. Indeed usually, in prolonged operations, he thus maintained the anæsthesia. The substitution, or rather addition, was never attended by any return of sensation. He always found that the plan answered admirably: it certainly restored the force of the circulation. It was perhaps premature to explain the *rationale* of the procedure; but he would remark on the singular circumstance that whereas chloroform tended to empty the blood-corpuscles, ether tended to distend them—chloroform reddened the blood, and ether darkened it. There thus existed, as it were, a natural antagonism amongst agents of the anæsthetic class. Again, they influenced differently the sympathetic system. Ether would cause contraction of the heart and arteries even during the period of the influence of chloroform, and the bichloride of carbon did the same in a marked degree.

Dr. Snow Beck read a paper

ON ENLARGEMENTS OF THE UTERUS WHICH FOLLOW ABORTIONS, PREMATURE OR NATURAL CONFINEMENTS; WITH CASES.

The author remarked that these enlargements had been long recognized by pathological anatomists, and quoted some microscopical observations by himself, and communicated to the Medical Society of London in 1851, which showed that the pathological condition essentially consisted in an enlargement of the muscular tissue of the uterus, without the presence of any inflammatory or heterologous deposits. The causes were considered to depend chiefly upon—(1) a want of complete and persistent contraction of the uterus, which permitted an increased circulation of blood in the gravid organ, and interfered with the changes which took place after parturition; and (2) on the partially developed state of the uterine tissue in abortion, which appeared to be unfavourable to the development of those changes necessary to its complete reduction in size. The enlargement of itself gave rise to few and comparatively slight symptoms, unless it existed to such an extent as to be felt as a tumour in the hypogastrium; but it rendered the patient liable to profuse hæmorrhages, coming on suddenly and without appreciable cause. These en-

largements might exist for many months, or even for some years, without any symptoms of importance; but from the recurrence of the catamenia, or other causes, congestion of the enlarged organ was gradually induced; or congestive inflammation, which may be either of the whole or of any portion of the uterus, might take place, the usual symptoms of uterine affection being then present. Amongst the subsequent changes which took place were anteversion and retroversion, with more or less bending of the organ, which lesions interfered with subsequent impregnation. But a more important change was a gradual hardening of the organ, which reduced it to an indolent state, and rendered it very rebellious to treatment. The modification of the symptoms thus produced was shown by the cases recorded, and the physical examination of the organ detailed. The author found that in these cases the uterus was equally enlarged, smooth, pyriform, the cavity enlarged, and the orifice open. The sound readily passed to an extent varying from three to five or six inches. When inflammation was added the organ became tender, the arteries were felt to beat with more or less force, and the anterior became very sensitive. Subsequent and various alterations were made: the lips became enlarged, often lobulated, projecting into the vagina, red and raw in appearance, and bounded by a distinct line, which marked the division between the mucous membrane of the vagina and that of the uterus. It was this condition of the organ which had been so frequently described as ulceration, although no such morbid change actually existed. With respect to the treatment, various cases were recorded showing the importance of injecting the cavity of the uterus with astringent lotions, and the safety with which it could be done, provided the actions of the uterus were perfectly quiescent. The cavity of the uterus being enlarged, and the orifice open, impregnation readily took place; and the physiological changes which followed were decidedly the best means of restoring the organ to the healthy state. Congestion or inflammation, when present, would have to be met by the usual means; and when the uterus was in the hardened, modified condition, in addition to the ordinary means of treatment, it would require some local stimulant to rouse the local action, and enable the other remedies to act. For this purpose cauterizing the lips with potassa cum calce had been generally employed.

The President observed that he continued the practice of injecting a solution of perchloride of iron into the uterus to arrest hæmorrhage after abortion and labour, and with excellent effect. He no longer dreaded flooding as of old. So far he could illustrate by experience the safety of intra-uterine injections. But he thought a more desirable method of applying fluid styptics or caustics to the inner surface of the uterus would be by swabbing; that is, soaking a bit of sponge or cotton-wool in the liquid, and passing it into the cavity. He had contrived an apparatus for this purpose. An excellent plan of applying solid nitrate of silver was one he had learned from Sir Benjamin Brodie. That eminent surgeon dipped a silver probe in fused nitrate of silver, thus obtaining a thin stratum, which could be passed freely and safely into a sinus. This was the safest way of cauterizing the inner surface of the cervix or body of the uterus.

Dr. Greenhalgh said that Sir J. Y. Simpson had described these enlargements under the terms of subinvolution or incomplete involution of the uterus. He (Dr. Greenhalgh) quite agreed with the author as to their frequency and the obscurity of the local symptoms. He regarded it as a common cause of sterility, but that where impregnation resulted it was always curative, except where abortion ensued. In this disease he had found the uterus enlarged, flabby, and ill-defined, the sound entering an enlarged cavity four inches, and even seven inches and a half. He considered that hæmorrhage was not a frequent symptom in this disease, and, where it did exist, was mainly attributable to some affection of the lining membrane of the uterus. He advised, where hæmorrhage was frequent or profuse, so as to affect the general powers and resist the ordinary treatment, the injection of the compound tincture of iodine into the uterus; but laid great stress upon the importance of first freely dilating the internal os uteri, which dilatation in itself was more or less curative. He had found resolvent and sedative pessaries of value, as also douches of tepid and cold water with a Kennedy's syringe, and medicated fluids. He likewise advocated the administration of tonics, with the iodide of potassium and liquor of the ergot of rye, and alterative doses of the bichloride of mercury. He relied greatly for success upon improvement of the general health, out of some impairment of which this affection frequently originated and persisted.

Dr. Wynn Williams agreed with much that had been stated, but, remarking on that portion of the paper alluding to ulceration of the os uteri, he considered there were various degrees of ulceration in mucous membranes as well as in the skin, according to the strength and nature of the irritant. Fortunately the mucous membrane covering the os and cervix uteri is not ordinarily exposed to an irritant powerful enough to produce the amount of ulceration which we so often see in prolapsus uteri. He found that superficial ulceration, or excoriation, happens when perverted or irritating secretions remained in contact with the mucous membrane of the os and cervix uteri. For treatment he relied on constitutional and local remedies, and found nothing answer so well as the injection of weak solutions of iodine. As before stated to the Fellows of the Society, he considered iodine as perhaps the most powerful disinfectant or decomposer of the products of animal decomposition we possess.

Dr. Rasch said he saw a great number of cases of subinvolution of the uterus, in some of which the sound would pass six or seven inches. Careful bi-manual examination left no doubt that there were no tumours in the uterus, the walls being in some cases quite thin and flaccid, like a bladder. He had often practised intra-uterine injections. He had mostly used acet. pyrolignos, recommended by Carl Mayer, though not for this purpose. Diluted with equal parts of water it had often checked obstinate flooding, and not produced untoword symptoms. The patient should stand or walk after the injection, to allow the fluid to gravitate out of the uterus. He thought, before injecting, if any flexion of the uterus existed, it should be known, as this prevented the ready outflow of the fluid. To distinguish between broken and merely reddened mucous membrane on the os uteri, he used, with a brush, a solution of nitrate of silver. The parts denuded of membrane presented an appearance strikingly different from those which were covered.

At the annual meeting on Jan. 3rd, the following bye-law was passed:—"That a limited number of medical students, bringing a recommendation from his lecturer in midwifery, be admitted to the ordinary meetings of the Society, without privilege of participating in the discussions." Applications to be made to the honorary secretaries.

SURGICAL SOCIETY OF IRELAND.

March 2nd, 1866.

Professor HARGRAVE in the Chair.

TWO PULMONARY VEINS OPENING INTO THE RIGHT AURICLE—OPEN FORAMEN OVALE.—DR MAYNE'S CASE.

Mr. B. W. Richardson observed that Dr. Macalister having alluded on the last night of meeting to a case which occurred in the practice of the late Dr. Mayne, and of which he (Mr. R.) had from memory informed Mr. Macalister, he thought it better, that there might be no misunderstanding regarding the particulars of the case, to mention its leading features. He (Mr. R.) had since looked at the drawing which he made of the anomaly many years ago, and found that instead of one, two pul-

monary veins opened into the right auricle, and likewise that the foramen ovale was open. The right auricle and ventricle were enormously dilated, and the walls of the latter were extremely thin. The pulmonary artery was of large calibre, the aorta, on the other hand, being much below its normal size. In this case, then, arterialized blood mixed with the blood brought into the right auricle by the two cavæ. This mixed blood partly passed into the right ventricle, thence to the lungs, and partly into the left auricle, where more decarbonized blood was added, and finally passed through the system. The full particulars regarding the case he (Mr. R.) believed are to be found in the Transactions of the Dublin Pathological Society.

EXTENSIVE DISEASE OF THE MITRAL VALVE, WITHOUT THE USUAL MURMUR.

Dr. BENSON said there was a morbid appearance of the heart which, although not very uncommon, he thought it might be interesting to exhibit before it was put into the Museum. A female, 26 years of age, was admitted into the City of Dublin Hospital about ten days ago, labouring under an affection of the heart, and on examining her he found a very feeble impulse indeed, and the sounds of the heart scarcely discernible. The pulse at the wrist was very rapid and irregular, so much so that it could not be counted, and so weak that, taking it in connexion with the feebleness of the heart's action, and a certain degree of lividity of the countenance and some œdema, he was led to the conclusion that it was a softened condition of the heart with which he had to deal. On the most careful examination he could not discover the slightest murmur. After a week in hospital, gastritis set in with great violence, and in her weakened condition this complication proved fatal in two or three days. On making a post-mortem examination he found the following appearances:—In the left ventricle there was an altered condition of the mitral valve. The valve projected in a funnel shape into the cavity of the ventricle, the edges of the curtains uniting, and leaving an opening for the passage of the blood so contracted that the little finger could not be got into it. The edges of this opening were thickened; it presented the appearance which Dr. Bellingham compared to a button-hole, and which Mr. Adams said was like the opening into the rima glottidis. What was particularly remarkable was, that in this instance there was no murmur whatever to be heard during the patient's stay in hospital, and this fact led him into supposing that there was no valvular disease. The heart itself was considerably hypertrophied, but very little softened. There was no possibility of regurgitation taking place from the auricle into the ventricle. There was therefore no murmur accompanying the first sound which so generally occurred in disease of the valve. This was one of those cases that led medical men at first to undervalue the stethoscope and to think it was of no use in diagnosing disease in the valves, because, in some cases, great disorganization of structure was found after death where there had been no murmur. But Mr. O'Ferrall, in the *Dublin Quarterly Journal*, brought forward some facts to show how that this, instead of throwing any doubt on the usefulness of the stethoscope, rather confirmed it. He found that in two or three cases where there was a loud bellows and even a rasping murmur, this was afterwards lost, and on making a post-mortem he found the appearance presented here—viz., the little slit or button-hole opening at the extremity where the edges of the mitral valves meet. He attributed this very properly to the fact that regurgitation took place at first, and then they had the murmur; but as the disease progressed, and the valves closed up more and more, the murmur was totally stopped; and, so far from this showing the uselessness of the stethoscope, it actually confirmed all the observations made by it. Dr. Hope, in his great work on "Diseases of the Heart," marked the distinction between disease of the valves and softening of the heart, by saying that in disease of the valves there will always be a murmur. In softened heart there was very much the same kind of symptoms; but the differential diagnosis between the two depended on the murmur being heard in the case of valvular disease, whereas there was no murmur in the case of softening of the heart. It is plainly shown by this specimen that such a diagnostic sign cannot be relied on. The first account of this disease was in the first volume of the Medico-Chirurgical Transactions by Mr. Abernethy, and then a very valuable paper on the subject by Mr. Adams was published in the *Dublin Hospital Reports*, where he compared this slit-like opening to the opening of the rima glottidis. This disease, as it progresses, appears to change its character. In the early stage of the disease the murmur is found; in the latter period of the disease the murmur may be lost, and a person not acquainted with the circumstances as detailed by Mr. O'Ferrall might suppose this arose from some improvement in the condition of the organ. Mr. O'Ferrall was soon prevented from holding such an idea by finding the symptoms not relieved, and a post-mortem examination fully accounted for the phenomena.

INJURY OF THE SPINE—FRACTURE OF FIFTH DORSAL VERTEBRA, ETC.

Dr. GEOGHEGAN presented for inspection, the morbid parts taken from the body of a man who had suffered fatal injury of the spine, and who survived about three months.

The subject, a person 38 years of age, and of intemperate habits, was admitted in January last into the City of Dublin Hospital, having sustained, about two months previously, a fall from a height of a few feet into an area, striking upon his head, and somewhat on the left shoulder. The symptoms observed immediately afterwards were those of concussion of the brain, and were quite transitory. On recovering consciousness, the patient found himself completely paralyzed in sensation and motion of both lower limbs, the sensorial functions being now intact. There was complete retention of the urine for the first week; there were neither reflex movements (on tickling, pinching, &c.), nor priapism; the temperature of the limbs was natural.

On his admission (under the care of Dr. Croly, to whom I am indebted for the earlier history), large bed-sores on the sacrum and beneath the left scapula were visible; the lower limbs and the prepuce were œdematous, and the latter inflamed; urine and stools were discharged involuntarily, and the former appeared constantly to dribble away,*

* The condition which is ordinarily designated as "dribbling of urine" (conveying, as it does, the notion of a passive mechanical action) should, I conceive, be abandoned. Close observation of the phenomenon has long since satisfied me that the discharge, like that of the fœces, is not continuous, but in jets, the result of involuntary contractions of the muscular coat of the bladder, repeated at first at short intervals, and is perhaps of a reflex nature. It is quite distinct from the dribbling which results in a bladder distended to its maximum, as in retention, and is due to the same cause which, in certain cases of stricture of the urethra, causes incontinence of urine during sleep. In the observation of several cases of spinal injury with incontinence, and in analogous cases of disease of the vertebræ or cord, I have never found the bladder in a state at all even approaching to distention. In the case now recorded, the involuntary contractions of the organ (should they be viewed as of a truly reflex character) are interesting in respect of the absence of similar movements in the lower limbs. Their properly reflex character under all circumstances is subject to doubt. In fact, the whole question of the reflex character of ordinary micturition, as laid down by physiologists, and more especially since the late interesting and important observations of Budge of Philadelphia, respecting the production of contractions of the bladder by excitation of the crura cerebri, and the existence of voluntary motor filaments supplying the organ through the third and fourth sacral nerves, appears to me, for reasons which I may possibly hereafter assign, to require reconsideration and revision. To any one who will take the trouble to observe his own act of *unforced* urination, it will be clear that the view which includes the diaphragm,

and is reported to have been ammoniacal, and charged with earthy phosphates and "viscid mucus." The anæsthesia was found to extend as high as the middle of the chest. No irregularity of the vertebræ or of their spinous processes was to be discovered.

When placed under my charge I found respiration to be almost completely diaphragmatic, but tranquil. The general aspect was cachectic; the strength pretty good, and the circulation but little depressed. The urine was charged with carbonate of ammonia, and deposited a peculiar microscopic modification of the earthy phosphates, but at that time contained scarcely any pus. When the bladder had been washed out, the urine regained its normal acidity. Notwithstanding assiduous attention, the patient sank, and rather rapidly towards the close. For the last twenty-four or thirty-six hours the urinary secretion was almost completely suppressed, yet without cerebral symptoms. On dissection, a few hours after death, no *rigor mortis existed in the lower extremities*, but was noticed in the upper, though feeble in character. A marked angular curvature was observed opposite the fifth dorsal vertebra, which seemed to have sustained a fracture; the vertical depth of the body of the bone being diminished by fully one-third in front, and considerably throughout its whole antero-posterior diameter. The compact investing layer, where it forms the anterior boundary of the spinal canal, had been disrupted and carried downwards and backwards, thus narrowing the canal and compressing the spinal cord. In the anterior third of the body (as well seen in the vertical section transmitted to the museum) there is a somewhat obscure and irregular line passing downwards and backwards, as if the track of a fracture of considerable standing (the patient having survived three months). It was probably a fracture *avec engrélure*—a crushing with mutual interpenetration of the fragments. Whether during the progress of the case there was in addition an absorption of the osseous texture to any extent is doubtful. The cancellous structure was of natural closeness, firmness, and colour. Corresponding to the seat of the vertebral mischief the spinal cord showed unmistakeable signs of much compression, its texture being flattened and translucent, the membranes at that point being unaltered; the cord below the seat of injury was apparently healthy; the membranes were normal, except the arachnoid of the cauda equina, which showed some diffuse redness. A little bloody serum occupied the lower part of the spinal canal.

The anatomical conditions revealed by the autopsy indicate pretty clearly the trivial prospect of advantage to be expected from operative interference in cases of spinal injuries, even where the external local signs might, *prima facie*, be held to justify the attempt at rectification of displaced bone.

The primary injury in such cases (as emphatically in the present one), is usually not restricted to a local compression of the cord, but involves also such a molecular disturbance of its structure as appears to be propagated throughout the entire segment of the organ inferior to the seat of direct mischief. This view is clearly signified, as it appears to me, in the present case, by the total absence of reflex movements in the lower limb, and also of rigor mortis in the same quarter. Mere local circumscribed injury on the contrary, should, on analogical grounds derived from experimental physiology, have involved an opposite state of things.

The symptomatic results of simple concussion of the cord, unattended by changes visible on dissection, are also wholly in conformity with the above hypothesis.

In the case now presented, the condition of the *urinary organs* was of interest. The kidney structure showed nothing remarkable; the moisture which smeared the calyces possessed an *acid reaction*, whilst the mucous membrane of the bladder was neutral. The bladder was empty and quite contracted—its muscular coat perhaps a little thicker than natural; the interior of the organ was highly fasciculated; the mucous coat lining the prominences being of a dark purple colour; a couple of small circular ulcers were visible, and a smooth greyish white tract, of the size of a shilling, appeared to be the result of a cicatrized ulceration. No "viscid mucus" was to be seen, but a narrow rope of curdy pus lay on the membrane. The prostatic urethra was reddened.

The ulcerated condition of the mucous membrane in this and similar cases, generally but I think very erroneously referred to a different source, seems simply due to the morbid condition of the urine which obtains in such cases. The cause of the alcaline condition of the urine in spinal injury I believe to be wholly misunderstood, and to be traceable, for reasons which I hope shortly to assign, to a catalytic agency exercised by the mucous membrane itself, unaided by the (fabulous) "alcaline mucus," which is *not* secreted, and which (in the shape of ammoniated viscid *pus*) is the *consequence* and not the *cause* of the altered quality of the urine.

ABSORPTION OF THE CRANIUM BY A SMALL SEBACEOUS KYST.

Dr. Fleming said that since the commencement of the session the subject of encysted tumours of the scalp had been brought under the notice of the Society, and particularly as to the situation of the tumour and its possible effect on the skull. He had an opportunity of removing one of those tumours that morning from a man advanced in life, who had had the tumour more than twenty years. He was in hospital for another complaint, and, seeing the tumour, he removed it. He would be happy to show the patient to any gentleman who wanted to satisfy himself as to whether tumours of this kind ever caused an indentation of the skull. They would find in this case a distinct cavity in the skull, corresponding to that portion of the tumour which was bound down *in situ*. He had not opened the cyst yet, but had no doubt its contents would be found to be those of an ordinary atheromatous tumour. He merely brought the specimen before them, and begged to repeat that there were cases in which these tumours, distinctly atheromatous, caused, from the length of time they existed, an indentation of the skull. There could be no doubt but that this tumour was quite superficial to the periosteum and pericranium.

CASE OF SEPARATION OF THE SYMPHISIS PUBIS, WITH RUPTURE OF THE BLADDER.

Mr. Symes said that on Monday, the 12th of February, a man, aged 45 years, fell from the roof of a new chapel, which was being built at Monkstown, a height of forty or fifty feet, and in falling he tumbled across some timber—scaffolding poles, which were projecting from the walls. He (Mr. Symes) did not see the man until eight days after the accident, as he was not brought into hospital until the 20th. His condition was then most lamentable. He was suffering from great desire and inability to pass water, and on examining him he found a large tumour occupying the hypogastrium, and reaching up towards the umbilicus. It was something like a distended bladder, differing, however, from a distended bladder in not being symmetrical, there being more of it on the right side than on the left. On examining the tumour, he could trace it into the pelvis on the left side, and on the right as far forwards as Poupart's ligament. There was extensive ecchymosis, extending from the right ilial spine down to the pubis; there was also an ecchymosis in the perinæum, but he experienced no uneasiness in this situation, and made no complaint when pressure was made there. He kept his

&c., in "an excito-motory circle" is erroneous—that the act is that of the *bladder alone*, and that it is purely *voluntary*. This view at once simplifies the theory both of retention and of incontinence after spinal injuries. In spinal diseases where the patient survives for months (and the same obtains in disease of the vertebræ followed by permanent incontinence, the local disease having meanwhile undergone cure) the involuntary discharge is observed to take place at progressively longer intervals, until it finally assumes a truly periodic character, though still maintaining its involuntary nature. Inconvenience is averted in such cases by the preliminary warnings of sensation.

thigh semiflexed on the abdomen, and looked with horror on any movement of the limb, so much so, that he was induced to examine him for dislocation of the hip-joint, but found that there was no such lesion; some of his ribs were injured. Just before he (Mr. Symes) saw him the resident pupil had passed a catheter and drawn off three or four ounces of urine. He (Mr. Symes) then passed the instrument, and succeeded, after a great deal of trouble, in drawing off about two ounces of very fœtid urine—a mixture of blood, pus, and urine. The operation occupied about three-quarters of an hour, as he had frequently to clean the eye of the catheter from the clots which filled it and obstructed the passage of the fluid. The urine came out dribbling, at uncertain times, and generally when least expected. This was followed by no sign of diminution of the tumour. The patient got a large allowance of wine, the usual opiates were administered, and he experienced some slight relief. He would not allow the catheter to remain in the bladder, so it had to be introduced every four hours. He died on Saturday, the 24th, exactly twelve days after the injury. On the day before his death he could trace a distinctly fluctuating tumour over the right side of the pubis. At the post-mortem examination, on cutting through the abdominal muscles above the pubis there was found a mass of putrescence. On getting into the abdominal cavity a great quantity of fœtid urine and blood was met with, enclosed, as it were, in a sort of cyst formed of exuded lymph. This fluid had dissected its way between the peritoneum and the bones. It did not descend into the recto-vesical cul de sac. The amount of fluid was considerable, being over a quart. The intestines were matted together in the immediate neighbourhood, and a portion lay in front of the collection of matter, but the small extent of local peritonitis which was caused under these circumstances was remarkable. On examining the bones of the pelvis there was found a wide separation, even to the extent of three-quarters of an inch. At the symphysis pubis the inter-articular cartilage had all gone with the left side, the bone being quite bare on the right side. The right os pubis was about half an inch below the level of the left; the sub-pubic ligament and attachment of the triangular fascia had been torn through —this evidently accounted for the great ease with which the catheter could be passed into the bladder. On examining the right sacro-iliac synchondrosis, a patch of effused blood was found beneath the muscles in the neighbourhood; the joint was very movable, a great portion of the anterior ligament having been ruptured. On next directing attention to the bladder, two small rents were found in front, just above the level of the pubis, where the bladder is not covered by peritoneum. Mr. Symes said that a good deal of attention had been lately drawn to the subject of separation of the symphysis pubis with rupture of the bladder. Mr. Fleming, Mr. Hutchinson of London, and Mr. Hamilton, in his splended work on fractures, had collected several instances. This case was remarkable for the small amount of local peritonitis, and for the length of time he lived (twelve days) after receipt of the injury.

ASCARIS LUMBRICOIDES IN THE TRACHEA.

Mr. Smyly said the specimen which he was about to show to the Society was a very rare one. On that day three weeks a child, three years old, was admitted to the Meath Hospital suffering from great difficulty of breathing. It had been playing about the room while its parents and other members of the family were at dinner. The mother left the room for a few minutes, and when she came back the child was choking. Some one in the room said it had been eating cake, and that a portion of it had stuck in the throat. It was brought to some medical man in the neighbourhood, who endeavoured to push down the piece of cake with a probang. Failing in this the child was brought into the Meath Hospital, and the resident pupil sent for. When he (Mr. Smyly) came he found the child almost breathing its last, gasping, with scarcely any pulse at the wrist, and the heart very feeble indeed. He at once forced the mouth open and introduced his finger. The first thing he discovered was a large mass of something which he took to be œdema. It was very soft, and by pressing his finger through it, it went down, as one would expect it to do were œdema present, and he felt the epiglottis and the vocal cords. He at once sent for his colleagues and went to get an instrument to perform tracheotomy. When he came back the child had ceased to breathe. There was no pulse whatever at the wrist, and the heart was only beating occasionally. He then got one of the late Dr. Hutton's catheters (No. 12), and introduced it into the larynx, and forced it between the vocal cords. The catheter probably went down to the bifurcation. He then put his mouth to the catheter and his hands to the child's breast, and began to perform artificial respiration by expanding the chest with his mouth and then pressing out the air. In twenty minutes the child gave a gasp. This encouraged him to go on, and after performing artificial respiration in this way from three-quarters of an hour to an hour the child breathed freely through the catheter. The pulse returned as soon as the child began to breathe, and the heart's action became very strong. Professor Macnamara examined the chest several times during this operation with the stethoscope, and discovered that respiration gradually returned in the upper portions of the thorax. He then had a consultation with his colleagues, and it was determined to perform the operation of laryngotomy. The tube was introduced and respiration fully established through it. The child went on for three hours very well. The operation was performed at ten o'clock, and at three in the morning it was breathing through the tube, very tranquil, reaction fully set in, and doing well in every way. Half an hour or so after he left convulsions set in. These increased in number and violence till eight o'clock on the following morning, when the periods gradually became longer, and the violence of the convulsions greatly decreased until five or six in the afternoon, when an interval of an hour elapsed between each attack of convulsion. The convulsions entirely ceased at four o'clock, the pulse began to fail, and about six o'clock in the morning the child breathed its last. On next morning (Monday) the post-mortem examination was performed. They were very much astonished to find a mass of worms which completely filled the pharynx. There were fourteen pieces. Dr. Barker examined them, and said they were the ascaris lumbricoides.

There were six complete worms, which were cut in the process of removal. The trachea and œsophagus were removed together. On laying open the œsophagus he found the head of a worm protruding through the larynx, and on making an incision from the opening where the operation was performed, he found a large worm doubled on itself, the loop lying exactly at the bifurcation. The two drawings which he exhibited, made by Mr. Lewis's artist, Mr. Burnside, gave an accurate idea of the appearances presented. The idea of tubing the larynx was suggested to him a year and a half ago by his friend, Dr. O'Flaherty, Deputy Inspector General. The description of tubing the larynx would be found in the volume of the *Journal of Practical Medicine* for 1858, in which a case was recorded where Mr. Buchert tubed the larynx very successfully. Dr. Barker, Dr. Wright, and some others of his friends had examined the authorities on the subject, and he believed there was only one case on record of a lumbricus being found in this situation. This would be found in the *Boston Medical Journal*, vol. lxvi., page 392.

FOREIGN BODY ON THE CORNEA.

Mr. Collis said that on Wednesday last, as he was leaving the Hospital, a boy came in stating that he had been using solder, and that from some cause or the other, this jumped into his face in a state of fusion. His whole face was marked with it. He complained that it struck him in the eye, and on opening the lids he (Mr. Collis) found that not only was there a good deal of solder impacted in the hair of the eyelids, but there was a small

portion lying in the cornea, and moulded to the form of the cornea, which had been thrown into the eye in a state of fusion. He thought the specimen presented sufficient interest to justify him in bringing it before the Society. The boy refused to remain in hospital, so that he was unable to speak as to the present condition of the eye, but when he saw it the eye was merely suffused; the conjunctiva of the lids were very much injected, but there did not appear to be any actual injury to the cornea.

LARYNGEAL POLYPI.

Mr. SMYLY showed a number of polypi which he had removed from the larynx of a patient at several sittings, and also the forceps (Dr. Mackenzie's) with which they had been taken away. He also showed a new mode of fixing the larynx and holding the laryngeal mirror with the same hand so as to leave the other free to operate with.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY,

Dr. MOIR in the Chair.

THE sixth meeting of the 45th series of the Medico-Chirurgical Society was held in their Hall, 117, George-street, at eight p.m.

Dr. HANDYSIDE read a communication from Dr. Vartan, of Nazareth, detailing an account of an amputation performed by him on account of elephantiasis of the leg, and in which acupressure had been successfully employed. The President, Dr. Watson, Dr. A. Wood, Mr. Annandale, and Mr. Benjamin Bell, took part in the discussion which followed, and which turned chiefly upon the merits of acupressure.

Dr. JOHN DUNCAN then read a paper upon the Galvano Puncture of Aneurisms. Two cases were related, one of which was completely successful, while in the other—an aneurism of the aorta—death was at all events delayed, and the result, so far as the coagulation of the blood was concerned, was all that could be desired. Dr. Duncan mentioned that 60 cases of aneurism had been treated by this method, and of these 27 were cured.

Dr. MATHEWS DUNCAN then read a paper upon Pelvic Serous Cysts following Puerperal Inflammation. Dr. Duncan gave the details of four cases which he had met with, all of which had been treated successfully. No similar cases, so far as he knew, had been hitherto recorded; he therefore believed them to be of great rarity and interest.

Hospital Reports.

CITY OF DUBLIN HOSPITAL.

Reported by Dr. BELCHER.

(Under the care of MR. TUFNELL).

FRACTURE OF FEMUR TREATED WITH STRAW SPLINTS, IN A CHILD PREVIOUSLY THE SUBJECT OF DISEASED KNEE-JOINT WITH ANGULAR ANCHYLOSIS.

Case 1.—Anne Carroll, ætatis 10, resident in Dublin, was admitted into the City of Dublin Hospital on the 3rd of February, 1866.

Previous to admission she had suffered from general scrofula, as evidenced by various signs of the strumous diathesis; she had anchylosis, with effusion into the left knee-joint, displacement of the patella outwards, and eversion of the foot. The left limb was three inches shorter than the right. The immediate object of her reception to hospital was the occurrence of an oblique fracture of the femur three inches above the condyle at the date of her admission.

The limb was temporarily set and put upon the ordinary wooden splints; but on the following day Mr. Tufnell had them removed, and straw splints substituted for them, and their use continued.

On the 3rd of March I saw her after a month's treatment by this method. At the time of this visit the union had taken place.

The apparatus employed by Mr. Tufnell commends itself by its extreme simplicity of construction, as well as by the facility with which it may be adapted to fractures, and little liability to shifting when once applied to the limb. The splints may be readily constructed of any length and breadth required in practice. Some good wheaten straw is selected of the kind used for thatching. A linen or calico bag of the size of the proposed splint is filled with the straws, which are packed sufficiently close to give due support to the limb, and yet so loose as to enable the splint to be moulded to any shape, and to prevent undue pressure on any particular spot. The bag thus filled is sewed up, and the splints so made are bound to the affected part by three web straps, one end of each strap terminating in a buckle, the other in a zinc tongue, so as to make the passing through the buckle easy; no padding is required.

FRACTURE OF HUMERUS TREATED WITH STRAW SPLINTS.

Case 2.—A. B., ætatis 52, a native of Kildare, but for the last thirty-three years resident in Dublin, married, by occupation a lawyer's clerk, and a man of intemperate habits, fell down some steps on the evening of the 13th of February, 1866. At the time of his fall he was "after dinner," and had his left hand in his trowsers pocket. In this position he missed a step and fell on the left shoulder, causing a transverse fracture of the humerus at its surgical neck. Almost immediately he was admitted to the City of Dublin Hospital, where he presented appearances of the fracture above noted. Slight shortening of the limb and great swelling were prominent signs in his case, with immense extravasation of blood. The limb was put up in the straw splints.

Two days after admission he had an attack of delirium tremens which was treated by the exhibition of the solution of hydrochlorate of morphia in alcoholic liquors, with good result.

During this attack he broke loose the apparatus and slashed about the broken limb in a violent manner, causing extensive extravasation all over his side, chest, and back.

From this, however, he recovered. When I saw him on the 3rd of March, Mr. Tufnell, in demonstrating the fact of union having taking place, pointed out to me the extensive injuries the man had inflicted on himself during the paroxysms of delirium tremens, and at the same time he remarked that the remains of the extravasation were complicated with the remains of what had been aggravated and extended psoriasis. He was then doing very well.

I saw him a second time on the 15th of March, when I was informed that he was about to be discharged, so well has this case progressed under this plan of treatment.

FRACTURE OF BOTH BONES OF LEG TREATED WITH EGG AND FLOUR FIXED APPARATUS.

Case 3.—Joseph Thomas, ætatis 40, married, by occupation a cabdriver, a man of temperate habits, and in other respects healthy, was admitted to the City of Dublin Hospital on the 3rd of February, 1866, with a transverse fracture of both bones of the left leg, about two inches above the ankle-joint. This accident was caused on the day of his admission by the fall of a cart-wheel on his leg.

On admission the limb was set, and put up with McIntyre's splints. On the 5th of February, Mr. Tufnell removed these, and put the leg up in Gibbs' splints. Again, on the 13th, the latter were removed, and the limb was put up in the "egg and flour" fixed apparatus, three or four days after which change the patient was able to put his leg to ground.

I saw him on the 3rd of March, when Mr. Tufnell fully described this mode of treatment, and strongly argued its superiority to any other in cases of this kind. At this time the man could use his leg to some extent, of course with support; but the freedom from confinement, and the consequent advantage to the patient's health and spirits, were evident to all who saw him, as constituting some, but by no means all, the advantages of this plan of treatment. This plan, which I shall here term, "Tufnell's Plan for the Immediate Treatment of Fractures by Fixed Apparatus," was fully described by that gentleman in a lengthened essay in the *Dublin Quarterly Journal* for February, 1865, so that it would be out of place to repeat here what he has published at a former time. I may, however, remark that to make the splint itself, the practitioner only requires the white of eight eggs, and half a pound of flour for the fixing substance. "The main feature of difference between this mode of setting fractures and every other kind of fixed apparatus (writes Mr. Tufnell) is the construction of the splint in two halves, and the applying of the bandage which is to form the same, lengthwise, instead of circularly, thus avoiding all possible sources of constriction of the limb."

On the 15th March I again saw this case, which is as successful as any surgeon could wish a case to be.

Foreign Medical Literature.

DR. STOKES ON THE GENERAL TYPE OF DISEASE.

(Read at the Meeting of the Præstö Medical Society, on the 15th October, 1865.)

By GIERSING.

Translated from the *Ugeskrift for Læger*, 20th Jan., 1866, (Copenhagen, 3rd series, 1, Nos. 4 and 5,) for THE MEDICAL PRESS AND CIRCULAR.

By WILLIAM DANIEL MOORE, M.D.Dub., M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

When we last met at our respected President's, at Vemmetofte, I read before you a short essay, chiefly after Chauffard, upon the Stationary Fever, or the prevailing type of disease, which essay subsequently appeared in the "Ugeskrift for Læger," of the 2nd September. It was there shown how Sydenham, and subsequently Stoll, contended for the proposition, that the acute diseases, fevers in the wider sense, which in the main preserve their type unaltered for long periods, are nevertheless subject to unknown influences and operations, which produce a variation in their general character, for example, with respect to the strength or want of strength, with which all the morbid phenomena, all the morbid action, both local and general, proceed in the system. When I, for example, speak of strength and want of strength in the morbid development, I do so for this reason, that this is the only direction in which we have in some measure distinctly recognized this vibration or change, while with Dr. Chauffard we certainly have good reason to assume that there are other respects in which this change proceeds, that it is not only, if I may so speak, quantitative, but also qualitative, and that in the course of time there will consequently be other characters to discover for the prevailing type of disease than the sthenic or asthenic.

Much as there is, at least in my opinion, in favour of the correctness of this doctrine of such an alternation between sthenia and asthenia, there are many medical men who regard it all as an illusion, and so long as these have such leaders as, for example, Prof. Bennett, Dr. Markham, &c., we must of necessity look upon the question as doubtful and open. I therefore believe that I have good reason again, to-day, to request your attention to a fresh contribution in respect to this matter—a contribution which must have equal weight, whether we look to the personality of the witness, or to his testimony itself.

At the annual meeting of the British Medical Association, held in the month of August last, the well-known Dublin professor, Wm. Stokes, delivered an address, which treated chiefly of the general type of disease, or as Sydenham called it, the "constitutio morborum stationaria," and the change which this has undergone during the last thirty or forty years. The part of his address which relates to this question I shall now take the liberty of communicating.

[The author then translates, with some omissions, Dr. Stokes' address from the words:—"Medicine, in its great quality as a practical art, advances in many directions;" to the end of the quotation from Dr. Watson, closing with the words, "and that we are at present living in one of its adynamic phases."]

The foregoing is, gentlemen, in the main, what Stokes in his address stated in defence of the opinion, that there really is a varying predominant morbid type, which impresses its stamp upon all acute diseases, and which is therefore of the greatest importance to us practical physicians, if we will treat our patients aright. According to the testimony advanced, it is evident that the change or revolution does not occur in all places at the same time, just as the period which elapses in the different localities, before the revolution is very well marked or attains its acme, is also certainly very different. There can thus be no doubt that the change in our days began earlier in Ireland than in Scotland and in England, and in the latter countries earlier than on the European continent, at all events than in France and here in Denmark. As to fevers, whether continued, remittent, or intermittent; or exanthematous or rheumatic; I do not remember that they, with the exception of the rheumatic, have for the last thirty years been treated strictly antiphlogistically, with copious evacuations of blood, &c. Fevers I may therefore leave out of the question; but with respect to inflammations, it is not, in my opinion, more than about ten years since we have seen the revolution very evidently take place; although it may be about twenty years since it began, while it is forty years since it was traced in Ireland, where it seems to have proceeded more rapidly than with us, so that the date has there been capable of more definite demonstration.

If we take pneumonia as our starting point, because of the local inflammations, it was in the treatment of this disease that the dispensability of antiphlogosis or evacuations of blood was first observed; it is not more than fifteen years since practitioners began in this country to employ such means more sparingly, and from this date we may therefore reckon that the type of the disease here began to pass from sthenia into asthenia. The change, however, did not proceed so very rapidly, and the asthenia has not as yet reached so great a pitch, that there can be reason to suppose that it has attained its acme, so that it will probably be long before the pendulum will again begin to vibrate backwards.

But with all this the change is not quite unmixed or universal. What we lately heard from Stokes, that in the epidemic of 1826–28 in Ireland cases occasionally occurred among the asthenic forms of pneumonia, where the inflammatory development proceeded so briskly that the old antiphlogistic means in their whole extent were fully indicated, is repeated here also among us, and we should therefore be very careful not to let the recognition of the prevailing asthenia make us too secure, or render our treatment too mechanical. To wish, for example, to fix a certain limit of age, beyond which venesection in pneumonia is absolutely to be rejected; to despise him who bleeds a sexagenarian pneumonist, evinces but little practical sense.

It is, however, certain that the development among us

still proceeds steadily in the direction of asthenia, and that the cases of pneumonia in which there is reason to take blood are becoming rarer and rarer; but it cannot be sufficiently insisted on, that the reason of this is not to be sought in the hypothesis, that one well-known physician or another has made a new, unparalleled discovery; that we have hitherto treated inflammations quite erroneously; that evacuations of blood are, and always have been, bad and unsuitable means, which will never find reasonable employment in the treatment of this disease; but simply in the fact that pneumonia, like other inflammations, presents, under the influence of an altered general type of disease, another character than formerly, and therefore requires for its cure other remedies than it did when the type of disease was different.

When Stokes and Christison inform us that they observed, before the revolution took place, that the pulse in fever was hard and incompressible, this appears to me not to have been with us so completely the case. Where the inflammation, for example, in pneumonia was violent and the dyspnœa was great, the pulse was often felt to be small, and for intelligible reasons it did not rise until after sufficient evacuation of blood, when improvement set in. The pulse consequently need not always be tense and hard to justify venesection.

But that the asthenia has not here as yet attained the height it has reached in England may be inferred from the fact that, so far as I am aware, it has not been found necessary to use such strong stimulants as brandy, &c., to maintain the sinking powers—means which seem in the English hospitals to find frequent employment. Even should we yet come so far, we have still much to go through.

As I have already said, it is probable that it is not only the quantity of the diseases, but also their quality, which is modified by the general morbid type; not merely the strength of the reaction, but also its species and external form, which change under its influence. If this be so, the frequency or rarity with which the several forms of disease occur at different times, as also the seat and nature of the morbid localisations, will find their cause and explanation in the peculiarity of the predominant morbid type.

Thus, since the present type of disease has fairly taken root here, it seems to me that it is rare to meet with inflammations in the serous membranes, and still rarer to find such inflammations develop themselves with any internal strength. A pure pleuritis, which formerly occurred, comparatively speaking, rather frequently, has for the last six or eight years been a great rarity, and even where it occurs in combination with pneumonia, it is of minor importance. I speak of course of my own experience. Now, how far the stationary fever has an actual influence upon the more frequent or rarer occurrence of this or other diseases may appear differently, accordingly as we have our attention directed to the point; but it is unlikely that it is without such an influence. Thus it seems to me probable that diphtheria must thrive best during the prevalence of asthenia, while croupy laryngitis must at the same time be rarer; that phlegmonous erysipelas is now among the rarities, and so with many other diseases. In this direction there is certainly still much obscurity, which waits to be cleared up by future observations and investigations; but it would undoubtedly be both interesting and instructive, if some practically educated physician, who was not attached to any preconceived opinion, and who had access to the hospital archives, would go through these and give a sketch of the changes and variations which have occurred in the treatment of acute disease in the last five decennial periods. In this way much, which now depends more or less on individual views, would assume a vastly more definite form, at least so far as the metropolis is concerned; and when this should be supplemented by the definite experience of individual physicians—and such might be obtained,—from the different districts of the country, it would be possible to get a somewhat correct picture of the development of the general type of disease in this kingdom, which is at present entirely wanting.

ABSTRACT OF

METEOROLOGICAL AND MEDICAL OBSERVATIONS TAKEN AT THE MILITARY HOSPITAL, NICE,

From the 20th February to 2nd March, 1866.

By Dr. CABROL,

CHIEF PHYSICIAN TO THE HOSPITAL.

Translated by R. CROTHERS, M.D., Nice.

The atmospheric pressure which was at 0·758, with slight showers, at the beginning of this decade, rose to 0·763 on some fine days in the midst, and again fell to 0·748 at the commencement of the rain, which has now continued for some days. The rainfall amounted to 15 millimetres on the 27th February, and 20 millimetres on the 1st March; total to the present 49 millimetres. Under its influence the waters of the Paillon and other streams* have been disturbed without being sensibly increased. The soil is soft and the air humid. The temperature has risen to 86 in the sun, but only on the fine days in the midst of this decade; to-day it is only 50. The lowest temperature has been 37 in the night.

The winds which blew with some force from the east during the first days, have become almost insensible; nevertheless, since the advent of the rains the sea has been rough, sometimes even stormy; snow is visible on the distant summits of the Alps, but there is not a trace of it in the lower grounds, neither in the air nor upon the soil. The appearance of snow coincides with last year, for the papers of the 22nd February, 1865, mention it as covering the ground in the neighbourhood of Lyons and other parts of France as at present.

In diseases there is not anything to be remarked attributable to the action of the climate, except some trifling ailments. Chronic diseases are favourably modified and progressing without any unusual complications, the sanitary state being very satisfactory.

From 1st to 10th March, 1866.

The rain (as noticed in our last bulletin) continued and even increased during the first days of the month, so that whilst the rain-gauge marked only 15 millimetres of rain on the 27th February, it indicated 20 on the 1st March, 36 millimetres on the 2nd, and 25 millimetres on the 3rd March. There has fallen upon Nice more than 1 decimetre (4 inches) of water in almost continuous rain.

On the 1st March the waters of the Paillon were slightly increased and discolored. This volume and discoloration rapidly augmented, and on the 3rd its bed (so often dry) was entirely covered by its yellowish turbid waters. This rapid torrent running out to sea, coloured the latter to a considerable distance in the direction of Villa-Franca. At the same time a similar discoloration was visible in the south-west, caused by the waters of the Var. The sudden transformation of the Paillon into a rapid torrent is accounted for by the height and steepness of the mountains amongst which it rises. The waters falling upon them soon penetrates the slight covering of earth, and comes immediately into contact with strata of impermeable rock, upon which it quickly flows down into the bed of the river.

During these heavy rains the barometer fell to 0·743 (29 3-10ths); it then rose a little, and has oscillated between 0·749 and 0·755 (29 5-10ths and 29 8-10ths), indicating changeable weather. The temperature has been generally low, the mean being only 50. The lowest during the night 38; during the day it has several times risen to 77 in the sun. The sea has been constantly agitated, although at times there has been scarcely any wind. This agitation was very great on the nights of the

* The Paillon is a stream which rises in the mountains a few miles north of Nice, divides the Old and New Town, and empties itself into the sea between the Boulevard du Midi and Promenade des Anglais.—R. C.

5th and 8th, also on the day of the 9th, when the waves rolled in with great violence, dashing over the rocks, even upon the road, under the Castle hill. *En resume*, this period of the first ten days of March has been characterised by the variations and sudden changes of the atmosphere. This variability constitutes one of the characters of the season, and is not unfrequent at this period of the year. These changes have been rather disagreeable than hurtful; the most irritating and injurious has been the period of north-west wind (the mistral*), which blew most unpleasantly on the night of the 7th. At the same time, this wind, fortunately not very frequent here, is very considerably modified in its passage from Provence by the chain of the Estrilli mountains.

In noticing these various atmospheric changes, it should be observed that they have not been so violent in Nice as in other places.

The vegetation here has not suffered. Persons in good health have only experienced slight inconvenience, and invalids themselves, although feeling these changes, have not suffered any serious attacks of illness from them.

They have experienced only slight irritations of various kinds—neuralgias, returns of preëxisting rheumatic pains, sleeplessness, feeling of painful weariness, and nervous symptoms differing with the different diseases. This unsettled weather (always of short duration at Nice) has not given rise to any new forms of disease, neither has it left anything serious as the result. In some diseases their serious symptoms should not be imputed to the climate, and in many it has produced very decided amelioration. The sanitary state of Nice is satisfactory.

* The mistral is a cold, dry, north-west wind, which often blows with violence in the valley of the Rhone and on the coast of Provence; but it is deflected from its direct course and its violence very much diminished by the mountains beyond Cannes, and arrives at Nice rather as a west wind. There are some quarters here almost completely sheltered from it.

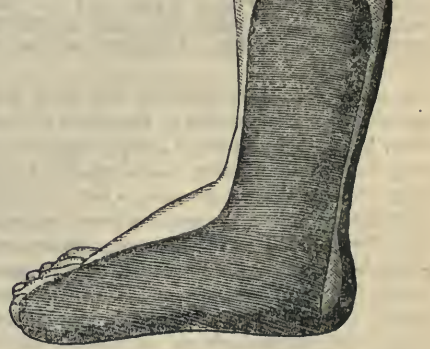
THE GUTTA-PERCHA SHOE IN THE TREATMENT OF TALIPES.

By ALFRED C. POST, M.D.,

PROFESSOR OF PRINCIPLES AND PRACTICE OF SURGERY, UNIVERSITY MEDICAL COLLEGE, N. Y.

About sixteen years ago I was treating a little girl for talipes varus, with a modification of Scarpa's shoes, which I was then in the habit of employing, when troublesome ulceration of the integument occurred from the pressure of the straps which were used to secure the shoes upon the feet. It was evidently a matter of necessity to omit for a time the use of the shoes, until the ulcerated surfaces should have an opportunity to heal. I was much chagrined by the prospect of a long delay in the treatment, especially as the patient resided in the country, and it was quite inconvenient to the parents to keep her for a long time in the city. I was led to reflect on the best means of peventing a return of the deformity towards its original condition, during the period when I should be obliged to suspend the use of Scarpa's shoes. It occurred to me that a splint or shoe of gutta-percha might be applied in such a manner as to maintain the improvement which had already been gained by the treatment, if not to make some further advance towards the cure of the deformity. I accordingly contrived and applied such an instrument, keeping it in place by means of a roller bandage. I found that by this means the feet could be maintained in a good position, with very little inconvenience to the little patient; and under appropriate dressings, the ulcerated surfaces soon healed. To my surprise, the deformity yielded more readily to the new treatment than it had done while Scarpa's shoes had been worn, and I felt no disposition to return to the use of the spring shoes after the ulcers had healed. From my experience of the benefits of the simple contrivance which I had used in the case just alluded to, I was induced to employ it in similar cases which were presented to me; and the results were so entirely satisfactory, that I have ever since employed shoes or splints of similar construction in the treatment of infantile club foot, in preference to the spring shoes which surgeons ordinarily employ for the same purpose. The material which I ordinarily use in the construction of these shoes is gutta-percha sheet from a sixteenth to an eighth of an inch in thickness. It is cut of such a shape as to adapt itself to the sole and sides of the foot, leaving a space uncovered on the dorsum of the foot equal to about one third of the breadth of the foot; it is also adapted to the sides of the leg, extending up two-thirds of the distance to the knee, and leaving a narrow space uncovered before and behind, each space so uncovered being about one sixth of the circumference of the leg. The material is readily moulded to the shape of the limb, by immersing it for a few seconds in water, at a temperature of 100° Fahrenheit. I am in the habit of moulding the shoes thus heated, over a wooden last made for the purpose. The last is not made after the fashion of a bootmaker's last but it is shaped like the natural leg and foot, except that the outer side of the foot is made to correspond with the inner, thus obviating the necessity of having separate lasts for the right and left foot. I have sometimes used similar shoes made of felt stiffened with shellac, as manufactured by Dr. Ahl, of Southern Pennsylvania. In order to mould the felt, it must be dipped in water at nearly a boiling temperature, and the hands require to be protected by means of cotton gloves wet with cold water. I am rather inclined to prefer the gutta-percha shoes to those which are made of felt, especially as the former material is more conveniently moulded to its proper shape.

I generally commence the treatment of infantile club foot by the subcutaneous division of the tendo-Achillis; after which I apply a strip of isinglass plaster over the small wound of the skin. I then have the foot held by an assistant as nearly as possible in its normal position, and while it is so held, I carefully apply a roller bandage so as to cover the foot and leg, beginning the application on the outer side of the ankle. I then apply the gutta percha shoe, an assistant grasping the leg with one hand pressing the upper part of the shoe against the sides of the limb, and with the other hand pressing the sole of the shoe against the sole of the foot. While the shoe is thus firmly pressed against the leg and foot, I apply a roller bandage firmly, so as to secure it in its place. After the lapse of twenty-four to forty-eight hours, I take off the bandages and shoe, wash the foot, wipe it dry, use passive motion freely in different directions, and then reapply the apparatus as before. The application is repeated at intervals of two or three days, until the



foot is brought to its proper shape, when it is put up in a laced boot, lacing to the toes, and having a firm sole and stiff sides, provided with iron braces which extend

nearly as high as the knee, and secured by a strap and buckle around the upper part of the leg.

The following are, in my estimation, the advantages of the gutta-percha shoe over Scarpa's shoe, and its various modifications :—

1st. Its greater simplicity, and the ease with which it is made. When the material is at hand, the shoe can readily be made in fifteen minutes.

2nd. It is much cheaper than the spring shoe.

3rd. It is more comfortable to the patient, being lighter, exerting a less injurious pressure, and being less likely to be kicked off by a restless child.

4th. It is much less likely to occasion excoriation or ulceration of the integuments.

5th. It expedites the cure, giving a better support to the foot, and bringing it more readily into its normal position.

The annexed woodcut exhibits a view of the gutta-percha shoe, and of the last on which it is moulded.—*Richmond Medical Record.*

Reviews.

THE PRINCIPLES AND PRACTICE OF MEDICAL JURISPRUDENCE. By Alfred Swayne Taylor, M.D., F.R.S., Fellow of the Royal College of Physicians, and Professor of Medical Jurisprudence and Chemistry in Guy's Hospital. London: Churchill and Sons. Pp. 1166. 1865.

What medical practitioner or assize crown lawyer is not acquainted with Taylor's "Medical Jurisprudence?"—a work which has reached an eighth edition, and whose author has a world-wide reputation, little needs the reviewer's comments. But to pass over, in a casual manner, a book of such importance, would neither be polite to the author, nor at the same time would we consult the interests of our readers by pursuing such a course, especially as the subjects treated of in a work on Medical Jurisprudence are of so multifarious a nature, and of such public interest, that the medical man who would be unacquainted with the latest phases of the various subjects referred to might risk his professional reputation.

We presume there is scarcely one of our readers who is not in possession of a copy of some one of the previous editions of this work, and therefore we need not recapitulate the chapter of contents; but as the present edition contains so large an amount of additional matter, we give the following extract from the author's preface, which briefly details the difference between the present and former editions :—

"Among the new subjects which find a place in this volume are—The Signs and Phenomena of Death, with an account of the Changes which take place in the Dead Body; Putrefaction in Air and Water, and its conditions; the Identity of Bones, Skeletons, and Mutilated Remains; Spontaneous Combustion; Life Insurance and Medical Evidence."

In addition to these subjects new facts and cases have been added to every section of the work, the greater part of which have been re-written; engravings have been introduced into those chapters which admitted of illustration; under the subject of poisoning, the crystalline form of mineral and organic poisons have been engraved from specimens observed with the microscope; the leaves and seeds of poisonous plants are also represented, the leaves being engraved from photographic copies of the natural leaves, showing their complete form and structure, and the seeds of the natural size and shape, as well as magnified; under wounds, illustrations of the principal organs and cavities are given, so as to render the description of wounds by medical witnesses more intelligible to members of the legal profession; other subjects, which it is here unnecessary to specify, will also be found to have their appropriate illustrations.

The preliminary chapter on medical evidence contains such a mass of deeply-interesting matter, that the careful study of it will amply repay the most experienced practitioner; and at the same time, for the junior members of the medical profession it contains advice of such paramount importance to them, that its contents should be engraven on their memory.

The following extracts may serve to illustrate the correctness of our statement. After the definition of the science of medical jurisprudence, the author states—

"The purpose of this work has been to bring, as far as possible, within a reasonable compass, those subjects which especially demand inquiry, and which more particularly concern the duties of the educated physician and surgeon."

The definition above given necessarily implies that a medical jurist should have a theoretical and practical knowledge of all branches of the profession, a large experience, and the rare power of adapting his knowledge and experience to emergencies. He should be able to elucidate any difficult medico-legal question which may arise, and be prepared at all times to make a cautious selection of such medical facts, and a proper application of such medical principles, as may be necessary to enable a judge to place the subject in an intelligible light before the jury, and to enable a jury to arrive at a just conclusion. Again—The records of our law courts contain many unfortunate exposures, which might have been easily avoided had the witnesses only availed themselves of the opportunities afforded to them of acquiring a knowledge of the subject; but they had unreflectingly acted on the principle that medical jurisprudence was a dry, dull, and useless study, and that the practice of it was remote and speculative. This feeling is, however, fast disappearing. Those who have been compelled by circumstances to give their attention to it, have in subsequent cases taken care to prepare themselves for the ordeal through which every medical witness must pass.

On medical witnesses, the author says :—

"A man who goes to testify to the truth to the best of his ability should bear in mind two points. 1. That he should be well prepared on all parts of the subject on which he is about to give evidence. Let him remember on these occasions the advice contained in the Latin motto—'*Ne tentes aut perpice.*' 2. That his demeanour should be that of an educated man, and suited to the serious occasion on which he appears, even although he may feel himself provoked or irritated by the course of examination adopted. A medical witness must not show a testy disposition in having his professional qualifications, his experience, his means of knowledge, or the grounds for his opinions very closely investigated; he should rather prepare himself to meet with good humour the attempts of an adverse counsel to involve him in contradiction, and show by his answers that he has only a desire to state the truth."

Respecting quotations from books :—

"It is a not unfrequent custom with counsel to refer to medical works during the examination of a witness. He is expected to have a fair knowledge of the writings of professional men in reference to the subject of inquiry. The authority is mentioned, the passage is quoted, and the witness may be then asked whether he agrees with the views of the author, or whether he differs, and if so, his reasons."

On medical reports for inquests, in reference to technical terms, the author states :—

"Putting aside those cases in which a medical man thinks he is displaying his erudition by the selection of such terms, there can be no doubt that the greater number of medical practitioners fall into this practice from mere habit. They think they are addressing the report to the president and members of a medical society, instead of a coroner and jury who have never in their reading or experience met with such terms, and to whom therefore they are perfectly unintelligible. Setting aside the men who act as jurors, it may be observed that educated persons, such as coroners and magistrates, do not commonly include professional terms

within the range of their studies. There are but few of them who understand the difference between 'perineum' and 'peritoneum,' or the meaning of the words 'hemispheres of the brain,' 'pia mater,' 'puncta cruenta,' 'centrum ovale,' &c. On one occasion I heard a learned judge ask for an explanation of the meaning of the term 'alimentary canal.' A slight consideration will show to any medical practitioner that refined professional language is wholly misplaced in a report which is intended to inform and convince the minds of ordinary men upon plain matters of fact."

Our readers will be able to judge from these extracts the value of this chapter.

To enter into the merits of each chapter of this book would occupy more space than the present crowded state of our pages would permit of. We will, therefore, just make a selection from one or two more chapters, which will enable our readers to form a good criterion of the talent, experience, care, and close observation of our author, as well as the anxiety he has evinced to make the book represent the present state of our knowledge of the manifold subjects which are embraced under the title of "The Principles and Practice of Medical Jurisprudence."

The succeeding chapter relates to—

"Questions connected with the dead body—signs of death—cessation of respiration and circulation—apparent death—trance—coldness of the body—post-mortem caloricity—rigor mortis—cadaveric rigidity—circumstances which influence its commencement and duration — other indications of death."

Among the subjects which sometimes claim the attention of a medical jurist in reference to the bodies of persons found dead, are the conditions known as real and apparent death, the proofs of death, and the priority of death. A knowledge of the changes which take place in the dead body at a recent as well as a remote period, may be usefully applied to the determination either of the reality of death (a problem seldom involving difficulty) or of the period at which death took place—a question of considerable importance, and upon which the guilt or innocence of an accused person may depend.

Medical jurists have enumerated certain signs or indications of death. It will be necessary to consider these in the order in which they commonly present themselves to the observer:—

1*st—Cessation of Respiration and Circulation.*—The cessation of these two important functions is regarded as in itself sufficient to determine the reality of death; but persons have been resuscitated from a state of asphyxia, and others again have recovered from a state of lethargy or catalepsy, when to all appearance the respiratory and circulatory processes had been completely arrested. Life is certainly not incompatible with a temporary suspension of these two important functions; but, in making this admission, it is undeniable that the process must be speedily re-established, or death will assuredly follow."

The next chapter refers to—

"Cadaveric spasm—evidence of murder—suicide or accident furnished by the position of the dead body—muscular irritability—tests of its presence—post-mortem contractility—alleged premature interments—proofs of the reality of death—death trance—apparent death in the drowned and in new-born children."

In reference to persons found dead, the position or attitude of the body, if undisturbed, may often throw an important light on the mode of death, and on the question whether the deceased had died by his own act or by the act of another.

"*Cadaveric Spasm.*—It has been already stated that, as a general rule, the muscular system passes into a state of relaxation at the moment of death. This is observed in cases of tetanus of a severe form, whether produced by disease or by poison. Half a grain of strychnia was given to a rabbit; after several fits of convulsions the animal died; respiration ceased in twenty-three minutes. At this time there was perfect flaccidity of the body, limbs, and joints; but this condition lasted but for a very short period. The animal was placed on its back and the legs raised for the purpose of making an examination of the chest. In ten minutes the body became, while still warm, perfectly rigid in the attitude in which it was held, the forelegs remaining stretched upwards and wide apart. If an animal dies in a convulsion and the body is not disturbed, the tetanic spasm may pass rapidly into cadaveric rigidity. This has been called tetanic rigidity; but it is, in fact, cadaveric rigidity or muscular spasm showing itself in a persistent form after death."

The next chapter treats of—

"Inference of the time of death from the state of the body before putrefaction—priority of death—presumption of suicide or murder—of survivorship—stages of change after death—cadaveric lividity—suggelation—ecchymosis."

The next chapter is a continuation of the subject, and refers to—

"Putrefaction—its nature and progress—production of gases—post-mortem hæmorrhage—pressure on the viscera—nature of the gases of putrefaction—change in the colour of the skin and other organs—putrefaction in air—conditions for the process—circumstances which modify it—influence of disease and certain poisons—putrefaction of bodies buried in graves—production of adipocere—its chemical nature."

The sixth chapter is a very interesting and important one, and relates to:—

"Identity of mutilated remains—cases—exhumation of skeletons—human and animal bones—determination of sex, age, and personal peculiarities—determination of age by the teeth—questions of personal identity—evidence from fractures, disease, and deformity."

The seventh chapter is also one of great interest, and extends to a considerable length:—

"Causes of death—sudden death—syncope, asphyxia, coma—presumption of death—medical evidence of death in cases of several persons perishing from a common cause—presumption of survivorship."

"Medical jurisprudence takes cognizance of all violent causes of death, and is only indirectly involved in those cases of natural death which simulate the effects of violence. Thus all causes which operate to produce death suddenly, as by syncope, asphyxia, or coma, especially demand the attention of a medical jurist. These may be either natural or violent, and the distinction between them is of importance, since the guilt or innocence of a person charged with crime may depend on a correct determination of the cause. The continuance of life depends upon the proper and regulated action of the heart, lungs, and brain, and the inter-dependence of these organs is such, that the arrest of the functions of one of them is speedily followed by the arrest of the others; hence they have been called the tripod of life. When the suspension of the motions of the heart is the primary cause of death the person is said to die by syncope. The term asphyxia is applied to death which begins by the lungs, and coma to that which arises from a primary disturbance of the functions of the brain."

The chapter on wounds, which is one of deep interest to the country surgeon especially, who is so often brought into a court of justice to give evidence on these matters, and who would feel in a very awkward position in an assize court under the cross-examination of counsel (who had probably the day previous to the trial closely studied this same chapter) unless the medical witness was well acquainted with all the points for the defence which the ingenuity of the lawyer who conducts the case might suggest. This chapter extends over 220 pages, and although many of our readers might perceive a similarity in some of the details with what has appeared in the previous edition, yet the subject is so much amplified that it appears to wear quite a novel aspect. After giving both the surgical and legal definition of a wound, wounds dangerous to life, examination of wounds, description of wounds, examination of the dress, &c. &c., the following extract may serve as an illustration of the additional matter which has been given even in this single chapter:—

"This is sometimes a most important part of the duty of

a medical man. In a case of severe wounding of whatever kind, he should always require to see the dress of the wounded person; it may throw a material light on the *mode* in which a wound has been produced; it may remove an erroneous suspicion of murder, and may sometimes serve to indicate that a wound has been self-inflicted for the concealment of other crimes, or falsely to impute its infliction to other persons; marks of blood, dirt, grass, or other substances on the clothing may also throw a light upon the mode of infliction; so, again, the use of a weapon, in reference to cuts or stabs, may be inferred from the dress presenting corresponding cuts or perforations. The examination of the clothing in the Waterloo-bridge tragedy threw a light upon the question of murder. The over-coat presented in the collar behind and towards the left side a cut or a stab from a double-edged knife. The under-coat, as well as the waist-coat, presented the mark of a similar stab, corresponding in size, form, and direction to the cut in the collar of the over-coat. The shirt beneath was much stained with blood. The stab took a direction from above downwards, and must have penetrated into the chest. Its situation and direction precluded the idea of its having been self-inflicted, as there was no blood on the over-coat where cut, the weapon had not before been used for inflicting a wound, and the deceased had obviously been stabbed from behind with all his clothes upon him. The theory that this was not a murder would involve the assumption that the over-coat, under-coat, and waist-coat had been placed upon some lay figure for the purpose of imitating a fatal stab behind, and that the under-shirt had been covered with blood to add to the appearance. No reasonable motive could be assigned for such a proceeding."

We deem it unnecessary to make any further extracts, as we are sure from those we have given that our readers will be able to judge how far the present transcends the former edition. Indeed, this is no ordinary work; whether we consider the prodigious amount of labour bestowed on it, the diversity of talent displayed in its execution, the vast experience of the writer, the sound and accurate views which the author enunciates, one and all combine to rank the present volume as the British standard work on the Principles and Practice of Medical Jurisprudence. As the present age is essentially one of progress, and as its impress is indelibly stamped on every department of science and arts, so has the author kept pace with the spirit of the age, and the medical practitioner who rests satisfied with the information he has acquired in his earlier years, will find himself outstripped in the race by many of his junior brethren. We consider also that the members of both the legal and medical professions are under no small amount of obligation to our author for the careful digest of the evidence and legal points raised at the various trials connected with the subjects referred to in the work.

In conclusion, we would remind our readers of the vast importance to them of an intimate acquaintance with the latest aspect of each of the subjects which come within the province of the principles and practice of medical jurisprudence, as there are no means by which a medical practitioner may so easily mar his professional reputation as *even to seem* to be ignorant of the various bearings of the subject on which he may be called to give evidence in a court of justice, and at the same time none by which the educated surgeon or physician can give such public evidence of his professional attainments, and thus shed a lustre on his profession. More especially at the present time, when the medical profession seems destined to attain a higher status, is it needful that each member of the profession should feel as if on him alone rested the responsibility of advancing its onward progress.

We should not omit to mention that in every case the author is careful to state the various parties to whom he is indebted for his information; and among the number we find with pleasure the name of Dr. Geoghegan, the talented Professor of Medical Jurisprudence, of the Royal College of Surgeons in Ireland, very often referred to in the work.

Messrs. John Churchill and Sons being the publishers, it is almost needless to state that the paper, type, and engravings are excellent, and quite in accordance with the style for which they are so justly celebrated.

As a matter of course, this book must occupy a place in the library of every legal and medical practitioner who values his professional reputation.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 21, 1866.

THE EVIDENCES OF POISONING—THE CASE OF MILLETT *VERSUS* EDMONDS.

It is with great reluctance that we advert to a Medico-legal case which excited very considerable attention in the West of England more than two years ago, and which involved the imprisonment of one member of our Profession for several days, on what turned out to be a groundless imputation, and terminated with a civil action brought by this gentleman against another medical man, his brother-in-law, who was alleged to be the instigator of the criminal proceedings, and therefore responsible for the injury inflicted. The relationship of the parties chiefly concerned, and the fact that they both belong to our own Profession, make the recurrence to the case doubly painful, and we should have been too happy to let the whole of the proceedings sleep in oblivion, had not the defendant in the civil action, Dr. Edmonds, who was amerced in damages to the extent of £400, published an explanatory statement referring to his own part in these lamentable transactions, and, moreover, written a letter to ourselves asking for an opportunity of rectifying or modifying some severe censures passed upon him by one of our contemporaries, and by several of the local newspapers.

We do not feel ourselves called upon to pronounce any opinion upon strictures originating in the pages of another journal, and must therefore decline to enter into any controversy founded upon the supposed injustice done to Dr. Edmonds by the exclusion of his statement from the Medical periodical in question; but the whole history is important in a medico-legal point of view, and we therefore refer to the case as one full of instruction and of warning, and we shall pass over as lightly as possible all personal and private matters, confining our review of the facts to such striking features as seem to possess some special points of scientific or professional interest.

Dr. Millett is a medical gentleman practising in Cornwall, and on the 31st of December, 1863, his brother, Mr. Jacob Millett, who was residing in the same house with him, died after a few hours' illness. The deceased was fifty years old, almost blind, and partially crippled from malformation of bones, but he was nevertheless healthy in other respects, and on the day

immediately preceding his death he had walked out as usual, had eaten his breakfast, afterwards a hearty dinner, and it was after the latter meal that he was seized with the illness which proved fatal. He had executed a will, leaving some little property of which he was possessed to his brother, Dr. MILLETT, who had taken great care of him, and indeed supported him. Except as regards the shortness of the illness, there was really nothing very extraordinary in the death of this invalid and crippled gentleman; but Dr. MILLETT very properly communicated with the Coroner of the district, and requested him to hold an inquest. Here, however, commenced the series of misunderstandings and misadventures which terminated so unfortunately. The Coroner's jury, after hearing the evidence of Dr. MILLETT and a female servant, but without asking for any post-mortem examination, returned a verdict of "Natural Death."

In this part of the proceeding, also, there was nothing extraordinary, and however absurd it may seem to Medical men that a legal Coroner and an ordinary jury can determine, in the absence of any visible cause of death or any post-mortem inspection, whether a given death is natural or not, yet such verdicts are returned every day, and the public are quite satisfied with their validity. For our own parts, we may observe that, speaking from a Medical point of view, we regard a Coroner's Inquest as a mere farce, unless a careful examination of the interior of the body of the deceased person forms part of the inquiry, except in those cases where the external appearances or other obvious circumstances sufficiently explain the cause of death. Where there is anything like suspicion, or even an apprehension that suspicion may arise, as to a possibility of the death having been caused by poison, we consider a post-mortem examination to be an indispensable adjunct to the Coroner's official investigation. But these opinions are probably not shared by the public, and we offer them only in a parenthetical form.

But now Dr. EDMONDS comes upon the scene. He is Dr. MILLETT'S brother-in-law, having married that gentleman's sister; and during his residence abroad it seems that much family disagreement had arisen; and when Dr. and Mrs. EDMONDS returned to this country, this disagreement continued to exist. While living in the vicinity of London, Dr. and Mrs. EDMONDS were informed of the death of JACOB MILLETT, but it does not appear that either of them attended the funeral. From some correspondence which ensued between different members of the family, it would appear that Dr. EDMONDS was induced to go into Cornwall after the funeral, with a view, as he declares, to obtain a post-mortem examination of the body of JACOB MILLETT. We must state, in justice to Dr. EDMONDS, that in merely attempting to carry out this view, we cannot consider that he was blameable; but in some way or other, either from his own imprudence or his excess of zeal, or his ignorance of legal formalities, or, as was alleged, from malice against Dr. MILLETT, he was induced or dragged into becoming the persecutor of that gentleman on a charge of poisoning his deceased brother. The post-mortem examination, however, was obtained, the exhumation of the body having been effected by an order from the Secretary of State, and the autopsy was confided to two local practitioners, who performed that duty in the presence of Dr. EDMONDS.

Here, it seems to us, arose another false step in the progress of this unfortunate drama. The post-mortem examination revealed nothing in the state of the body to justify in the remotest degree the suspicion of poisoning, but in the brain there was found a quantity of effused fluid, amounting, as one of the Medical witnesses declared, *to a pint*, and accounting, as we believe, most satisfactorily, for the death of the deceased gentleman. Still we do not blame the Medical witnesses for removing the viscera, which they did with a view to their being analytically examined by chemical and physiological tests, and we find that these parts were sent up to Dr. ALFRED TAYLOR for that purpose. But surely, as there was *positive* evidence of disease of the brain, and, at the very utmost, only the faintest *negative* evidence of poisoning, it was most cruel and unnecessary to incarcerate Dr. MILLETT upon the barest suspicion, while Dr. TAYLOR was completing his analysis. We do not wish to cast unnecessary blame upon the two Medical gentlemen who conducted the post-mortem examination, and who admitted, in their evidence, that they were practically unacquainted with the morbid appearances caused by poisoning; but still we cannot help thinking that, if they had represented to the magistrates the entire absence of any physical signs of poisoning, and had at the same time stated that the effusion in the brain was at least sufficient to account for death, Dr. MILLETT would never have been incarcerated at all, but would have been allowed to go out upon bail until Dr. TAYLOR'S analysis had been made. The result of that analysis was, that no poison whatever was contained in the viscera of the deceased, and as soon as this report was received Dr. MILLETT was of course discharged.

But the two Medical witnesses who performed the post-mortem examination, and also Dr. EDMONDS, persisted in declining to offer any opinion as to the death having ensued from natural causes, and by implication, if not by direct assertion, they attributed the event to the agency of poison, and it was upon this evidence that the magistrates ordered the incarceration of Dr. MILLETT. We are willing to believe that their opinions, however erroneous, were sincere, but still the consequences were so dreadful to Dr. MILLETT that we cannot wonder at his immediately bringing an action against Dr. EDMONDS, or at his obtaining a verdict.

We have stated that this case is one possessing considerable scientific and practical interest. In the first place we think that it is prudent, in case of the sudden and dangerous illness of a near relative of a medical man, for another practitioner to be called in, if it is

practicable; and in the event of death, that a post-mortem examination should be made if a Coroner's inquest is deemed necessary. Next, we think that when medical witnesses are selected to make post-mortem examinations in difficult or doubtful cases, they should, in addition to their ordinary professional attainments, possess some special knowledge of morbid anatomy and of medical jurisprudence. And lastly, that it is incumbent on the State to appoint a public prosecutor in cases of suspicious death, and thus to obviate the necessity of private persons placing themselves in such odious positions that they may be accused of malicious motives, when perhaps they think that they are only performing what they believe to be a public duty. We are convinced, and so is now Dr. Edmonds, that Dr. Millett is wholly and entirely innocent of any offence in reference to the death of his brother; but it might happen that, in some future case, a person really guilty of administering poison might escape from justice from the unwillingness of private individuals to place themselves in such invidious positions as those to which we have adverted.

THE DOUBLE QUALIFICATION IN IRELAND.

In some of our more recent numbers our attention has been called to the want of a double qualification, which, in the view of our correspondents, is just now imperatively demanded from the two Irish professional corporations, the King and Queen's College of Physicians and the Royal College of Surgeons, Ireland.

One of the gentlemen who has favoured us with his opinions on this subject, states, with reference to the Edinburgh "Double," "that fully a fifth of the students at present in Dublin intend going up at some period for the double qualification." He further states that this plan has become a great favourite, especially with those who do not intend to settle in Ireland. Cheapness it seems is its chief recommendation, but it has another—that by it the student is glad to get off his two examinations at once, and by no means desires to have a second ordeal hanging over his head when he has successfully endured the first. The suggestion is then made—that our two Irish Colleges should make an arrangement by which something like the Edinburgh plan might be available in Dublin; and the "argumentum ad hominem" is used—that it would pay well to keep the fees to themselves.

Another correspondent ("Medicus") states that the idea of our Irish double qualification is not new, that it has been considered, and that the difficulties to be encountered in making the desired arrangement are by no means insuperable.

To us it seems sound policy, and for the good of the state Medical, that something of the kind should be done, and that at once, so as to come into operation during the approaching summer. We do not presume to dictate to the learned gentlemen who sit on the seat of judgment n each of the Colleges as to the mode to be adopted in giving effect to this recommendation, or the financial changes which it may be necessary to make to carry the plan into effect. We are well aware that it is not always easy for Medical bodies to agree on the question of fees, especially where each of them, as is happily the case in the present instance, regard the honour of their own body and of our profession as paramount to every other consideration, fees included; but we have no reason to form any other conviction than this—that should the question be brought before them in the form of a memorial from the students concerned, as recommended by "Medicus," it will be certain to meet with strong support and probable success.

There is one reason why such an attempt could be better made now than at any future time—namely, that Dr. Beatty, the present President of the College of Physicians, is also an Ex-President and an Ex-Professor of the College of Surgeons. With both bodies he is deservedly popular, and his influence in this matter would go farther than that of any other single member of either College, however eminent he may be. Dr. Beatty's position with both Colleges is unique, and should be made use of. The principle of a double examination was in former years tested at the University of Dublin, where the Examiners of the College of Physicians joined with those of the former body in testing the merits of the same candidate, who, if he successfully passed the double ordeal, was entitled to admission to his Medical degree, and also to the licence of the College of Physicians. We cannot see why some such plan should not be adopted in the case now before us, and there is no reason why two Colleges should not agree as to the mode of dividing the fees. The constituent members of each, if placed on any other public boards, would readily make a deed of pecuniary agreement if they considered it to be for their interests to do so; and there is nothing in the *sensus communis* of our profession which peculiarly advocates obstructiveness, or refuses to progress with the age in which we live. It must be borne in mind by those who desire this double qualification that it may be found to materially alter the financial position of the Colleges. The College of Surgeons has no estates, and its income arises from the fees paid by candidates for its diplomas. These candidates are, however, numerous.

The College of Physicians is, in fact, in a somewhat similar position as regards sources of income; for, although it has estates, the funds arising from them are for the most part applied to purposes and to officers defined by Acts of Parliament, and so they are not available for general Collegiate purposes.

It must be also borne in mind that this College has already virtually conceded the principle advocated by our correspondents. Any Licentiate of the College of Surgeons, if provided with the necessary Certificates, can immediately come before the President and Censors for Medical examination. In such case the candidate is allowed to dispense with the first day's examination in Anatomy,

Physiology, Chemistry, and Botany; and so generally is this privilege taken advantage of that, from being at one time the exception, it is now all but the rule, since the cases of mere students examined on two several days by the President and Censors are comparatively rare. A Licentiate of the College of Surgeons is not required by the College of Physicians to answer in any other subjects than Medicine, Materia Medica, Medical Jurisprudence, and Midwifery.

QUACK ADVERTISEMENTS AND THE PUBLIC PRESS IN IRELAND.

Our attention has been particularly called to an important letter from Dr. Cunningham, of Rathgar, which appeared in our impression of the 28th ult., deprecating the filthy quackery now becoming common in Ireland, and the systematic mode in which it seeks to attract public notice. It has been stated by some that our friends at the English side of the Channel were peculiarly susceptible of quack influence, that John Bull was gullible to the last degree in any matter connected with physic-taking, while poor Pat was scarcely accessible to the lying braggadocio of the quack or impostor; his natural and instinctive veneration for learned authority keeping all vampires medical at a long distance from him.

Of late, however, this has been much modified. Frequent intercourse with the sister country, we are told, has introduced to Ireland, among other blessings of civilization, the filthy advertising system of the large English towns, in its most dangerous and delusive guise.

We shall here confine ourselves to exposing one class of advertising:—that which, to the unprofessional eye, looks all right; while at the same time it is tenfold more dangerous than the honest advertising of the open foe to medical science and suffering humanity. We have been invited to read advertisements habitually published in two of the most respectable daily papers in the City of Cork —namely, the *Cork Constitution* and the *Cork Daily Herald*. The one circulates widely among the families and connections of the clergy of the Established Church, and of the landed gentry of the South—many of whom like to do the doctor occasionally, and dabble a little in homœopathy; the other is a well-edited commercial journal, conducted on moderate political principles, and having a very large circulation, not only in the County of Cork, but also throughout the South of Ireland generally.

We have cut out the following advertisement from the *Cork Constitution* of the 2nd Feb., 1866, and it is here given *literatim*, omitting only the address of the advertiser, whose business we have no desire to increase:—

Just Published, 3rd Edition, Price 1s., Post Free for 14 Stamps, with Photographic Illustrations,
SKIN DISEASES AND THEIR REMEDIES,
BY ROBERT J. JORDAN, M.D.,
Licentiate of the Royal College of Physicians, Edinburgh,
Member of the Royal College of Surgeons, England,
&c. &c. &c.

CONTAINING the modern treatment (as adopted at the Hospital of St. Louis, Paris) for the cure of those numerous diseases so prevalent in a high state of civilization, too often consequent on an impure state of the blood, causing cutaneous eruptions, scorbutic affections and scrofula; treatment for superficial and deep-seated ulcers; torpidity of the circulatory system, causing discolouration of the skin, disfiguring the face and giving it an unsightly appearance, in lieu of a clear, fair, and healthy complexion.

"This book is, as he has aimed to make it, 'thoroughly useful and practical.'"—*Medical Times and Gazette*, August 4th, 1860. To be had direct from the Author.

We can vouch for the truth of the following result of the above *morceau*:—

A country gentleman, whose children were affected with cutaneous disease, read it in his morning paper, purchased the "work," and presented it to his ordinary medical attendant, a respectable provincial practitioner, who gave us the perusal thereof.

Now, this book being published, advertised, and having apparently the sanction of one of the most able Medical journals in the Kingdom, challenges criticism, and it shall get it. We beg to inform the editor of our contemporary, the *Cork Constitution*, that Robert J. Jordan very carefully abstains from stating to what university he professes to belong—that he *was* a "Licentiate of the Royal College of Physicians, Edinburgh" —that he *was* a "Member of the Royal College of Surgeons, England;" but he is not now a member of either corporation.

So far we see that, while assuming the title of M.D., under which, however, he never was registered, Mr. Jordan *was* in fact a duly qualified member of our profession; and that he was so is proved by the fact of his having at one time been registered as such under the Medical Act. But—he is no longer registered; his name has been erased by the Medical Council for reasons which they doubtless thought sufficient; and in the "black list" of names erased, published in the *Medical Times and Gazette* of March 17, 1866, the name of Jordan figures at length.

How this occurred we shall shortly detail, and that in the words of the report published by parliamentary authority.

On page 157 of vol. ii. of "Minutes of the Medical Council," we find:—

"Read—The following letter from the Royal College of Surgeons of England:—

"'Royal College of Surgeons of England, London, W.C., May 8th, 1863.

"'Sir,—I am desired to acquaint you that the Council of this College have removed Mr. Robert Jacob Jordan, of George-street, Hanover-square, from being a member of this College.—I am, Sir, your obedient servant,

(Signed) "'Edmund Belfour, Secretary.

"'Dr. Francis Hawkins, Registrar, General Medical Council.'

"Moved by Mr. Arnott, seconded by Mr. Lawrence, and agreed to:—

"'That the Registrar be directed to erase from the Register the qualification of Mr. Robert Jacob Jordan as a Member of the Royal College of Surgeons of England.'"

Again, in vol. xiv. of the same Minutes, p. 66, we read:—

"Read—The following letter:—

"'Royal College of Physicians, Edinburgh, November 5, 1863.

"'Sir,—By direction of the Royal College of Physicians of Edinburgh, I beg to intimate to you, on behalf of the General Council of Medical Education and Registration of the United Kingdom, that, at a meeting of the Royal College of

Physicians of Edinburgh, duly called and held here on 3rd instant, the following Motion was submitted to the College and carried :—

"'It having been proved to the satisfaction of the College, that Robert Jacob Jordan, a Licentiate of this College, has been guilty of conduct unbecoming the character of a Physician, in publishing, or causing to be published an indecent work, entitled, 'the Illustrated and Descriptive Catalogue of the Subjects contained in the London Anatomical Museum; to which is annexed the guide to Masculine vigour—by a Physician; that the said Robert Jacob Jordan be deprived of his Licence from the College; 'That the College thereon declared that the said Robert Jacob Jordan was deprived of his Licence from this College, conferred on him on the 14th June, 1859, and of all the rights and privileges which, as a Licentiate of this College, he does enjoy.'

"'In intimating this deprivation of Mr. Robert Jacob Jordan's licence from this College to you as Registrar of the General Council of Medical Education and Registration of the United Kingdom, the College directed me to request of you that any qualifications derived from this College and entered in the 'Medical Register,' as pertaining to Mr. Jordan, may be expunged.—I am, Sir, your most obedient servant, "'CHRISTOPHER DOUGLAS,

"'Clerk to the Royal College of Physicians of Edinburgh.

"'Dr. Hawkins, Registrar, General Medical Council of Medical Education and Registration.'"

"Moved by Dr. Alexander, seconded by Dr. Andrew Wood, and agreed to :—

"'That the name and qualification, as Licentiate of the Royal College of Physicians of Edinburgh, of Mr. Robert Jacob Jordan, be removed from the Register.'

We beg to call the attention of the Colleges above referred to to the fact that JORDAN still advertises himself as belonging to them.

On examining the second edition of this work, which appears under the guise of a third edition, we were surprised to find only an 8vo. pamphlet of a few pages, containing no proper treatise on skin diseases or their remedies, but a series of remarks, unfit for any female to read, on eruptions caused by syphilis, expressed in general quasi-professional terms, not at all entering into the syllabus given in the advertisement, and ending in the usual way—medicine, advice, and cure from the advertiser.

We asked ourselves could it be possible that the *Medical Times and Gazette* said, in 1860, that "this book is as he (JORDAN) has aimed to make it, thoroughly useful and practical?"

A reference to that journal showed that the review quoted as sanctioning this pamphlet, was really written, *on quite another book, with the same title*—a book of 284 8vo pages, published by Mr. CHURCHILL, the eminent London publisher. But JORDAN subsequently publishes a dirty pamphlet, to which he gives the same title, and applies to it the sanction of a review written on another book, and advertises the review of the *Medical Times and Gazette* as referring to his production now under our notice. Can any deceit or fraud be greater than all this? and can any respectable paper—now that we give the facts, which of course we did not expect non-professional men to know—continue to do such mischief to morality and health, as to circulate this guilty stuff for mere gain?

We give just one more advertisement, this time from the *Cork Herald*, of 3rd March, 1866, suppressing only the address of the advertiser :—

DISEASES OF WOMEN; a Treatise describing their Causes, Symptoms, and Treatment, illustrated with Cases, with the names of cure used in each case, especially designed for the use of Females, whether Married or Single. Free by post on receipt of seven stamps. Address Dr. Smith.

Now, we ask the editors of the daily press to look into the Medical Register for the names of these pretenders ere they publish them, and to see if their works appear in the London publishers' catalogues? Has the Editor of the *Cork Herald* sought for the name of this "Dr. SMITH" in the Medical Register, or for the name of his "work" in the London publishers' catalogue? Does he know who his advertiser is, what is his professional status, and what medical journal has noticed his "work?" We say all this in utter ignorance of who "Dr. SMITH" may be. We know some most honourable men of the name, but none of them is the author of this "work."

We wish the Irish College of Physicians would put their legal powers of inspection into force on the Dublin quacks. They have ceased inspecting apothecaries' shops, but they may well turn the powers given them by LUCAS' Act to good account by literally "walking into" the shops of the quacks who now boldly do business before our eyes. Every man who cares for his wife and daughters should join us in attacking these wretches.

We shall feel obliged by any of our readers sending us Irish papers, which, notwithstanding our protests, continue thus to bring discredit on the fourth estate. With its many faults about Ireland, the Jupiter of the Press, the *Times*, has never disgraced its columns with a quack advertisement.

Notes on Current Topics.

THE POOR-LAW BOARD AND THE SICK POOR IN WORKHOUSES.

ALTHOUGH the question of the treatment of the sick poor in the metropolitan workhouses has been lately prominently brought before the public, and is still discussed in the columns of the journals, the Poor-law Board preserves the closest silence upon the subject; and it is quite impossible to understand whether it intends to initiate any movement for the amelioration of the existing disgraceful state of affairs, or even to follow the present current of popular feeling in bringing about a reform of the Workhouse Infirmaries. Our own opinion as to the supineness of the Board has been already expressed, and we are not disposed in any way to retract the expression of our belief that if it had done its duty the present agitation would have been unnecessary. With every respect for the motives of a contemporary journal in instituting a Commission to investigate the condition of the Metropolitan Workhouse Infirmaries, what necessity ought there to have been, we may ask, for such a step, when the Poor-law Board possesses a complete staff of well-paid officers and inspectors appointed for the very purpose of protecting the sick poor, as well as other classes of paupers? Why is it unnecessary for the *Lancet*, or any other journal, to inquire into the condition of Lunatic Asylums and Prisons, but because there are Government Inspectors who watch over the treatment of the inmates of these receptacles of insanity and crime, and who bring to light and correct any abuses they may discover. The Poor-law Inspectors have equal

opportunities of examining into the treatment of the sick poor; and as we assert without fear of contradiction that the abuses now disclosed have long been known to them, we regard these officials as equally culpable with the Guardians, whose misconduct the Poor-law Board ought at least to have exposed, if it could not punish. But the Board has consistently refused even to investigate the mismanagement of the Workhouse Infirmaries until quite lately, when it saw the current of public opinion drifting in favour of the sick poor, and then it makes a merit of doing what it ought to have done long ago, but which it has always neglected to do. Why does not the Board publish the reports it has received from its own Inspectors as to the state of many of the Workhouses, but because by so doing the Board would exhibit its own negligence. The Commissioners in Lunacy publish their reports on the condition of Lunatic Asylums, and why does the Poor-law Board withhold or suppress its reports on the Workhouse Infirmaries but because it has been aiding and abetting the Guardians in their shameful ill-treatment of the sick poor. The Board pretends, forsooth, that it has refrained from interfering with local management; but did the Government hesitate in abolishing the local constabulary and substituting the new police, or did it hesitate in appointing Inspectors to regulate Lunatic Asylums and Prisons? When these questions are answered satisfactorily we shall be able to defend the Poor-law Board, but not before.

THE ARMY AND NAVY MEDICAL OFFICERS.

We would warn our military brethren, especially those of the army, not to be too sanguine that all the recommendations of the Select Committee lately appointed to report on the pay, rank, retirement, &c., of Army and Navy Medical Officers will certainly be adopted. We do not state that the authorities will refuse to act upon the report, but we merely mention that they have not yet done so. If our surmises are correct, we believe it will be found that the concessions will be made in the case of the Navy; but that in the case of the Army the authorities are still considering the question as to whether the concessions should be made or not, and the result will depend upon the circumstance whether a sufficient supply of candidates for the service can be procured under the existing regulations. The agumentation of pay proposed by the Select Committee is very considerable, and it will be necessary to make a new estimate of expenses by the War Department, if the recommendation should be carried into effect.

A LATE ELECTION AT BETHLEHEM HOSPITAL.

Considerable interest has been recently excited among alienist physicians by the announcement of a vacancy in the post of Medical Superintendent of Bethlehem Hospital, and the appointment of one of the candidates on Monday week. As is usual in all elections where there are several competitors for the vacant office, the result has been distasteful to the unsuccessful candidates; but we must in all fairness admit that the Committee of the Hospital are not free from blame in the steps they have taken (and, as it turns out, successfully) to secure the election of their own candidate. The vacancy was caused in November of last year by the death of Dr. Helps, and candidates were invited to come forward, certain qualifications being announced as indispensable, among which were the Doctorate in Medicine of a British University, or the Fellowship or Membership of the College of Physicians of London, Dublin, or Edinburgh. Among the candidates was the assistant medical officer, who, however, was not possessed of the qualifications referred to, and consequently it was supposed that the field was open. But of six candidates who presented themselves the Committee selected three, one being the assistant medical officer just alluded to, and the two others being gentlemen who had no intention of going to the poll. Thus, the other three being entirely excluded from the consideration of the general body of governors, the favourite candidate walked over the course. As we before remarked, we think the conduct of the committee was very unfair, and although we offer no remarks in disparagement of the gentleman now selected, we think that the others had not that legitimate chance of success which they had a right to expect.

THE RESIDENT MEDICAL OFFICER OF THE CHARTER-HOUSE.

A small piece of patronage has just fallen to the clerical and legal dignitaries who regulate the affairs of the Charterhouse, in the shape of the appointment of Resident Medical Officer to that ancient Institution. The establishment consists of boys on the foundation of the school, and of a certain number of old gentlemen who reside in the building, and enjoy certain privileges. Mr. John Miles, who who has performed for several years the duties of Resident Medical Officer, to the satisfaction of every one connected with the building, has been induced to resign the appointment in consequence of advancing years, and it is whispered that some of the electors contemplated the perpetration of something like a job, by appointing a nominee of nearly the same age as Mr. Miles. Such has not, however, been the result; but the appointment has fallen on Mr. Nicholl, a surgeon in the army. It was hoped that a general practitioner (the class to which Mr. Miles belongs) would have been appointed, but that hope has not been realized.

THE CATTLE PLAGUE.

We believe we may assert with truth that the cattle plague is diminishing in England and Scotland; Ireland, as is well known, having never been visited at all. It is true that the weekly returns are not quite conclusive, because some of the local Inspectors have not sent in their reports, but still the difference in the numbers is so great that in all probability the decline of the disease may be assumed as a fact. Whether the result is due to the operation of the Act which has just passed through Parliament, or to the recent coldness of the weather, or to other atmospheric causes, or whether the accession and the decline of the malady are to be regarded as phenomena equally mysterious and inexplicable by human reason, we cannot pretend to determine. We admit in all frankness that the diminished severity of the epizootic cannot be attributed to the successful application of medicines, but then it must be remembered that legitimate medicine never made any pretence of having discovered a cure. That boast was left to the homœopathic quacks and to experimenters like Mr. Worms, and their failure has been the more conspicuous from the boldness and the confidence with which their

several nostrums were recommended to the public. One result which was predicted by the opponents of the Cattle Diseases Act—namely, that the transit of the cattle could not be stopped without serious inconvenience, has certainly not been realized, and the metropolitan market, for instance, is so abundantly supplied with dead meat that prices have risen very little, while the public are so well satisfied by the absence of the living beasts from the thoroughfares, that it is even hoped that the slaughtering of cattle will not hereafter be allowed within the metropolitan precincts.

THE LONDON INFIRMARY FOR EPILEPSY AND PARALYSIS.

Under the above title an institution has been lately established in Charles-street, Portman-square, for the treatment of several diseases of the nervous system, the sufferers from which are excluded from most of the general hospitals. There is at present another institution, having similar objects in view, situated in another part of the metropolis, but this alone is obviously inadequate to receive the multitude of patients applying for relief. There is therefore ample scope for the new Infirmary, the operations of which are at present limited to the relief of out-patients; but as soon as the funds will allow, it is intended to open wards for in-patients. Dr. Julius Althaus, whose contributions to scientific Medicine are well known to the profession, is the honorary physician, and Mr. Alexander Ure is the consulting surgeon.

VACCINATION IN SCOTLAND.

When the Scotch Vaccination Act came into full operation on the 1st of January, 1864, considerable speculation was excited as to how the Bill would work. All doubt as to the propriety of enforcing such a statute, and any fears which were originally entertained as to the success of such a measure, have been entirely dispelled by the first Annual Report of the Registrar General on Vaccination in Scotland, which has just been published. The report contains many topics of great interest and importance, but we have room for only a few extracts:—

"During the year 1864, according to these vaccination returns, 112,559 births were entered on the Birth Registers, of which number 3708 were those of children who, from having been born prior to the 1st day of January, 1864, were not included under the operation of the Vaccination Act. That number therefore being deducted, would leave 108,851 children in Scotland in 1864 under the operation of the Act. With that number, therefore, we have alone to do.

"Of the 108,851 children, 95,047, being 87·32 per cent. of the whole, were successfully vaccinated. 662, or 0·61 per cent., had their vaccination postponed from ill-health or other causes. 1261, or 1·15 per cent., were found to be insusceptible of vaccination; but of these the insusceptibility arose from the child having been previously vaccinated in 440 cases, from the child having had small-pox in 154 cases, while in 667 cases it arose from constitutional insusceptibility. 9180 children, or 8·44 per cent., died before vaccination could be performed; while 2701 children, or 2·48 per cent., had removed from the district before vaccination could be enforced, or were otherwise unnaccounted for.

"The above statement does not bring out the full success of the Vaccination Act, so as to make it patent to every mind. What we are specially interested in ascertaining is not the proportion successfully vaccinated out of the total number of children whose births are entered on the Registers, for that includes all who died previous to vaccination; but we wish to ascertain what proportion of children, who survived till they were vaccinated, are protected by vaccination. Deducting from the 108,851 children who came under the operation of the Act, the 9180 who died before vaccination was attempted, 99,671 living children are left to be operated upon. Their vaccination gives the true success of the Act, and is of extreme interest.

"Of these 99,671 living children, 95,047, or 95·36 per cent., were successfully vaccinated; but as we must add to that number all those who were found to be insusceptible of the vaccine virus, from having been previously successfully vaccinated by clergymen, midwives, or parents, all those who had already had small-pox, and all those who had constitutional insusceptibility, we find that those really protected amount to 96,308 children, or to the proportion of 96·62 in every 100 children. As all those whose vaccination is postponed are being looked after, and those who survive will be vaccinated, this gives us a total of 96,970 children out of 99,671, or a total proportion of 97·29 in every 100 children, protected as far as may be from the ravages of small-pox. In fact, it accounts for every living child, excepting the 2701 who have been lost sight of, from their parents having removed to other parishes. Only the small proportion, therefore, of 2·71 per cent. remains unprotected by vaccination of all the living children who came under the operation of the Vaccination Act in 1864."

These statistics show a most extraordinary success in the working of the Act; indeed, we question whether any statute during the first year of its enforcement was ever more thoroughly or efficiently carried into effect. On this point the Registrar remarks:—

"The proportion successfully vaccinated in Scotland is about the highest which could be vaccinated out of the numbers given, and reflects the greatest credit on the people and on the vaccinators."

With regard to the mortality from small-pox, it is satisfactory to know that the number of deaths from that disease has been lower during the last year than for the last eleven years, and there can be little doubt that the Vaccination Act has had some influence in diminishing the number of fatal cases.

"The deaths from small-pox over all Scotland for the two years during which the Vaccination Act has been in operation cannot yet be ascertained, as the registers for 1865 will not be received at the head office for some months, and it takes several clerks many months' labour to extract and tabulate the causes of death, &c. But the deaths from the different diseases in the eight principal towns of Scotland are tabulated monthly; so that we can ascertain from them whether small-pox has increased or diminished since vaccination has become general.

"It was found that, by taking an average of eight years, there died from small-pox in Scotland annually 895 persons, and that 487 of the these deaths occurred in the eight principal towns. This shows that more than one-half of the deaths from small-pox in Scotland occur in eight towns; so that if we know the number of deaths from small-pox in these eight towns, we can arrive at a very close approximation to the number of deaths from small-pox over the whole of Scotland.

"In 1863, the year before the Vaccination Act came into operation, 816 persons died from small-pox in the eight towns, indicating a mortality of 1500 persons over Scotland during that year from that disease. In 1864, the deaths from small-pox in the eight towns were 679, implying that 1248 deaths over Scotland occurred that year from small-pox. In 1865, which may be regarded as the first year in which the Vaccination Act was in full operation, the deaths from small-pox only amounted to 67, which only implies 123 deaths from that disease over

Scotland. Never for the last eleven years has the mortality from that disease been half so low; and making every allowance, it can scarcely be doubted that the general adoption of vaccination has had considerable effect in reducing the mortality."

The Report also contains some remarks as to the fees charged for vaccination, from which it appears that many of the country people, who in former times were accustomed to have the operation performed gratis, either by the clergyman of the district or a midwife, now grumble very much to pay 1s. 6d. or more for it. But we never could see the reason why medical men should not be paid for vaccinating a child as well as for any other service. It is the custom even yet in many places for the accoucheur to do this little operation without any further remuneration than the fee for the confinement. But why should this be? The practitioner might just as well be expected to amputate a patient's limb or remove a scirrhous breast free of charge, just because he had attended her in labour! If the people are paupers, let them have every facility granted to them for having their children vaccinated gratuitously. But it is, in our opinion, most iniquitous and unfair, that persons who are in the receipt of weekly wages, and who are in the habit of paying the doctor for ordinary attendance, should expect him to take the trouble to vaccinate their children without remuneration. The mere fact of their being called on to pay a small sum undoubtedly has the effect of making them regard the operation as a thing of some importance, whereas gratuitous vaccination has the tendency to make them careless, and to give them the idea that the whole affair is a trifle which may or may not be done, according to pleasure.

Correspondence.

DR. RICHARDSON ON LOCAL ANÆSTHESIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Mr. Symes' letter of March 7th "On Local Anæsthesia" requires a line or two in reply from me. In the first place, let me state that my instrument has *not* been patented, and that there is no shadow of a reason for any statement to that effect. The instrument which Mr. Symes refers to as having been used by himself in substitution for mine is the one I originally used—viz., a Berjsen's spray tube with Dr. Clarke's hand-ball bellows. I was obliged to set this aside, except the bellows part, as inferior, and Mr. Symes will do the same, I think, when he has worked at the subject as long as I have. Berjsen's tube does not produce the same rapid degree of cold nor the same extreme degree as mine; it cannot be moved in operations with the same ease and rapidity, and it does not admit of being made into a multiple instrument. As regards fineness of spray from my instrument, that is entirely under the control of one operator. By altering the regulation needles a spray finer than any produced by the suction process is secured; but in some cases a coarser spray is required, and then by changing the needle that can be effected.

In the third place, as regards the relative merits of ether and chloroform, Mr. Symes will find after a time, I believe, that ether is best. Chloroform has no advantages over ether as an anæsthetic; it is slower in its action, its boiling point being so much lower, and it produces insensibility much less deeply: but the worst feature of it is, as I found in twenty-two experiments, it leaves sometimes an intense vascularity of surface, almost an erythema, with peeling of the cuticle and considerable pain.

In my earlier inquiries I used chloroform, also a mixture of ether and chloroform of varying strengths, thinking that the chloroform exerted a specific action on open surfaces. Experience showed me that when two cases were carefully compared, the ether did the same in effect, uncombined as combined.

I sometimes, however, still use a mixture of chloroform and ether, in cases where, I think, it is not requisite to produce deep anæsthesia, as in puncturing an abscess.

In the fourth place, Mr. Symes mistakes somewhat the phenomenon of whitening of the skin, to which he raises objection. That phenomenon is producible without the necessity of any touch of the skin or prick of a needle. With my instrument in good action it occurs, if absolute ether be used, in the majority of persons, in fifteen seconds, and disappears as quickly. There is no objection at all in this process of whitening (freezing), because recovery from it is immediate and perfect, and it tells the fact that there is a superficial insensibility which may be extended to the depth of half an inch by a few more strokes of the bellows.

Whether absolute whitening of the skin should or should not be produced turns on the nature of the case and the wish of the surgeon. This is a practical point that should be well understood. If the surgeon does not wish to produce whitening and hardness of skin, he must mix one part in four of alcohol or chloroform with the ether, when, if he continue the spray three or four minutes, he will get anæsthesia. If, however, he should wish to narcotise very quickly, he will use absolute ether, and get the result in an eighth of the time. By practice I can get the anæsthesia with ether in any degree by altering the distance at which the spray is delivered on the part.

According to the time employed in producing local anæsthesia, the sensations of the patient differ. A narcotism of four minutes implies a considerable although bearable degree of the sensation of numbing cold. A narcotism of thirty seconds implies a sudden, prickly, heated sensation, which some persons feel more than others. My experience, derived from over two thousand observations, leads me, contrary to my first idea, to favour the quick process. In many operations, where the patient could not see what was doing, I have produced insensibility, and the surgeon has operated before the patient knew the operation had commenced. In one case of carbuncle the whole mass was rendered insensible and divided from base to apex in fifteen seconds. At the same time, I admit that this point of rapid as opposed to slow local anæsthesia deserves careful consideration, and I hope Mr. Symes will be good enough to try both methods and report on them.

Allow me, Sir, in conclusion, to state how profoundly gratifying it is to me to observe the warm interest my brethren on the other side of the Channel are taking in my labours. I read all their observations as respectfully as critically, happy at all times to learn from them, and to communicate back again that which Nature, when she answers my childish questioning of her, deigns to reply.—I remain, Sir, your obedient servant,

B. W. Richardson, M.A., M.D., F.R.C.P.

London, 12, Hinde-street, W., March 12, 1866.

THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—Your editorial observations on the subject of the Fellowship of the Royal College of Surgeons gratified me greatly; and although I am not an advocate for another "*year of grace*," still I believe that the portals to the highest position in the College should be thrown open to a certain grade in the profession.

In the army, when a Surgeon has served twenty years he becomes Surgeon-Major; and I would say when a Licentiate

of the College has for twenty years honourably discharged the duties of his profession, and is well reported of by his brethren, he should be eligible for the Fellowship without having to submit to any further examination.

There are many Licentiates like myself, of more than wenty years' standing, who have borne the burden and heat of the day, and rendered the state some service, who now, in their declining days, would gratefully accept and gladly pay for the honours of the Fellowship, but who are not prepared after some thirty or forty, or perhaps fifty years' practice, to submit to an examination.

Hoping you will press this matter upon those in authority, I am, dear Sir, yours very truly,

February 27th. A Militia Surgeon.

THE DOUBLE QUALIFICATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Your correspondents are both in error as to the reason that Irish Medical Students go to Scotland for their degrees. I studied in Dublin four years, at the Royal College of Surgeons, but took my degrees in Scotland; my reason being that the examination of the Irish College is what is called *crury*, and is therefore not a fair examination for a young student. Candidates are asked such questions as to give and trace relations of the median nerve. Does such a question test the student's common practical anatomy? Minute questions like the above, and others that can do a Medical man no earthly service, form a considerable part of the examination. These are the reasons why the Irish students go to another country for their degrees. Many of the Professors in Dublin could bear me out in what I have said, and could afford undoubted evidence of the causes of the exodus, the reasons, some of which I have stated above.—I am, Sir, your obedient servant, Albert Edward Lane, Surgeon and Physician.

Newtownlimavady, March 15th, 1866.

[Whatever truth there may be in Dr. Lane's strictures on the examination of the Royal College of Surgeons, we are under the impression that, if they exist at all, they are not the real reasons for students seeking their qualification elsewhere. Nevertheless, it appears to us that the great aim of the examination is to ensure practical competency in the Licentiates of the College, and that questions which go beyond this should be regarded as of secondary importance. Could the examiner who asks such a question answer that his candidate was perfect in practical surgery? If not, we would advise the adjournment of such questions till he has satisfied himself on the subject.—Ed. M. P. C.]

"NOTHING LIKE LEATHER."

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Though the following extract, taken from the Year book of Medicine and Surgery for 1860, p. 463, proves that Chloroform afforded relief from pain in the passage of gall stones, it at the same time shows that its adoption for such purposes is not so recent as Dr. Kidd would lead us to suppose, and also, though used in large quantity, it unfortunately failed to result in as *beautiful a cure* as that he records:—

"A photographer, æt. 40, had suffered for six or seven years from gall stones, on account of which he had taken gradually increasing doses of morphia to the extent of 12 grains daily, but had subsequently diminished his dose to 1½ grains. From this time, whenever the pain increased, he was in the habit of inhaling in the course of a few days four to five pints of ether, and from eight to thirty ounces of chloroform, which afforded him relief, but subsequently produced crapular pains, which drove him again to the laudanum. He had in the meantime several attacks of mania, but showed himself to be a capable workman during the intervals. One morning Dr. Buchner found him in bed in the condition produced by long inhalation of chloroform and breathing tranquilly. An hour afterwards he died. Subsequently all the organs were found unaltered except that the gall bladder contained 72 small gall stones, and one as large as a bullet was found in the gall ducts."

Yours, &c., Garyone.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you kindly inform me through your next number of your Circular whether it is compulsory for a gentleman to pass the preliminary examination at the London College or at Apothecaries' Hall, who was indentured in July, 1858, and who has fully served his apprenticeship, and has been living with a surgeon ever since; and must he pass the preliminary before he can enter on his hospital practice studies?—I am, &c. A Subscriber.

[Under the circumstances mentioned, the preliminary examination in arts would be dispensed with. The act did not come into operation until August, 1858.—Ed. Medical Press and Circular.]

PARLIAMENTARY INTELLIGENCE.

HOUSE OF LORDS.—March 13th.

CATTLE PLAGUE RETURNS.

The Earl of Carnarvon begged to call the attention of the noble lord the President of the Council to a matter of some consequence. We had come to that stage of the cattle plague when it was of the utmost importance to have correct returns. For some four or five weeks past the returns issued by the Veterinary Department of the Privy Council Office were very inaccurate. A certain number of inspectors, whether from being overworked or indolent, had not made returns, and the consequence was that last week there were 246 districts from which those returns were in arrear.

Earl Granville said that inspectors had been sent down to various districts from which no returns had been made to see what could be done.

March 15th.

Lord Granville, in reply to a question from Lord Ellenborough, stated that any magistrate who should improperly grant a certificate for the removal of cattle without a compliance with the conditions prescribed in the Orders in Council, would be liable to prosecution and dismissal from the magistracy.

HOUSE OF COMMONS.—March 9th.

HOUSES OF THE WORKING CLASSES.

Mr. T. Hughes thought to get an alteration made in the Standing Orders, so as more effectually to protect working men from eviction from their homes by invading railways. He failed, however, and had to withdraw his motion.

EXCLUSION OF THE CATTLE DISEASE FROM IRELAND.

Mr. Maguire asked the Attorney-General for Ireland whether his attention had been called to the case of a drover who, on his return from Cardiff to Cork, had three fresh calf-skins tied up in a bundle which he sought to conceal; and whether instructions would be given to the police in the various Irish ports to institute such scrutiny as would prevent the risk of the cattle disease being introduced into Ireland by similar means.

The Attorney-General for Ireland replied that he would cause inquiries to be made with the view of ascertaining the facts and of instructions being given to watch every circumstance of the kind referred to by the hon. member for the city of Cork.

SMOKE NUISANCE.

Sir Robert Peel drew attention to the nuisance arising from the smoke of furnaces in towns and country districts, and in doing so animadverted upon the frightful

waste which, for want of proper regulations, now took place in our most valuable fuel, and the destructive effects arising therefrom to human life and health and to the vegetation in the neighbourhoods of large centres of manufacturing industry, and called upon the Home Secretary to give an assurance that the Government were prepared to legislate on the subject during the present session.

Sir G. Grey said he had directed an inquiry to be made in the principal towns as to the means which had been taken to enforce the law in particular places, and he had no doubt that the result would be to throw light upon the defects in the law, and point the way to improvements in the future, in which case he should be prepared to bring in a measure embodying such amendments as might seem to be advisable.

THE CLERKENWELL GUARDIANS.

Mr. Kinnaird wished to know if instructions had been issued to the guardians of the poor of Clerkenwell to correct the evils which had been proved to exist in the casual ward of that parish, and if the Poor-law Board had power to enforce such instructions, if issued.

Mr. Villiers said that Clerkenwell was a portion of the town not within the jurisdiction of the Poor-law Board, but they had claimed the right to visit and inspect the workhouse; and for some years past, particularly of late, strong remonstrances had been made as to the treatment of the poor. Visits had been made by inspectors both by night and by day, and it was now in a better condition; but the guardians considered themselves quite independent of the authority of the Poor-law Board, and had been acting in defiance of it. He would not take upon himself the responsibility of introducing a Bill to extend the jurisdiction of the Poor-law Board without further inquiry.

March 13th.

THE RINDERPEST AMONG SHEEP.

Mr. Long asked the Secretary of State for the Home Department whether the Government was taking any steps to ascertain if the disease resembling the rinderpest which had recently been observed among sheep in different parts of the United Kingdom was really the rinderpest or not.

Mr. Bruce said that during the last six months the attention of the Veterinary Department of the Privy Council had been directed to this subject, and during that time twenty-six different phases of the outbreak of what was supposed to be the rinderpest had been reported in eleven counties, as many as seven occurring in the county of Norfolk. The conclusion at which the veterinary surgeons of the Privy Council had arrived was that the disease was identical with the rinderpest among cattle. This conclusion had been arrived at after a series of careful experiments conducted by Professors Simonds and Brown.

March 14th.

On the consideration of the Lords' amendments to the Cattle Plague Bill, after a long conversation,

Mr. T. G. Baring announced that if Mr. Hunt would withdraw the Bill the Government would undertake to strengthen the Privy Council Office, and would issue orders for the isolation of infected districts, the protection of disinfected districts, the regulation of fairs and markets, the cleansing of railway trucks, and other matters, on principles which he explained.

Mr. Hunt acceded to this proposal, and, on the motion of Sir G. Grey, the Lords' amendments were ordered to be taken into consideration that day six months.

COUNTY IRFIRMARIES (IRELAND) BILL.

Mr. Pollard-Urquhart, in moving the second reading of this bill, said that as the law stood at present an annual subscription of three guineas was required to constitute a governor of a county infirmary. The obvious effect of this provision was to limit the number of subscribers, and the bill, therefore, proposed that a subscription of a guinea a year should constitute a governor, and one of ten guineas a life governor. He had, however, inserted a clause securing to those who gave the higher subscriptions a proportionate degree of influence in the elections of medical officers, &c.

The Attorney-General for Ireland remarked that the subscription by grand juries in Ireland to county infirmaries was at present optional, but it was proposed by this bill to make it incumbent on them in future to present the average annual sum which they had presented for the last ten years. This was a proposal of a most objectionable character, for circumstances might so alter as to render the continuance of the payment inexpedient, and, in fact, in the opinion of the Poor-law Commissioners, the workhouse hospitals had superseded the necessity for these infirmaries.

Mr. Bagwell was of opinion that one or two infirmaries of a superior description in the different counties would serve a very useful end, by treating serious disorders and accidents with more care than was possible in a local workhouse. Not that he wished to disparage the medical officers of workhouses, many of whom were men of considerable eminence in their profession, but it was well known that in certain cases it was desirable to call in more advice than could be obtained from any one physician in any one place (hear, hear.) He did not ask for the revival of the Government grant to the officers of the infirmaries, which had gradually been allowed to drop, for he was always an advocate for the Irish people doing for themselves what the people of England did in like cases; but he hoped the Government would promise to deal with the subject, and that when the Chief Secretary for Ireland was in his place, which he trusted, after what occurred on Monday night, would be very shortly, a bill in accordance with what he had shadowed out would be introduced. He would advise the honourable member for Westmeath to withdraw his bill on such an undertaking, or else to ask the Chief Secretary in committee to assist in modifying it in any way that seemed best.

Sir H. Bruce differed *in toto* from the opinion which had been expressed that these infirmaries had been superseded by workhouse hospitals. The fact was that they benefitted a class of persons who were unable to pay for superior medical advice, but who yet, with a commendable pride, would never enter a workhouse hospital.

Mr. Synan objected to the compulsory clause as to grand juries, but with that exception cordially approved the bill.

The second reading was negatived without a division.

POOR-LAW MEDICAL REFORM AND VACCINATION.

Mr. Griffin begs us to inform the Poor-law Medical Officers that the following subscriptions have been received by him towards the funds of the Association :—

Fendich, R., Bristol, 5s.; Wotton, C. H., Hempstead, 21s.; Thom, A., Brampton, 5s.; Phillips, G. M., Hitchin, 10s. 6d.; Stear, H., Saffron Walden, 5s.; Walsh, F. F.. Saffron Walden, 5s.; Jones, A. N., Saffron Walden, 5s.; Rake, B., Fordingbridge, 5s.; Mott, C., Chertsey, 10s.

By Mr. Prowse—Davies, E., Wrexham, 5s.; Foster, J., Chorlton, 10s. 6d.; Waller, J. S., Flegg-Burgh, 5s.; Huke, S. T., Tunstead and Happing, 5s.; Ingham, A., Haworth, 10s.; P. R., 5s.; Lisle, R. P., Cardiff, 10s. 6d.; Wardlesworth, Bury, 10s. 6d.

The Vaccination Bill was read a second time on the 8th of this month; therefore, those medical men who wish the bill amended in Committee should lose no time in writing to their members.

The Water-Supply of the Metropolis.—A meeting was held a few days ago, at which Lord Ingestre presided, when attention was directed to the filtering apparatus which the London and General Water Purifying Company supply, and which Government has recently adopted in two or three instances with complete success.

Medical Obituary Notices.

We regret to have to announce the death of Major John J. Corrigan, of the 3rd Dragoon Guards, eldest son of Dr. Sir D. J. Corrigan, Bart. The deceased gentleman died in Australia, where his regiment was stationed. He was, we understand, married, but left no heir male, so that Dr. Corrigan, a member of the Irish Bar, is now heir to his father's baronetcy

DEATH OF DR. O'REARDON.

Dr. O'Reardon, whose death took place on Wednesday last at Killarney, had reached the patriarchal age of 90, and was the oldest member of the College of Physicians. Mr. O'Reardon entered in 1797 the College of Maynooth. A pause in his speech having unfitted him for the pulpit, he relinquished theological for physiological studies, and in 1802 he became a physician. During this year he published in Latin some medical dissertations, dedicated to Drs. Clarke and Purcell. Sound sense, free from the theorising flights to which some young physicians are prone, characterise these productions, while their Latinity is pure and vigorous. In 1803, Dr. O'Reardon proceeded to France for the purpose of gathering experience at the hospitals of that city, and of enjoying the advantages of a course of instruction under the celebrated Baron Cuvier. Prolonged hostilities between France and England sprung up shortly after, and Dr. O'Reardon, together with his grand uncle, the General Count O'Connell, of the British service, with whom he resided, were detained in France until the restoration of the Bourbons, nine years later. The longevity of the family is remarkable, General O'Connell having attained the age of 91 at his death in 1834. In 1814, Dr. O'Reardon returned to Ireland, and became physician to some public institutions, from which he received formal addresses of thanks; but it is in connexion with the fever hospital in Cork-street with which he will be chiefly remembered. For thirty years he was, with the late Dr. Harkin, its zealous and efficient medical attendant; but on the reduction of the hospital grants in 1848 his services were relinquished. The medical reports of the hospital, of which many exist, from his pen, attest the unremitting zeal with which Dr. O'Reardon watched over the patients committed to his care. He was also the writer of a small memoir of Kirwan, the eminent chemist, whose friendship he possessed. He was the associate in consultation with Colles, Cheyne, Crampton, and Carmichael; and, although he did not hold quite as high a rank as those eminent names, he largely shared their friendship and high opinion. Dr. O'Reardon was first cousin of Daniel O'Connell, whose family physician he had been.

JOHN CONOLLY, M.D.

The *Lancet* publishes the following particulars of the life of this distinguished physician :—

Dr. Conolly entered life at the age of eighteen as an ensign in a militia regiment. In 1818 he married Elizabeth, a daughter of Sir John Collins; and it marks the energy and determination of his character that soon afterwards he entered himself as a student in the University of Edinburgh, and took his degree with distinction in 1821, selecting "Insanity" as the subject of his thesis in graduating as Doctor of Medicine. After some further prosecution of his medical studies in Paris, he engaged in the practice of his profession for a short time at Chichester. He then removed to Stratford-upon-Avon; he was there to some extent successful, and much liked, being twice elected mayor of the town. In 1827 he came to London; there his charm of manner and his real talent engaged the attention of Lord Brougham, and, mainly through that nobleman's influence, Dr. Conolly was appointed Professor of Medicine in the University of London, a great distinction for so young a man. During the four years he retained this chair Dr. Conolly engaged much in literary work, in conjunction with Dr. Tweedie and Sir John (then Dr.) Forbes; he edited the "Cyclopædia of Practical Medicine," contributing many articles. In 1830 he published his first and best work, the "Indications of Insanity." His other publications were, a work "On Asylums," 1847; a volume "On the Non-Restraint System," 1856; an "Essay on Hamlet," 1863; his admirable "Lectures" published in the *Lancet*, and those delivered before the College of Physicians. There is much of his writing in the Annual Reports of the Hanwell Asylum, 1839 to 1842. Those written by him are models of composition and of sound practical sense. In 1830 Dr. Conolly returned to the provinces, and became inspecting physician to the asylums in Warwickshire. In 1839 the great wish of his life was gratified by his appointment as Physician to the Hanwell County Asylum.

In spite of his great and varied talent, the biographer of the *Lancet* thinks that Dr. Conolly would never have attained any distinction as a general consulting physician: the defects of his early training, his desultory education, and the late period of his life at which he entered upon the study of medicine, combined to prevent his obtaining any mastery of its principles, or ever feeling that pleasure in its practice without which no physician can hope to become famous. In his appointment to the direction of the Hanwell Asylum, Dr. Conolly found the exact field fitted for his genius. He had an intellect prompt at analysis: the functions of the mind in health, its deviations in disease, had been his favourite study. In his diagnosis of mental disorders he was singularly happy; and the natural kindness and benevolence of his heart made the system of treating the insane without mechanical restraint, which he inculcated with so much ardour and success, a labour of love indeed.

It is a mistake to suppose that Dr. Conolly originated this system. Without him it probably never would have attained its present development, and might possibly have been strangled in its birth; but to Dr. Conolly the merit belongs of inaugurating a new feeling in relation to the insane—gentleness and kindness, the utmost forbearance, the most tender pity for those under his care, was the example he set and the lesson he inculcated. A new school of physicians arose under his auspices; and, to again quote Lord Shaftesbury, Dr. Conolly "was an eminent instrument in a great work of wisdom and humanity.' The labours of Dr. Conolly were fully appreciated by his professional brethren. Few men had so many devoted friends. He was for years a Vice-president of the Medical Association, and on the unanimous vote of its members obtained the honour of the degree of D.C.L. from Oxford at the same time as Sir John Forbes and Sir Charles Hastings. He was twice President of the Medico-Psychological Association, and counted among its members his most loved and cherished friends.

DEATH OF SIR ALEXANDER MORISON.

Following closely upon the death of Dr. Conolly, which was recorded in our issue of last week, another distinguished authority on insanity has passed away full of years and honour. Sir Alexander Morison, M.D., and Fellow of the Royal Colleges of Physicians of London and Edinburgh, died at Balerno-Hill House, near Edinburgh, on the 14th inst., aged 87 years. He is well known as the author of various works on insanity, and just a short time ago founded a lecturership on that subject in connexion with the Edinburgh College of Physicians, to which Dr. Sellar was appointed. Sir Alexander was at one time President of the College, and received the honour of knighthood so long ago as the coronation of Her Majesty. An excellent portrait of this distinguished physician was painted for the College about two years ago by Sir John Watson Gordon.

RETROSPECT OF MEDICAL JOURNALS.

March 17th.

The journals of the week are singularly devoid of news.

It is gratifying to find that the rinderpest is on the decline. Under the head of "Failures of the Infallible," the *British Medical Journal* disposes of Mr. Worms, whose garlic treatment of the Cattle Plague was so lauded by the *Times*. Although unsuccessful, Mr. Worms does not acknowledge himself beaten, and hints that his method has not had a fair trial. It seems to us that the state of the vegetable market is a direct measure of the extent to which this savoury treatment has been pushed. We read that the garlic has jumped from 3d. to 2s. per pound. Lord Ellenborough does not seem to have given up all hopes of a perfect cure:—

"The Earl of Ellenborough asked what was the use of talking of Mr. Worms' medicine or any other medicine if Parliament declared that all cattle, when once attacked, must be slaughtered? It was our duty to endeavour to cure it and overcome the calamity. We had a letter from the consul at Warsaw, which distinctly declared that the disease had been cured; and only the other day we heard of this remarkable occurrence:—Three-fourths of a herd were slaughtered because they had the disease; and, as well as he remembered, seven more were condemned. For some time these seven would not drink; but, having been turned to water in which lime had been slaked, they did drink, and were well in a few days. With such facts before us, were we to say the disease was incurable? We should be guided by experience, and not by learned disquisitions, which required that a man must have read extensively before he could understand them. We never should get rid of this cattle-plague till we had got rid of the plague of trusting to professors rather than to common sense."

It is astonishing to observe how many persons apparently endowed with sense and the ordinary amount of intelligence, are caught by any clap-trap, no matter how absurd and irrational. In a disease like the rinderpest it is clear that if any means of cure be really successful it will be the result of logical reasoning imparted to us much in the same way that Jenner gave to the world vaccination for small-pox. We would recommend Lord Ellenborough to leave the cattle plague to the learned professors he so much despises. Every man had much better stick to his own trade.

In the case of the manufacturer of ketchup who was summoned before Mr. Woolrych for using pig's liver in the process as a substitute for mustard, the magistrate dismissed the summons as it was not proved that ketchup was an article of food; on the same grounds beer, wine, confectionery, and many other substances in daily use could be adulterated with comparative impunity. It is to be hoped that the Court of Queen's Bench will not take the same view of the matter.

Mr. T. Wells has used Dr. Richardson's method of local anæsthesia in a case of ovariotomy, during the incision of the soft parts; the tumour contained 64lbs. of fluid, and was itself 5lbs. in weight.

We have a paper by Dr. B. Foster on the sphygmograph devised by Marey for investigations on the pulse; although invented for physiological purposes, it is now being used extensively in this country in disease.

The *Medical Times and Gazette*, under the head of "A Sad Tale of Mismanagement," refers to the late terrible loss of life among the troops at Hong Kong. It appears that a good deal of blame must be borne by the War Office, in that they disregarded the oft-repeated complaints as to the absence of accommodation for an additional regiment. Unfortunately the principals of the Medical Department were absent at Japan, and were unable to cope with the difficulty from a distance. Their absence is the only point in the whole business in which blame can be attached to the Medical Staff.

A correspondent, A. M. E., who must have been a follower of Edgar A. Poe, gives several instances of persons buried alive.

Medical News.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on the 8th inst.:—

Bush, Richard Hake, York-terrace, Regent's-park.
Pugh, Richard, Llandovery, South Wales.
Rickard, Frederick Martyn, Stoke Devonport, Devon.
Rugg, Robert, Dispensary, Stepney.
Wad, Frederick John, Priory-road, Kilburn.

The following gentleman also on the same day passed his first examination:—

Duke, Benjamin, Guy's Hospital.

Pharmaceutical Society of Great Britain.—The following gentlemen passed the examination on the 14th inst. as Pharmaceutical Chemists:—

Alfred Barrowclough, Mirfield,
William Beckett, Heywood,
Robert Keevill, Clifton,
James John Owles, Great Yarmouth,
William Phillipps, New Cross Road,
Joseph Spencer Robinson, Alfreton,
Philip Stoneham, London,
Samuel John Weston, London.

Mr. Baker Brown has just been elected a member of the Medical Society of Christiania, in recognition of his services in operative surgery.

We learn with regret that Mr. Bolton, a medical student, studying in Dublin, died yesterday after only a few hours' illness, of a most virulent seizure, the nature of which is attended with the utmost obscurity. He had been in perfect health on Sunday evening, and in spite of the most assiduous attention and the first medical advice in the metropolis, died on Monday afternoon.

The Cholera in Germany.—The cholera has broken out with great virulence in some swampy villages of the Grand Duchy of Luxembourg and the adjacent district of Rhineland.

Royal Hospital for Incurables.—The anniversary festival of this institution was celebrated on the 9th inst. by a public dinner at the London Tavern. The secretary anounced a list of subscriptions, amounting in all to £2100.

Odontological Society.—At the ordinary monthly meeting, held at its rooms, Soho-square, on the 5th inst., Mr. Mummery read a paper "On Certain Forms of Irregularity of the Teeth," exhibiting models of cases where great success had followed his efforts to reduce the deformity.

The Cholera in Alexandria.—Official information on the 11th inst. received from Alexandria by telegraph states that cholera has reappeared there. The Government of Malta has placed all arrivals from Alexandria in thirty days quarantine.

The Governors of Steevens' Hospital have agreed to open their wards for the training of nurses. Mrs. Trench has taken the subject up: with her influence and the opportunities of a large general hospital, it is to be hoped that her charitable effort to furnish the poor in hospitals and the rich in their own homes with properly trained nurses will be successful.

Medical Society of the College of Physicians, Ireland.—The sixth meeting (Session 1865-66) will take place on Wednesday, 21st of March, 1866. Tea at eight, chair to be taken at half-past eight, p.m. Discussion: On Dr. Belcher's paper on Diphtheria, read at last meeting; Communications: 1. Dr. Hayden, "On some Cases of Diphtheria." 2. Dr. Madden, "On a Remarkable Case of Mania. leading to attempt Murder and Suicide." 3. Rev. Prof. Haughton, F.T.C.D., "On the Geometrical Form of Gall Stones."

Parliamentary Vote.—The following vote has been agreed to in the House of Commons: £246,500 for the army hospital establishment.

Vaccination and Cattle-Plague.—M. Bouley states that all the vaccinated cows which had been sent to England, in order to be placed in contact with diseased cattle, so as to test the amount of immunity acquired by vaccination, had taken the complaint.

ADVANCED PAYMENTS.

Subscribers are reminded that their subscriptions in all cases must be paid within two months of the date of the order to secure the advantage of the lower rate of £1 1s. 8d. per annum, and that any subscription delayed beyond that period will be charged on the credit scale of £1 2s. 6d. per annum.

Contributors are requested in all cases to forward their communications direct addressed to the Editor of the special department of the Journal in which they reside. Considerable delays have arisen in consequence of matter from England being forwarded to the Editor of the Irish or Scotch Departments, it being necessary to reforward them to London, for revision before publication.

Notices to Correspondents.

The *Canada Medical Journal* for February last, in its Periscopic Department, republishes from The Medical Press and Circular a case of Bilious Vomiting by Dr. W. Koster, of Urecht, communicated to us by Dr. W. D. Moore, of Dublin; and also a communication on the Nature and Treatment of Chilblains by H. S. Purdon, M.D., of Belfast. The source from whence these papers are selected is not even mentioned, although excerpts from other journals are acknowledged in due form. The *Canada Medical Journal* is welcome to any communication which it may think worthy of selection from our columns, and we hope it will not grudge us the credit of the communication. We are sure that the omission must have been unintentional, inasmuch as Mr. Barnard Holt's case of stricture of twelve years' duration, which appeared in our issue of January 3, is reprinted and duly acknowledged.

An Old Subscriber.—The only preparation of hypochloride of sulphur used by Mr. Milton for tenc is what is now pretty generally recognized as the compound hypochloride of sulphur ointment. It consists of two drachms of the hypochloride and ten grains of carbonate of potass to an ounce of lard. Should great itching be present, a small quantity of essential oil of almonds or hydrocyanic acid may be added. It is absolutely necessary that the lard employed should be quite pure.

Onyx.—The composition of "Towle's Chlorodyne" is chloroform, ether, oil of peppermint, perchloride acid, tincture of Indian hemp, prussic acid, tincture of capsicum, morphia and treacle. The other question is one which we do not deem it consistent with Editorial etiquette to answer in our columns, but we will, if requested, communicate the information in a private note.

The Pharmaceutical Society of Great Britain.—The list has been received.

Dr. Richardson.—The letter is inserted.

Dr. Frederic Edmonds.—It is not consistent with our custom to insert letters which have been refused admission into other journals, and we must therefore decline to publish Dr. Edmonds's communication; but we have referred to the subject in our leading article.

Amicus.—The best information on the subject may be found in the volume of the "Association Medical Journal" (now *British Medical Journal*), for the year 1853.

The Royal Institution.—The notice has been received.

Mr. Griffin.—The letter and the accompanying draft petition have been received.

Mr. L. J. is thanked for his communication.

The Obstetrical Society of London.—The report has been received.

The University of Cambridge.—The notice is inserted.

BOOKS RECEIVED.

On Tuberculosis. By Horace Dobell, M.D. London: Churchill and Sons.

The Chemists' Desk Companion for 1866. The Year-Book of Pharmacy. Edited by Charles H. Wood, F.C.S., and Charles Sharp. London: Churchill and Sons.

Contributions to Practical Medicine and Surgery. By James Arnott, M.D. Second Edition. London: Churchill and Sons.

On Diseases of the Veins. By Henry Lee, F.R.C.S. London: Churchill and Sons.

The Cattle Disease. By Surgeon-Major Logie. London: Churchill and Sons.

Prostitution Medically Considered. By Dr. Drysdale. London: Hardwicke.

The Negro in Jamaica. By Commander Bedford Pim, R.N. London: Trübner and Co.

A System of Instruction in Quantitative Chemical Analysis. By Dr. C. Remigius Fresenius. London: Churchill and Sons. 1865.

Berjel on Inhalation. London: Hardwicke. 1866.

The Alkaline Permanganates and their Medicinal Uses. By John Muter. London: Churchill and Sons. 1866.

Bowman's Introduction to Practical Chemistry. By C. L. Bloxam. London: Churchill and Sons. 1866.

The Danger of Deterioration of Race. By Dr. J. E. Morgan. London: Longman. 1866.

Progressive Locomotor Ataxy. By Julius Althaus, M.D. London: Churchill and Sons. 1866.

On the Use of the Chloride of Zinc. By Campbell de Morgan, F.R.S. London: Saville and Edwards. 1866.

On Winter Cough. By Horace Dobell, M.D. London: Churchill and Sons. 1866.

Medical Diary of the Week.

Wednesday, March 21.

Royal College of Surgeons of England.—4 p.m. Prof. Huxley, "On the Classification and Structure of the Mammalia."

Hunterian Society.—8 p.m. Mr. Bader, "On the Impairment of Vision in Albuminuria."

Thursday, March 22.

Royal Institution.— 3 p.m. Professor Frankland, "On the Non-Metallic Elements."

Friday, March 23.

Royal College of Surgeons of England.—4 p.m. Prof Huxley, "On the Classification and Structure of the Mammalia."

Royal Institution.—8 p.m. Dr. Bence Jones, "On the Existence in the Textures of Animals of a Fluorescent Substance closely resembling Quinine."

Saturday, March 24.

Royal Institution.—3 p.m. Rev. G. Henslow, "On Structural and Systematic Botany."

MEDICAL APPOINTMENTS.

Althaus, Julius, M.D., has been appointed Physician to the London Infirmary for Epilepsy and Paralysis, Charles-street, Portman-square.

Butt, William F., M.R.C.S. Eng., has been promoted to Senior Resident Surgeon to the St. Pancras Workhouse and Infirmary.

Budds, Dr. Wm. T., has been elected House Surgeon to the Cork South Infirmary.

Bell, Prof. R., has been elected a Member of the Chemical Society.

Campbell, Dr. F., has been elected a Member of the Anthropological Society.

Carver, E., M.B., F.R.C.S.E., of St. John's College, has been appointed Demonstrator of Anatomy in the University of Cambridge.

Collie, A., M.D., has been appointed Assistant Medical Officer to the London Fever Hospital.

Dewson, Mr. F. S., has been appointed Resident Dispenser at the Queen's Hospital, Birmingham, vice Mr. G. Smith, resigned.

Dudley, John G., M.D. Cantab., has been appointed an additional Physician to the North London Consumption Hospital.

Fox, C. B., M.D., M.R.C.P., has been elected a Fellow of the Obstetrical Society of London.

Gibson, F. W., M.B., has been appointed Assistant Medical Officer to the Broadmoor Criminal Lunatic Asylum, near Wokingham, Berks.

Grier, W. J., L.R.C.P. Edin., has been elected Medical Officer to the Workhouse and Fever Hospital of the Granard Union, County Longford.

Jamieson, W. A., M.B., has been appointed Junior House-Surgeon to the Dispensary, Preston.

Mahony, E., M.R.C.S. Eng., has been elected Resident Junior Surgeon to the St. Pancras Workhouse and Infirmary.

VACANCIES.

Samaritan Free Hospital.—A physician for intern patients and two for externs, and a surgeon for extern patients.

Lincoln General Dispensary.—House-surgeon.

Carmarthen Lunatic Asylum.—Assistant Resident Medical Officer. Salary, £100 a year, with board and residence. Candidate must understand Welsh.

Taunton Hospital.—House-surgeon. Salary, £85 a year, with board, &c.

Chester General Infirmary.—House-surgeon. Salary, £80 a year, with board, &c. Assistant House-surgeon. Salary, £60, with board, &c.

Chorley Dispensary.—House-surgeon. Salary, £100, with rent and taxes.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

Arscott.—At Southernhay, Exeter, the wife of Robert Arscott, M.R.C.S.Eng., of a son.

Carter.—At Budleigh, Devon, the wife of H. I. Carter, Surgeon-Major, of a daughter.

Champneys.—At Battle, Sussex, the wife of Montagu Champneys, F.R.C.S., of a daughter.

Prall.—At West Malling, Kent, the wife of Samuel Prall, M.D., of a daughter.

Wigmore.—At Inverness-road, W., the wife of William Wigmore, Surgeon, of a daughter.

Covey—Hemsted.—On March 8, at Whitchurch, Hants, Charles E. Covey, Surgeon, to Harriet, second daughter of T. R. Hemsted, Esq.

McDonogh—Bodkin.—On the 19th inst., in the Catholic Church, Upper Gardiner-street, by the Rev. Mr. McGee, assisted by the Rev. Sir Christopher Bellew, S.J., Francis J. McDonogh, Esq., only son of Captain McDonogh, J.P., Wilsmount, County Galway, to Kate, second daughter of Thomas Bodkin, Esq., M.D., F.R.C.S.I., East Court House, Tuam.

Peacocke—Smith.—On March 7, in All Souls' Church, Langham-place, London, by the Rev. W. Peacocke, assisted by the Rev. J. Peacocke, brothers of the bridegroom, George Peacocke, Esq., M.A., M.D., Army Medical Department, to Rose Emily Wilkinson, only daughter of George Smith, Esq., Cambridge-terrace, Hyde Park, W.

Ring—Miller.—At Willesden, John Ring, M.D., to Louise, daughter of the late Reader Miller, Esq.

Taylor—Swann.—On March 1, at St. Leonards-on-Sea, John Taylor, M.R.C.S., to Elizabeth, elder daughter of H. T. Swann, Esq.

Morrison—At Palermo Hill House, Currie, on the 14th inst., in his 87th year, Sir Alex. Morrison, Knight, M.D., Fellow of the Royal Colleges of Physicians of London and Edinburgh.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

CLINICAL LECTURES ON SURGERY.

By B. WILLS RICHARDSON, F.R.C.S.I.,
SURGEON TO THE ADELAIDE HOSPITAL, DUBLIN.

(Continued from page 372, vol. xii., Second Series, Medical Press.)

Gentlemen,—I wish to occupy your time this morning with a few observations regarding a couple of cases which were lately under my care in the hospital, and which I am sure those of you who studied them attentively will perfectly recollect. I shall read the particulars of each case before offering any remarks upon it.

AXILLARY KYST—TAPPED AND SUBSEQUENTLY REMOVED BY OPERATION—RECOVERY.

L. R——, æt. 17, a dark-haired, dark-eyed girl, was admitted under my care into the hospital, December 18, 1863, to be treated for a tumour in the right arm-pit, which caused her much annoyance.

She attributed the origin of this swelling to a strain she experienced about eighteen months previously, while carrying a heavy box up stairs. She stated that on this occasion she felt something "give way" in the arm-pit, and that then, for the first time, she discovered a lump, the size of a filbert, which immediately became extremely tender and painful.

As regards the period she referred to as the commencement of the swelling, it is probable she was mistaken, and that it existed antecedent to the time she imagined it began; for, how frequently are tumours overlooked by patients—being undiscovered until they become painful from some accidental or other cause? She poulticed the tumour for many days; but, as it increased in size, she had a surgical opinion about it, and was advised to have it removed. She would not then consent to follow this advice. At last the tumour became so painful, particularly when the arm was moved, that she was compelled to relinquish work, and came into hospital for treatment.

When she was admitted in December, a tumour could be both seen and felt, under the integument of the inner wall of the right axilla, just behind the lower margin of the great pectoral muscle. It was about the size of a tolerable sized pear, and of the same shape. Three firm processes could be felt apparently extending from the tumour. One of these bands passed upwards, deep behind the clavicle; another went under the great pectoral muscle, and a third, backwards to the scapula, under which it appeared to pass. The tumour was somewhat uneven on the surface, very elastic, and afforded a distinct sense of fluctuation inferiorly, where it was thought to have a very limited adhesion to the integument. It could, however, be moved freely under the skin. A careful examination of the deep portion of the tumour, led to the opinion that this was more solid than the external part.

There were no enlarged lymphatic glands found in any part of the body.

When the arm was suddenly moved she suffered much pain, but otherwise, the tumour caused no inconvenience, except after it was handled.

There was nothing to record as to delicacy of general health, and with the exception of her local ailment, she presented no indications of illness.

From the presence of the feel of fluctuation and the movability of the tumour, I formed the opinion it was most probably of a kystic nature, and therefore punctured it on the 4th January, 1864, and gave exit to about half an ounce of a curdy puriform fluid. After the kyst was thus emptied, we were able to feel something like a nodule connected with, or forming part of, its deep wall. The next day the kyst was again full of fluid, which I discharged. The fluid, however, on this occasion was of a thin, serous nature, and slightly tinged with blood. The tumour was not then more tender than usual. This morning she was ordered to take daily a tablespoonful of the following mixture:—

℞ Ol. morrhuæ, ℥iiiss.
Syrup. iodid. ferri, ℥ss. Misce.

Ft. mistura.

January 20th: The kyst has refilled with fluid and is very tense. What procedure was now to be followed with the view of relieving her of this troublesome ailment? A free opening and dressing from the bottom; injection; drainage, &c., were thought of; but we considered that time might be saved by removing the kyst altogether, which I proceeded to do on that day.

When the skin was divided and the kyst by a little dissection, isolated, we discovered three processes extending between it and the localities I have before alluded to. One of these passed under the axillary, and another, beneath the subscapular, arteries. I tied these bands with strong ligatures, and next divided them and enucleated the kyst. Two or three vessels only required the ligature. The most fluid contents of the kyst were whey-like, and its deep portion, where the induration was felt before operation, was thick and infiltrated with a cheesy material.

I had no reason to regret the operation having been performed. She had scarcely any fever after it, and her recovery would have been most rapid, only for an attack of tonsillitis which seized her on the 11th February, two days after the wound had healed.

I opened the tonsillitic abscess and she quickly convalesced.

The local treatment of the axillary wound consisted in water dressing and supporting the flaps with suitable bandaging.

(It is satisfactory to be able to report that she has had no return of diseased action in the axilla; for, we heard recently from her by letter, in which she mentioned that she continued perfectly well.)

What was the point of departure of this axillary kyst? I have named it a ganglionary purulent kyst, hence you may guess what I consider to be the probable pathological nature of the swelling. When we recollect the characters of the kystic contents, and also the cheesy infiltration of its deep wall, it appears to me to be a correct supposition, that it had its origin in an axillary lymphatic gland. Pathologists have long since recognized this starting point of purulent kysts, and you will find in the writings of Cruveilhier some interesting remarks regarding them.

According to the observation of many excellent pathologists, the lymphatic glands are often converted into tubercular kysts, or rather into kysts at the same time tubercular and purulent.

In a young phthisical person, 18 years of age, alluded to by Cruveilhier, he found most of the lymphatic glands, which are situated along the sides of the sternum replaced by as many tubercular kysts formed by a very thin but very resisting membrane, and filled by a yellowish white matter of the consistence of thick pus. There did not remain any vestige of the proper tissue of the ganglion. During life one of these kysts had opened to the right of the xyphoid appendix, so that he thonght the fistulous tract might have for its point of departure or origin, caries of some rib or cartilage. It was not so, and it turned out to be a cutaneous ganglionary fistula.

In the same subject there likewise existed an oblong, cylindrical, tubercular kyst, which occupied the whole length of the inguinal tract. Several times during life he assured himself that this bag of pasty consistence was irreducible: it was a kyst containing grumous matter situated in front of the spermatic cord. He considered it as appertaining to an old hernial sac. Several glands behind the crural arch and along the iliac vessels were also converted into kysts containing a matter of purulent consistence. Cruveilhier has not omitted to mention that the mesenteric glands are often converted into more or less voluminous kysts, with dense fibrous walls, and that their contents are sometimes of the consistence of vitreous mastic, with or without calcareous concretions. He had also frequently observed the same alteration in the bronchial glands. These kysts are often multilocular.

With regard to the observation that lymphatic glandular kysts are at the same time purulent and tubercular, it is possible that in many of such cases the suspected tubercles are merely collections of concrete pus.

Another view may be taken of the origin of the kyst of L. R——, although I am myself, as I have stated, inclined to attribute it to a lymphatic gland. It might, for instance, be considered that it had its beginning in an ordinary abscess which gradually became enkysted. An abscess, you may remember, is described to be a pseudo-membranous kyst, the walls of which gradually become organized and isolate the pus from the surrounding parts. According to this doctrine the kyst is formed later than the pus, and has been named by Delpech the pyogenic membrane. Cruveilhier observes that strictly speaking the distinction may be drawn between the abscess and the purulent kyst, but that the name of *kyst* should be reserved for the purulent collection of a certain age, and whose walls well organized have no manifest tendency to open outwards, and are with difficulty the seat of a new purulent secretion; and reserve the name of *abscess* for purulent collections whose walls, imperfectly organized, are constantly the seat of a purulent secretion, and have a constant tendency to open outwards.

CHRONIC ABSCESS, LIMITED TO THE INFRA-SPINOUS FOSSA, APPARENTLY HAVING ORIGINATED IN CARIES OF THE SPINE OF THE SCAPULA—REMOVAL OF EXFOLIATIONS—IODINE INJECTIONS—RECOVERY.

Case 2.—M. H——, æt. 13, a delicate looking girl, was admitted into the Hospital on the 6th of June, 1865, to be treated for a swelling over the left shoulder-blade.

So far as we could ascertain from her account, its history was as follows:—In the beginning of last April she, for the first time, felt pain in the left shoulder-blade. At that period there was no perceptible swelling. But after the pain had continued for about three weeks, tumefaction commenced, and gradually increased until a tumour was formed of the proportions it had when she was admitted.

She thought that after the swelling appeared she began to lose flesh, and about a week before her admission she commenced to perspire more than natural.

She had not any rigors since the swelling formed; and she was free from cough.

Her appearance and symptoms on admission were as follows:—Complexion delicate; pulse 112; tongue clean and moist; bowels regular; appetite good.

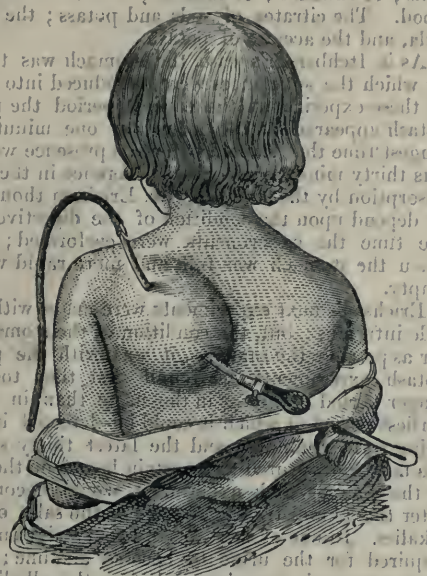
Corresponding exactly to the whole of the infra-spinous fossa of the left scapula, and having the contour of that space, as represented in this illustration by Mr. Oldham, there was a tolerably elevated, but flattened, fluctuating tumour, having its superjacent integument slightly discolored from previous applications of tincture of iodine. It was somewhat painful in its centre, and its temperature, if any thing, was a little higher than that over the right infra-spinous fossa.

The margin of the swelling gave to the finger a sensation of thickening, and this was most decided and distinct in the situation of the scapular spine, where also there was tenderness when pressed.

There was little doubt, from the local symptoms, that the swelling was an abscess, and that most probably it had its origin in disease of the spine of the scapula. I determined, therefore, to empty the abscess by means of M. Chassaignac's drainage trochar and tubing, and to make the upper opening near the spine of the scapula, to facilitate the exploration of the state of that process, and the removal of exfoliations, if necessary to do so.

June 10th: I drew through the abscess a piece of ordinary perforated drainage tubing, by means of Chassaignac's trochar, having a notch a short distance behind the point for catching the tube. In fig. 3 the trochar is re-

presented in the abscess, the tube being attached near the point ready for drawing through the abscess.



After the tube was passed, both its ends were tied together, which secured it from slipping out of the abscess. The matter of the abscess was thin, but not whey-like. It flowed freely through the tube. She was ordered wine in addition to her full diet.

11th to 13th: The abscess discharged freely through the tube, and she was free from constitutional disturbance. To take half an ounce of the following mixture three times daily:—

℞ Sulph. quinæ, grs. xvi.
——— ferri, grs. xx.
Acid. sulph. dil., ʒi.
Syrup. flor. aurant. ʒss.
Aquæ ad. ʒviii. Misce.
Ft. mistura.

15th: The tube having become obstructed, I directed Mr. Maxwell Reilly, our resident pupil, to pass a stream of tepid water through it, by which some shreddy pus was brought away.

16th: Discharge very trifling and whey-like in appearance. The abscess was again washed out this morning. Scarcely any discharge.

23rd: I removed the tube, having previously fastened a string to one end of it, for facility of reintroduction, if necessary. The cavity was found to be much diminished in size. A probe having been passed through the upper opening to the spine of scapula, this process was found, as anticipated, to be extensively denuded, rough, and manifestly exfoliating.

The floor of the infra-spinous fossa did not afford any evidence of being stripped of its periosteum. I threw some tepid water into the abscess, and a few purulent flocculi were thereby brought away. Tube replaced.

27th: I removed the tube to-day, as I fancied it might be acting the part of a seton.

Continued taking the iron and quinine mixture.

30th: Discharge again lessening.

Notwithstanding the nearness of the upper opening to the diseased bone, it has diminished much in size, whereas the lower one has rather increased, probably in consequence of the gravitation of the discharge towards the latter for facility of escape. Spine of scapula felt as it did when last examined. Loose bone could not yet be detected.

June 9th: Calibre of abscess about the same. Injected it that day with the following iodated solution with the view of facilitating exfoliation:—

℞ Tinct. iodinii, ʒi.
Aquæ destillat. ad. ʒviii. Misce.
Ft. injectio.

11th: No unpleasant result after the injection. Repeated it.

12th: Scarcely any discharge since the injection of yesterday.

13th: Discharge increasing. I injected the abscess again this day. Two minutes after doing so, I tested the urine for iodine with the starch and nitric acid test. The result was negative. Tested another specimen passed in ten minutes after the injection, when a light violet-coloured iodide of starch was formed. She had not partaken of any food for five hours previous to these experiments.

14th: Abscess discharging a more laudable pus. Exfoliation of a portion of spine of scapula progressing. I injected the iodine solution again this day, the patient being at the time, four hours without food. In four minutes afterwards I tested the urine for iodine, but failed to detect it. Tested again in nine minutes after the injection, and found the iodine reaction most characteristic.

21st: The abscess was evidently much smaller, as it now held considerably less fluid than heretofore. I injected it with iodine this morning, and tested the urine in five minutes afterwards. The iodine reaction was most decided. She breakfasted four hours previous to the injecting. In five hours after the injection the urine gave a very dark violet reaction to the starch test for iodine. Ordered half an ounce of cod-liver oil three times daily.

August 3rd: Exfoliation of scapular spine looser than when last examined.

10th: Enlarged the upper opening, and removed a large exfoliation from the spine of the scapula.

17th: Abscess has contracted into two fistulæ which discharge but little pus. The skin is becoming puckered at the seat of the upper opening. She was now so much improved in general health that I allowed her to return home.

March 24, 1865: She visited the hospital to-day. The site of the abscess is perfectly consolidated, and, with the exception of a little integumental puckering where the exfoliation was removed, and a very small cicatrix at the seat of the lower opening, there is no other evidence of morbid action having occurred in the infra-spinous fossa.

It is scarcely necessary to remind you that the instrument above figured, is not absolutely necessary for introducing the tube; indeed, Chassaignac himself states, that it may be conducted through an abscess by means of a stylet carrying a thread to which the tube is attached. An opening having been made into the most depending portion of the abscess, the stylet is there introduced, passed on to where we wish it to emerge. At this spot the skin is to be raised with the point of the stylet; on the raised spot an incision is made, which allows the stylet to pass out.

Chassaignac recommends the drainage treatment in a large variety of affections. Thus, he has treated by this method—Diffused abscess under the scalp; peri-articular phlegmon of the hip; suppurating arthritis of the knee; urinary fistula; abscess of the iliac fossa; abscess of the lower jaw; deep abscess of the metacarpal region; suppuration of trochanteric bursa; large bloody effusion under the calf, the result of accident; abscess of the calf; suppuration behind the ear; abscess in the groin; hygroma of the knee; abscess of stump after amputation; abscess in iliac fossa; syphilitic tumour of tibia; necrosis of lower jaw; hydrocele.

You will find the drainage tube an excellent tent for placing in an acute abscess after opening it. Before the perforated tube was introduced into surgery, plugs of lint or pieces of prepared sponge were usually placed in the opening, which had the effect of confining the matter, unless ulceration enlarged the opening. A piece of drainage tube passed into the abscess not only keeps the opening patent, but also allows matter to pass through it almost as fast as it is formed.

You saw how well it did this duty in two cases

liteal abscess which were recently in our wards, in both of which cases I inserted a piece of tube instead of a tent of lint. As Chassaignac truly remarks, the ordinary plug in the treatment of acute abscess has often quite a contrary effect to that for which it was intended, being a veritable obturator of purulent orifices.

M. Chassaignac seems to think that the drainage trochar only separates our tissues and does not cut them. I hardly think he will get many to accede to this opinion. When we recollect the number of cutting edges to its sharp end and the minuteness and intimate connexion of the component structures of the punctured part, it is difficult to comprehend how they could escape cutting or laceration.

In the white tumour of the knee in Chassaignac's list of cases treated by drainage, not only was tincture of iodine thrown into the joint, but likewise the articulation was frequently washed out.

In the case of M. H—— I did not think it necessary to introduce the tube *par adossement*, as Chassaignac calls it, having resolved to remove the carious bone as soon as I possibly could do so. He considers it the best way of treating caries and necrosis. It is carried out as follows:—The tube is passed to, and so as to touch, if possible, the diseased bone, then the end being brought out at a certain distance from this point, the bent portion of the tube forms a tangent with the diseased osseous structure.

In addition to the diseases above enumerated as having been treated by Chassaignac after the drainage method, he also mentions he has used it in fistula lacrymalis, ranula, ascites, and pleuritic effusions, including empyema. Some persons might hold that the drainage tube is merely a seton, to which Chassaignac would reply, that it is a conducting tube for leading outwards the fluids with which it is in contact. After all, is not a seton tape a solid conductor of the fluids, as soon as the opening made for it enlarges? Indeed, the opening for the tube will also do so, and then the tube is not only a hollow, but likewise acts the part of a solid conductor. Be this as it may, I believe the tube to be an excellent auxiliary in the treatment of many collections of fluid; but it should be carefully watched, and if you suspect it to be maintaining the discharge you had better remove it.

In my experiments with the view of ascertaining how soon the iodine would appear in the urine after the abscess was injected with the iodated solution, I did not detect the iodine sooner than five minutes after the injection:—

Thus the urine was tested in two minutes after the injection	Result negative.
In ten minutes Do. do. . . .	Iodine detected.
In four minutes Do. do. . . .	Result negative.
In nine minutes Do. do. . . .	Iodine reaction well marked.
In five minutes . . .	Do. do.
In five hours . . .	Urine turned almost black with iodine tests.

In the *London Medical Gazette* there are some interesting remarks and experiments recorded by Mr. Erichsen, connected with this subject. In Mayer's experiment, alluded to by Mr. Erichsen, a solution of ferro-prussiate of potash was injected into the lungs, and was detected in the urine in eight minutes.

Westrumb's experiment was more precise, because he took the precaution of obtaining the urine immediately after it entered the ureters. Having divided the ureters, and fixed tubes in them, and having obtained the urine as it flowed, he found the ferro-prussiate in the urine in two minutes after it was introduced into the stomach. Itchberger, on the other hand, who experimented upon a boy with ectopia vesicæ, did not find the ferro-prussiate in the urine until an hour after it was swallowed.

Mr. Erichsen experimented upon a boy similarly malformed as Itchberger's boy. The substances he selected for his experiments were—prussiate of potash; infusion of galls; of rhubarb; of madder; of uva ursi, and of logwood. The citrates of soda and potass; the tartrate of soda, and the acetate of potash.

As in Itchberger's case, the stomach was the medium by which the substances were introduced into the system. In these experiments the earliest period the prussiate of potash appeared in the urine was one minute, and the longest time that elapsed before its presence was revealed, was thirty minutes, this great difference in the rapidity of absorption by the stomach, Mr. Erichsen thought, seemed to depend upon the condition of the digestive process at the time the experiments were performed; being slow when the stomach was full, and more rapid when it was empty.

Erichsen's next experiments were made with the vegetable infusions; but, the condition of the stomach being as far as possible the same as it was with the prussiate of potash experiments, he found that they took a much longer period to appear in the urine than in them. The earliest period at which it could be detected in the urine being sixteen minutes, and the latest thirty-six minutes. He now endeavoured to ascertain how soon the urine, acid at the time of each experiment, would become alkaline, after the administration of some of the salts of the fixed alkalies. In one of these cases, twenty-eight minutes were required for the urine to become alkaline; in another forty-seven minutes elapsed before the alkaline reaction was evident; and, in two other instances thirty-four and forty minutes respectively elapsed. Although the experiments I tried were not analogous to any of those alluded to, as in one case the fluid was injected into the substance of the lung, and in the others, the absorbing surface of the stomach was selected for the experiments, yet it is interesting to observe that the iodine was detected in the urine in five minutes after the abscess was injected with a weak solution of that substance. Indeed, the iodine reaction was so well marked on that occasion, it is probable the iodine would have been detected sooner had it been looked for.

Some of you may ask why the experiments were performed while the girl fasted, as the stomach was not selected for introducing the iodine into the system? It is well known that an over-distended state of the veins interferes very much with their absorbing functions, and therefore it was thought advisable she should not take breakfast until each experiment was concluded.

In none of my experiments, as I have stated, did I detect the iodine in the urine sooner than five minutes, but it was mentioned by Dr. Maurice Collis, at a meeting of the Surgical Society in the Session of 1864-5, that Professor Macnamara tested the urine after he had injected the tunica vaginalis with tincture of iodine, and detected that substance, Dr. Collis having with his watch timed the experiment, in forty seconds. Now, allowing a few seconds, say ten, for the passage of the urine into the bladder and through the urethra, the iodine must have passed through the kidneys in about thirty seconds, just half the time the ferro-cyanide took to reach the orifices of the ureters in the shortest of Erichsen's experiments!

From what I have just stated, it must appear to you, that in deciding a question of this kind, more accuracy is insured by obtaining the urine direct from the ureters than from the urethra, owing to the delay attendant upon the process of micturition.

The Charterhouse.—Mr. C. R. Nicoll, Battalion Surgeon of the Grenadier Guards, has been elected medical officer of the charterhouse. There were originally eighteen candidates, one of whom did not go to the poll. Amongst them were two army surgeons, one retired militia surgeon, one or two physicians, and the rest were general practitioners. The appointment has for many years been considered the great prize for the general practitioners,

Hospital Reports.

MATER MISERICORDIÆ HOSPITAL.

REMARKABLE CASE OF THORACIC ANEURISM.

(Under the care of Dr. HAYDEN.)

Reported by Dr. BELCHER.

I AM indebted to Dr. Hayden, not only for the complete manner in which he exhibited to me the chief features of interest in the following case at the time of my visit, but also for his kindness in placing at my disposal his case-book, from which I have compiled the following record, mostly in his own words:—

W. R., aged 33, a native of Carrick-on-Suir, admitted 12th February, 1866, at the request of Dr. Fitzgerald. The patient is by occupation a cab-driver; has been a hard drinker, though he is a hale-looking man. He is married, the father of three children, and up to the occurrence of this attack, his health has been generally good. About two years ago he was knocked down by his own cab while under the influence of drink, and received a blow on the back. Subsequently he enjoyed apparently good health until about three months since, when he began to suffer from pain in his chest. This pain was at first of a *knitting* character, but afterwards felt as if shooting thence to the back, and down the right arm. About six months since he, for the first time, observed a swelling in front of the chest on the right side, and about the same time he became troubled with "beating" in that situation.

When the pain first attacked him, he was in the habit of relieving himself by forcibly extending his back. He never spat blood, nor has he at any time experienced difficulty in swallowing, or loss of voice, or even hoarseness. The pain which he now suffers is so excruciating on the right side of the chest as to deprive him of sleep. His appetite is bad; his bowels are confined; his pulse, which ranges from 84 to 96, is regular and of moderate volume, but is slightly dicrotous, while it is equal on both sides. The pupils are of normal size and equal.

On the right side of the chest, anteriorly, is a semi-globular prominence about an inch and a-half in advance of the level of the left side. It is about three inches in vertical and also in transverse diameter, and extends from half an inch below the clavicle to the nipple, and from the right margin of the sternum about three inches outwards. The hand placed on this tumour, however lightly, causes pain, and experiences a double shock; the first strong and coincident with the cardiac impulse, or a little posterior in time to it; the second disturbing or elevating the tumour less, and, apparently, a back stroke received by the wall of the sac in the act of recoiling. Over this tumour a double sound is heard.

Both sounds are remarkably clear and synchronous with those of the heart, but entirely *without murmur*. The shock is felt more strongly over the outer than over the inner portion of the tumour, and is diastolic. From the clavicle for four inches downwards, there is complete dulness and total absence of respiratory sound. The same condition prevails to an equal extent transversly from the right margin of the sternum.

Elsewhere over the right side percussion and respiration are normal, as likewise over the entire of the left side. The apex beat of the heart is discernible in the sixth intercostal space, and half an inch externally to the nipple, or rather to a perpendicular line from the nipple; and from the apex point outwards, for about three inches in the sixth intercostal space, a pulsation is likewise observed synchronous with the cardiac impulse.

Over the seat of this, however, percussion yields a clear sound. There is no increase in the area of precordial dulness, nor cardiac fremitus. The first sound, as heard over the apex, is somewhat soft and prolonged, but there is no *distinct* murmur attending it in this situation. Over the base, however—*i. e.*, to the inside of the nipple—a sharp "whiffling" murmur is heard accompanying the first sound. This murmur is loudest over the pulmonary artery—*i. e.*, over the second left costal cartilage, at its junction with the sternum; and is, moreover, universally diffused over the left side anteriorly.

This murmur, wherever heard, is audible only during the latter part of expiration and the first part of inspiration—*i. e.*, when the lung is only partly distended with air. It is not heard at the acme of inspiration, nor for a brief period before and after this. The murmur is not transmitted in the course of the aorta; nor is it heard to the right of the mesial line of the sternum. Posteriorly the resonance is universal, and equal on both sides. Respiration is likewise normal, but a little louder on the left side than on the right, while over both sides a double sound is heard. This sound is synchronous with the sounds of the heart and of the tumour, and is unattended with murmur. Impulse is not perceptible behind; nor is there local tenderness in any direction on pressure.

March 10.—Since last report the tumour has advanced, inclining slightly to the right. It is now rather conical, and at least two inches in advance of the corresponding part of the left side. It is *soft* and *yielding* all over, with the exception of a very small portion next the sternum. Manifestly, the ribs and costal cartilages have been entirely eroded over the greater portion of it. The double pulsation and sound are remarkably strong and loud over the tumour. There is visible pulsation of the carotids, and there is a double sound, but no murmur, audible in these vessels.

The act of placing the patient on his back with his head on the same level with the trunk does not in any degree modify the sounds or pulsations in the tumour.

Since last report the patient has occasionally suffered from pain over the tumour, in the right scapular region and in the right shoulder, extending down along the inner side of the arm as far as the elbow. These pains somewhat varied in situation, and were frequently so urgent as to deprive the patient of sleep, having been usually most severe at night. They were, however, invariably and effectually removed by the application of two leeches to the affected part, followed by a warm poultice. No leech has, however, been applied to the tumour itself, but in its vicinity, owing to the proximity of the sac to the cutaneous surface. The patient has been taking, twice daily, a draught containing 40 minims of the liquor morphiæ hydrochloratis, and a tablespoonful thrice daily of a mixture consisting of tincture of the perchloride of iron and chloric ether, of each three drachms, in eight ounces of infusion of quassia. Enemata and castor oil draughts were given to keep the bowels free. He has been taking strong beef-tea and meat, with as little fluid as was found sufficient to allay his thirst, which was urgent. The pulse has varied from 78 to 96; is regular and equal on both sides. The pupils are normal and equal. He complains of no dysphagia or dyspnœa, even in the recumbent position. The patient lies almost constantly on the right side, and it was probably owing to this cause that slight œdema appeared some weeks ago in the right axillary region, but it disappeared in the course of a few days, and has not returned.

Pressure with the stethoscope over the abdominal aorta, or the femoral artery, readily gives rise to a loud arterial murmur, but there is no murmur in these, or in other vessels, in the absence of pressure. The appetite, sleep, and general health of the patient are good.

March 14th: He now experiences much pain in the tumour, which is manifestly increasing forwards and likewise outwards towards the right axilla. He also feels pain in the right scapular region. In this latter situation the application of two leeches relieved him. There is slight œdema in the axilla, and down the arm, in which situation, also, in the forearm, much pain is complained of. Pulse 96, with bounding action in the tumour. Stop the

iron, and instead give ten drops of tincture of digitalis every fourth hour; also an enema.

March 15th: The bowels have been freed by the enema. The two leeches applied in the axilla and the tincture of digitalis completely removed the pain. Much swelling is now observable in the axilla and arm.

March 19th (the date of my visit): For the last few days he has suffered much pain and has perspired copiously whilst sleeping. There is much œdema over the right side, from the axilla to the crest of the ileum; the breathing is embarrassed when he sits up, and to-day, for the first time, he notices some difficulty in swallowing. The greater portion of the anterior wall of the right side of the chest, above the nipple, is now raised about two inches somewhat uniformly, not as before in a limited space and conically. Continue morphia draughts twice daily; each draught to contain forty minims of the liquor morphiæ hydrochloratis to an ounce of water.

22nd: For the last three days the systolic bruit has ceased to be heard over the left side, and, coincidently, the tumour has pulsated less distinctly; it is likewise firmer to the touch. Yesterday he frequently took ℳi. of creosote in a tablespoonful of water to relieve thirst, with good effect. Pulse 96.

23rd: Pulse 96, rather weak, but regular; much swelling in the left supra-clavicular fossa, where cervical vessels are felt and heard to pulsate. He complains of much difficulty in breathing; the right side of the chest is comparatively dull, posteriorly and inferiorly, where, likewise, respiration is rather feeble and bronchial in character. On *both* sides posteriorly a double sound and a single impulse is perceived, louder and stronger on the left. ℥iss. vin. ipecac., to be added to digitalis mixture.

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY OF LONDON.

March 1st, 1866.

Dr. ALDERSON, F.R.S., President.

ANNIVERSARY MEETING.

The President declared the ballot for the election of officers and members of Council for 1866-7 open for one hour, and nominated Dr. Markham and Mr. G. Gaskoin, scrutineers.

The Auditors' report was then read.

Dr. Webster moved the adoption of the Auditors' report. He said the financial condition of the Society was most satisfactory, and remarked on the minuteness with which the accounts were kept. There was an item of 8s. for fines, and one of 10s. 6d. for old brass. Dr. Webster spoke with approval of the fact that half the expenditure for books was for foreign books.

Mr. Partridge seconded the motion.

Dr. Pitman said that Dr. Webster had probably forgotten that comparatively little was spent on English books because (from the liberality of authors) many were presented to the Society.

The Report of Council was then read. After congratulating the Society on its prosperity, and on the unusually large number of Fellows elected, the Report gave an account of the present number of Fellows, stating changes by death, elections, and resignations. The financial condition of the Society appears to be very satisfactory. The Society has funded £500, and has carried £190 to the next year's account. The sum now standing in the names of trustees is £4816 11s. 5d. There have been large additions to the library—350 books, exclusive of continuations—182 presented, 168 purchased; 191 of these were English, 159 foreign. Dr. Ashburner had given 61 volumes on the early and later history of Mesmerism. Mr. Curling, who, to quote the words of the Report, has repeatedly laid the Society under similar obligations, had presented a rare and beautiful medallion executed in ware in 1788 of Dr. Joseph Black, the Professor of Chemistry in the University of Edinburgh. The thanks of the Society were also due to Sir Rutherford Alcock for a portrait of his father—an oil painting by Haydon—and for an oil painting by Mr. Inskipp, a portrait of Sir Rutherford himself. After speaking of special additions to the library, the Report says:—"The librarians, however, report with regret, and in the hope that this notice may attract the attention of the Fellows, that very few additions have been made to the Society's collection of photographic portraits of its Fellows, and to the photographs of pathological specimens." Two committees had been appointed—one to report on the subject of "Hypodermic Injections," and the other on "Electricity in the Treatment of Disease."

The result of the ballot for officers and members of Council was then announced by the President:—President: James Alderson, M.D., F.R.S. Vice-Presidents: *Patrick Black, M.D.; *Henry Bence Jones, M.D., F.R.S.; *Prescott Gardner Hewett; *Charles Hewitt Moore. Treasurers: Henry Alfred Pitman, M.D.; *George Busk, F.R.S. Secretaries: *Henry Hyde Salter, M.D., F.R.S.; *George Green Gascoyen. Librarians: Alexander Patrick Stewart, M.D.; *Charles Brooke, F.R.S. Other Members of Council: Andrew Whyte Barclay, M.D.; Edmund Lloyd Birkett, M.D.; *John Clarke, M.D.; *Patrick Fraser, M.D.; *Richard Quain, M.D.; *James Dixon; *Edwin Humby; *John Abernethy Kingdon; *John Marshall, F.R.S.; Alfred Poland. Those gentlemen to whose names asterisks are prefixed were not on the Council, or did not fill the same office, last year.

Mr. Charles Hawkins moved the adoption of the Report. He said that, unlike Dr. Webster, he was not enamoured of large balances, and did not think that the present members of the Society should save money for people who came after them. After taking away the sum received for letting lodgings, there was a balance of five hundred pounds for books. He thought more ought to be laid out on English books, and he added the Society was quite rich enough to buy them. He thought the library ought to be not simply a medical library, but that it should also contain books on science, and books bordering on scientific subjects. Again, he could see no reason why the present members should remain stewing in that room in order that those who came after might find a large balance. In latter years, Mr. Hawkins said, the Anniversary Meeting had been held in the evening; he thought it would be better to hold them, as they used to be held, in the afternoon. It was only fair to do this, in order to ensure a proper attendance as a compliment to the President.

Dr. Frazer, in seconding the resolution, said that he quite agreed with Mr. Hawkins that the Society was rich enough to buy English books, and ought not to depend on the generosity of authors.

The President remarked that the observations of the speakers would be borne in mind by the Council. He added that a small balance would prevent the Society from ever leaving its present room, as the sum asked for a larger place was much greater than their present balance.

Dr. Pitman then moved the alteration of one of the bye-laws, the resolution being "That the words Fellows, Members, and Licentiates be inserted in the place of the words Fellows and Members." The law, as it stood, excluded Licentiates, and the object of the resolution was to enable them to be proposed as members.

The resolution was seconded by Dr. Barnes.

Mr. Partridge asked if the rule thus altered would not include those who might be licentiates in special branches only, as for instance licentiates in Dental Surgery, Midwifery, &c.

Dr. Pitman said it was not contemplated to include those who were licentiates in special branches merely.

Dr. Sankey asked if Masters in Surgery were included?

Mr. Charles Hawkins thought such an alteration ought to have been brought forward by the Council, and that the law should be so worded as to include all legally qualified medical men. He remarked, too, that he thought the rule limiting the number of general practitioners to one-third should be abrogated. He thought any one on the Register should be allowed to be a candidate.

Mr. Partridge would second Mr. Hawkins' proposal

Dr. Pitman said that many medical men did not think it worth while to register, and that there were many Fellows of the College of Physicians whose names were not registered. Mr. Hawkins' proposal, therefore, would exclude some properly qualified candidates.

Mr. Hawkins meant to say that any one, either properly qualified or registered under the Act, should be eligible. He thought, however, that Dr. Pitman's motion might be taken as a step.

Dr. Pitman's motion was then carried.

THE PRESIDENT'S ADDRESS.

The President said he had first to fulfil the melancholy duty of speaking of the Fellows who had died during the past year. He selected the more prominent characters and grouped them, so as not only to bring forward their merits, but to deduce lessons from their career which might be useful to the living. He mentioned especially Dr. Ferguson, Physician Extraordinary to the Queen, his extensive practice and his general accomplishments, which made him welcome in the best society. Somewhat as an antithesis, he mentioned Dr. King, of Eltham, who was also a highly successful practitioner, and who was the object of the deepest attachment, and was satisfied with no more brilliant reward. Among the honorary Fellows he particularly mentioned Mr. William Hooker and the greatly lamented Mr. Brande, and concluded his notice of the departed by referring to the obituary, paying a tribute to those whose less prominent career may not have less useful and less happy and their loss not less deeply regretted. He then referred to the Congress to be held at Constantinople to inquire into the circumstances connected with the introduction of cholera into Europe, and trusted that the investigation might throw some light on the epizootic now present, and proceeded as follows:—"Many will be sorry to observe how this visitation is being treated under a sort of panic by the Legislature, with less regard than might have been desirable to the amount of knowledge which we already possess, or to the sensible deductions thence to be derived. I have no doubt that you, the members of this Society, are too enlightened to fall into the peculiar notions adopted by the general public about this cattle disease, or plague, as they are pleased to call it; that you all perceive the futility of hunting for specifics, of trying to identify it with diseases of the human constitution, and of believing in its importation and propagation by contagion as the only cause. All these fallacious views seem to blind the Legislature as well as the public to facts which are clearly established These facts are, that the cattle disease, like cholera, follows a certain course, which is undeviating in its direction, though the visitation skips over some localities; that the disease also, like cholera or any other epidemic, abides only for a certain period in each locality, and that it is most virulent and unmanageable at the beginning of each outbreak, and becomes amenable to simple treatment, or any treatment not positively injurious, towards the end of its presence in each place, whilst the ultimate cause of the disease and the law of its progress are unknown to us. All these facts display the fallacy of pretending to stop or exterminate—that is, in the presumptuous phraseology of the day, 'to stamp out' the disease by means of preventing contact; and the same facts testify to the sad want of judgment in sacrificing stock, and adding inconvenience to the farmers' loss, in order to obtain an end, which, according to the knowledge which we possess, is obviously impossible. None will, of course, deny that there is a certain amount of power to communicate the disease by what is termed contagion or infection, and that moderate precautions to avoid needless contact are wise and good; but it is plain that when the best is done in this direction the laws of transmission and duration will defy all Orders in Council and all Parliamentary enactments either to obtain immunity or to effect 'stamping out.' It is strange that certain French journals should have boasted of their immunity from cattle disease as a merit, and have even taunted us that, while they are spared, we owe it to our ignorance; whereas they might perceive as well as we do that the course of the visitation is no more to be arrested than the course of a cyclone or that of any other atmospheric phenomena; and we might, if we chose, respond to the rebuke by observing that France has been spared the murrain whilst they have had the cholera." The President then congratulated the Society on the success of the past session, and on the character of the communications as well as of the discussions which followed—discussions which had been conducted with the utmost amenity as well as advantage to medical knowledge. He expressed a hope that more papers would be introduced on scientific subjects collateral to medicine, and hinted that many of those which were laid before the Royal Society would find a more appreciating audience in the Society he was addressing. He concluded by referring to the committees established in 1862, and on the valuable matter contained in the Reports of these of 1862 and 1864. He did not doubt that the two now sitting would be equally successful; that the records of these committees would prove enduring memorials of the Society's vitality. He congratulated himself on having the honour of being President of a Society which is animated with the true spirit of inquiry, and follows out its object with willing and united feeling.

Mr. Curling moved a vote of thanks to the President for his able address, with a request that it should be printed. To one point Mr. Curling said he might be permitted to refer. The President had spoken of the reputation of the late Mr. James of Exeter. For his (Mr. Curling's) part he should have pointed out the present Mr. James, the father of the Mr. James lately deceased, as the surgeon whose reputation had made the name James famous.

Mr. C. H. Moore cordially seconded Mr. Curling's motion. He remarked on the genial personal influence of the President in the Council as well as in the Society.

Mr. Brooke proposed and Dr. Gibb seconded, a vote of thanks to the retiring Hon. Secretaries—Dr. Fuller and Mr. Birkett.

Dr. Fuller said the work had been a labour of love; they had both endeavoured to do their duty. He was pleased to be able to refer to the flourishing state of the Society. In leaving his office he wished to bear testimony to the very valuable services of the Sub-Librarian. It would, Dr. Fuller said, be very difficult for the Secretaries to get through their work were it not for the efficient aid of Mr. Wheatley.

Mr. Birkett had had great pleasure in performing the duties of the post he was about to leave. There was one point on which he would take the opportunity of commenting. He thought a little change was required in the manner of conducting the meetings of the Society. He thought it would be well to hold exhibitions of instruments. This would encourage instrument makers to send instruments.

A new Institution called the London Infirmary for Epilepsy and Paralysis, has been opened at No. 19, Charles-street, Portman-square, W. The president is Lord Wharncliffe. The vice-presidents and committee include some well-known philanthropic names, and the services of Alexander Ure, F.R.C.S., have been secured as Consulting-Surgeon, and of Dr. Julius Althaus, as Physician. "Confirmed cases of epilepsy and paralysis," says the prospectus, "are excluded on principle from the general Hospitals, as causing a great deal of trouble, and expending in vain the funds of those charities."

SURGICAL SOCIETY OF IRELAND.

Professor HARGRAVE in the Chair.

COMPLICATED RESULTS OF SEVERE EXTERNAL INJURY—LIFE PROLONGED FOR TWELVE HOURS—APPEARANCES ON DISSECTION—WITH REMARKS.

By Dr. GEOGHEGAN,

SURGEON TO THE CITY OF DUBLIN HOSPITAL.

An elderly man was crushed by the fall of a mass of masonry. He was brought to hospital in a state of collapse, and lived twelve hours. Previously to death there was some, but not considerable, difficulty of breathing. Throughout there was much thirst, which was freely indulged.

The following injuries had been sustained:—A compound fracture of the left ulna, about one and a half inches below the olecranon, with a large wound on the inner aspect of the forearm, communicating with the front of the elbow-joint. The superior fragment of the ulna was displaced considerably backwards. 2nd. Comminuted fracture of the lower end of the left femur. 3rd. Fracture of fifth and sixth ribs of same side. 4th. A small and shallow rent of the right lobe of the liver on its superior aspect. The torn surface was granular and slightly smeared with blood. The organ was in an early stage of cirrhosis. Blood had been effused in moderate quantity in the retro-peritoneal cellular structure, investing the ascending colon and right kidney. 5th. There was a somewhat ragged rent, about two inches long, in the posterior part of the left fleshy expansion of the diaphragm, on the thoracic aspect of which a thin stratum of blood was effused between the serous and muscular layers. Through the rupture, the stomach and about eighteen inches of the transverse and descending colon had passed into the cavity of the left pleura, pushing the left lung forwards and to the right side. The stomach (enormously distended with mixed solids and liquids) lay across the cavity, completely rotated on its transverse axis, so that its great curvature presented upwards embraced by the protruded colon. Owing to the above disposition of parts, the lower portion of the œsophagus was necessarily abruptly doubled on itself at a very acute angle. The left lung was normal, the right rather congested. The heart cavities were empty; the organ healthy.

When the stomach was opened some days after death, its lining membrane afforded an excellent example of the dark blackish-brown staining and softening which result from the imbibition of the acids of digestion by a surface whose minute vessels had been previously injected with blood; a condition which occasionally simulates in no slight degree, even to the experienced eye, the effects of the sulphuric and oxalic acids, and which I have known in one instance to have apparently masked pre-existing inflammatory appearances resulting from a criminal administration of arsenic.

Whilst experience attests the remarkable fact that lacerations and gunshot wounds of the diaphragm, even with protrusion of the stomach and colon into the left chest, are compatible either with the maintenance of life for long and indefinite periods, or even with final recovery, the present example is, notwithstanding, of interest from the circumstance that existence was prolonged even for twelve hours, notwithstanding a long and formidable array of accompanying lesions, both internal and external.

The unimpaired facility of swallowing which existed under the altered conditions of the œsophagus and the inverted state of the stomach, together with absence of vomiting, are also worthy of attention. The locality of the rupture deviated from that assigned as the usual one by Devergie*—namely, the tendinous centre where it adjoins the left muscular expansion.

* Medicine legale.

CANCER OF THE PENIS.

Dr. GEOGHEGAN presented a well-marked example of cancer of the penis.

The subject was a rather healthy fresh-coloured man 50 years of age, who had laboured under the disease for four months.

No hereditary taint was traceable. The malady had commenced as a superficial sore at the left side of the glans, from whence it spread considerably along the urethral aspect and towards the frænum, leaving the corpora cavernosa untouched. There was considerable discharge of a thick yellowish-brown inodorous pus, untinged at any time with blood. The disease has been unattended by pain throughout. There was no phymosis, although latterly, owing to the slightly increased bulk and induration of the diseased mass, retraction of the prepuce was difficult. The sore on the glans was of a healthy red colour, the granulations large, and the margin of the ulcer formed a flattened indurated ring. The urethral portion of the ulceration and the glans generally were of the consistence of cartilage; the orifice of the urethra was narrowed, and surrounded by an hardened rim.

The inguinal glands of both groins were perhaps slightly enlarged—those at the pubic end of the right inguinal range more distinctly so.*

Although the prospect in amputation of the penis for cancer is but little encouraging on the whole, no alternative besides removal presented itself.

The troublesome hæmorrhage, both primary and consecutive, which sometimes attends on the operation, induced me to employ the chain ecraseur, the integuments having been previously divided by a circular incision about an inch and a half in front of the scrotum. Chloroform was employed. Although the instrument was very slowly worked, still, on removal, the dorsal arteries sprang as if they had been divided with the knife, and were at once ligatured. Those of the corpora cavernosa and that of the septum did not bleed, although there was a slight diffuse weeping from the divided surface of the first-named bodies. The urethra was slit up for three quarters of an inch, and the retracted angles attached by points of suture to the neighbouring integuments. The section of the separated portion of the member appeared quite sharp, that of the stump a little irregular. The case has since progressed most favourably, but with a single and trivial consecutive bleeding. The patient, however, as commonly occurs in such cases, was for some time rather desponding. The stream of urine (now a month since the operation) is ample, and discharged in an arch. A full-sized bougie is daily introduced by the patient, and the wound has quite healed.

A section of the removed mass showed that the disease had pervaded almost the entire thickness of the glans. Its surface was greyish-white and non-vascular. Typical nucleated and caudate cells of schirrhoid cancer, with large eccentric nuclei and with nucleoli, were clearly visible on a microscopic examination kindly made by Mr. Cunningham, L.R.C.S.

COMPLICATED HEMATOCELE—PECULIAR CHARACTER OF THE CONTENTS, ETC.

Dr. GEOGHEGAN exhibited a well-marked specimen of hematocele, presenting some peculiarities of interest.

The subject, a man above 70 years of age, and generally healthy, had laboured for many years under hematocele at the right side. More lately he became the subject of double inguinal hernia, and when admitted into hospital was suffering from retention of urine, the result of enlarged prostate. The hematocele had attained the volume of a good-sized melon, and the penis was absorbed into the

* As these latter continued enlarged, and were moreover indurated, I removed them by incision about three weeks after the operation on the penis. One of them, deeply seated, proved to be of the size of a small walnut. Cancer cells were distinctly visible under the microscope.

general bulk of the swelling, the preputial orifice presenting, on its front, as an elevated ring. The tumour was nearly spherical, opaque, painless, tense, and distinctly fluctuating; the cord was free, and the hernia above it readily reducible. As a good deal of difficulty had been encountered in manœuvering the cathether through the *pendulous* portion of the urethra, owing to the pressure of the swelling, it was determined to attempt the diminution of the bulk of the latter by tapping. Accordingly, about six ounces of bloody fluid (sp. gr. 1020, abounding in albumen, and depositing *red* hæmatine on standing) were withdrawn through a fine canula. The operation was repeated in a few days, and was shortly followed by erysipelatous inflammation of the scrotum.

The volume of the tumour had now increased somewhat, and the latter was soon afterwards found *resonant on percussion*, there being, in addition, a good deal of serous infiltration in the cellular structure of the scrotum. Some constitutional disturbance was also present. A grooved needle introduced at the seat of the tapping gave exit to very fœtid gas and a little reddish fluid. As it seemed clear that the contents of the sac had entered into putrefaction, a bistoury was passed along the groove of the needle and a free opening made, with copious escape of the gas and fluid already noted. After a little, the erysipelatous inflammation continuing to spread, the opening was further enlarged, and the interior of the sac directed to be washed out with tepid water, slightly impregnated with chlorinated lime. Next day a material, strikingly *resembling fœces in colour, consistence, and odour, was observed oozing in coils from the opening.**

This material, on microscopic examination, exhibited beautiful polarizing rhomboids of cholesterine, admixed with a greasy amorphous granular matter, in which no blood cells were visible. It yielded a dirty greenish solution to caustic potass. The patient finally sank under his complicated ailments. The anterior wall of the tumour was found much thicker than could have been anticipated from its distinctly fluctuating character. About one and a half ounces of the feculent-looking matter still lay in the bottom of the sac, into which projected the slightly enlarged testicle. The structure of the latter organ was red throughout, and its natural texture apparently a good deal altered. No spermatozoa were discoverable by the microscope. The interior of the sac was nodulated, uncoated by fibrine, and partly of a dark green, elsewhere of a grey colour. Above, and quite distinct from the cavity, lay the empty hernial sac.

Whether the putrefactive changes in the sac contents (sometimes a spontaneous process) were the result of the escape of a little fresh blood into its cavity when tapped, or were due to the erysipelas which had attacked the scrotum, must remain matter of speculation. The striking, and almost startling similarity of the contents in their sensible properties to feculent matter, is an additional evidence (were such required) of the importance of the microscopic examination of such matters as an element of diagnosis.

* Doubtless altered colouring matter of the blood.

THE DODO.---At a meeting of the Zoological Society, on the 9th of January last, Professar Owen read a paper giving a full account of the discovery, and describing in detail some bones of this wonderful extinct bird, the *Didus ineptus*, which formerly belonged to the Mauritius. During the past autumn, a small morass, the "Mare aux Songes," has been drained for agricultural purposes, and during the operation these bones were discovered and collected by a gentleman residing near the spot, by whom they were sent to England for disposal. This was done by Mr. Stephens, on Tuesday last, at his auction rooms, where they were submitted in nine lots, the first of which was knocked down for £15. Mr. Flower, the conservator of the Hunterian Museum, secured the next most interesting lot for £10. The University of Oxford purchased another lot for the same amount, and a small portion went to Dublin. Altogether, the nine lots realised £83.

Foreign Medical Literature.

MEDICAL AND SURGICAL HISTORY OF THE LATE AMERICAN WAR.

THE *Philadelphia Medical and Surgical Reporter*, in its number for February 24, commences an abstract of the statistics of the military surgery of the late war, from which we select the following extracts:—

GUNSHOT INJURIES OF THE HEAD.

The number of gunshot injuries of the head so far reported is 5046. These are divided into two classes; all gunshot fractures and injuries of the cranium, and contusions of the skull resulting in lesions of the encephalon, and the simple contusions and flesh wounds of the scalp. In the first class, of 604, of which the results have been ascertained, 505 died, and 199 recovered. In 107 of these terminated cases trephining was performed, of which 60 died, and 47 recovered. In 114 cases fragments of bone or of foreign substances were removed by the elevator or forceps, without the use of the trephine, and of these 61 died, and 53 recovered. When operative procedures were instituted the recoveries were 45·3 per cent. "But," says the report, "it must be apprehended that this favourable exhibit will be materially modified when a larger number of results are ascertained, and that a great proportion of the field operations of trephining, in which the results are stated to be undetermined, were lost sight of and terminated fatally. In the 483 cases treated by expectancy, the ratio of recovery is only 20·5 per cent. But the latter group of cases includes nearly all of the penetrating and perforating fractures, and it would be unwise to base on these figures an argument in favour of operative interference."

Of 3942 gunshot wounds of the scalp, 103 terminated fatally. As far as ascertained, the fatal results have depended upon concussion or compression of the brain, or upon the formation of abscesses in the liver or lungs, in consequence of inflammation in the veins of the diploæ. Compression has resulted either from extravasation of blood, inflammation of the brain, or meninges, or suppuration. The museum possesses eight examples of that rare and interesting variety of gunshot fracture of the cranium, in which the external table is unbroken, while the vitreous table is fissured and sometimes depressed. In one of these specimens, without any apparent lesion of the external table, a fragment of the vitreous plate of the frontal bone was found to be completely detached and depressed upon the dura mater. This accident is believed to result in most instances from a small projectile striking the cranium very obliquely, or from a comparatively slight blow from a body with a large plane surface.

The occurrence of hernia, or fungus cerebri, is mentioned in connexion with 18 cases of gunshot fracture of the skull, complicated by lacerations of the dura mater and brain. In four of these cases recovery took place without operative interference with the protruding fungous mass, which in these instances gradually contracted, was then covered by granulations, and finally cicatrized. In those cases in which bandaging and compression were resorted to, cerebral oppression was soon manifested, and stupor and coma eventually supervened. In those in which the tumour was sliced off, as usually recommended, at the proper level of the brain, it was commonly speedily reproduced, and death from irritation ensued.

In looking over the registers of gun-shot injuries of the head, two general facts are noticed: first, that in the after-treatment of scalp wounds a multitude of surgeons did not consider spare diet, perfect rest, and antiphlogistic measures as of essential importance; and secondly, that in the treatment of cranial fractures, the general tendency was to the practice recommended by Guthrie, in regard to operative procedures, rather than the more expectant

plan insisted upon by the majority of modern European writers on military surgery.

GUNSHOT WOUNDS OF THE FACE.

Of 4167 gunshot wounds of the face, so far transcribed, there were 1579 fractures of the fascial bones, and 2588 flesh wounds. Of the former 891 recovered, 107 died, and the terminations are still to be ascertained in 581 cases.

Secondary hæmorrhage has been the principal source of fatality in these injuries. It is a frequent complication in gunshot fractures of the facial bones, and the difficulties in securing bleeding vessels in this region are very great. Recourse has often been had to ligations of the carotid, with the result of postponing for a time the fatal event. Gunshot wounds of the face, owing to the great vascularity and vitality of the tissues have commonly healed rapidly, and many plastic operations for the relief of deformities following such injuries have been accomplished. Such operations are illustrated at the Army Medical Museum by numerous casts and photographs.

GUNSHOT WOUNDS OF THE NECK, BACK, AND SPINE.

Of 1329 cases entered on the records, the ultimate results have thus far been ascertained in 546 cases, the mortality being 14 per cent.

There are eight examples of gunshot perforations of the larynx or trachea among the specimens in the Army Medical Museum. Several instances are recorded in which large grape-shot, on striking the hyoid bone, were deflected and buried themselves in the supra-spinous fossa of the scapula or among the muscles of the back. These patients died from laryngitis or œdema of the glottis, suddenly, when surgical assistance could not be immediately procured and tracheotomy performed, which might perhaps have saved them.

Of 187 recorded cases of gunshot fracture of the vertebræ all but seven proved fatal. Six of these were fractures of the transverse or spinous apophyses. The seventh case is that of a soldier wounded at Chickamauga, Sept. 20th, 1863, by a musket-ball, which fractured the spinous process of the fourth lumbar vertebra, and penetrated to the vertebral canal. The ball and fragments of bone were extracted at a Nashville hospital. The patient was transferred to Louisville, thence to Jefferson Barracks, Missouri, thence to Madison, Indiana, and finally, on July 26th, 1864, to Quincy, Illinois. The last report states that he was likely to recover.

Five thousand one hundred and ninety-five gunshot flesh wounds of the back have been recorded, of which a large proportion are injuries from shell. Troops being often ordered to lie down under a shell fire, this region becomes particularly exposed.

GUNSHOT WOUNDS OF THE CHEST.

Of 7062 gunshot wounds of the chest transcribed thus far, 2303 either penetrated the thoracic cavity or were accompanied by lesions of the thoracic viscera. The results have been ascertained in 1272 of these, and were fatal in 930, or 73 per cent. The 4759 flesh wounds presented a very small ratio of mortality, but were commonly long in healing, in consequence, no doubt, of the mobility of the thoracic parietes.

In the treatment of penetrating wounds of the chest, venesection appears to have been abondoned altogether. Hæmorrhage was treated by the application of cold, perfect rest, and opium. These measures seem to have proved adequate generally, and no instances are reported of the performance of paracentesis, or of the enlargement of wounds for the evacuation of the effused blood. Hæmorrhage from the vessels of the costal parietes or from the intercostal arteries has been exceedingly rare.

It has been the common practice to remove splintered portions of fractured ribs, and to round off sharp edges that were likely to wound the pleura or lung. After this with the exception of extracting foreign bodies whenever practicable, and performing paracentesis when empyema was developed, it has been usual to leave these cases to the natural process of cure.

The records of the results of the so-called method of "*hermetically sealing*" gunshot penetrating wounds of the chest are sufficiently ample to warrant an unqualified condemnation of the practice. The histories of the cases in which this plan was adopted, have been traced, in most instances, to their rapidly fatal conclusion. Only one recorded exception can be found, in which, about a week after the receipt of the injury, much to the relief of the patient, the hermetically sealed wounds were opened, and profuse discharges of clotted blood and purulent matter escaped, after which the patient continued to improve steadily to complete recovery.

Few examples of recovery are recorded where the track of the ball passed near the root of the lung. The cases in which there was a fracture of the rib at the wound of entry, were very dangerous. The established opinion, that penetrating wounds with lodgment of the ball are more fatal than perforating wounds, was amply illustrated.

Only four cases are recorded of gunshot wounds of the heart that came under treatment. These cases are all preserved in the Army Medical Museum. The patient that lived longest after a gunshot wound of the heart, survived twelve hours, a small pistol-shot having entered the left ventricle and passed out through the right auricle.

Several most remarkable instances are quoted to illustrate recovery from wounds involving both the thoracic and abdominial cavities. We give the synopsis of one:—

Capt. Robert S., Co. A, 29th N. Y. Vols., wounded at Chancellorsville, May 2nd, 1863. A round musket-ball, fired at a distance of 150 yards, entered the eighth intercostal space of left side, nine and a half inches to the left of the extremity of ensiform cartilage, fracturing the ninth rib. Ball passed through diaphragm and entered some portion of the alimentary canal. Capt. S. walked a mile and a half to the rear, and entered a field-hospital. There the surgeons found a protrusion of the lung, of the size of a small orange, which they unavailingly attempted to reduce. The wound was enlarged, and still it was impracticable to replace the protruded lung. On May 3rd, the field-hospital lay exposed to the enemy's fire, when he walked another half a mile to the rear, was placed in an ambulance and brought to one of the base-hospitals across the Rappahannock. Here fruitless efforts were again made to reduce the hernial tumour, after which a ligature was thrown around its base and tightened. A day or two subsequently, the patient passed into the hands of Surgeon Tomaine, who removed the ligature. A small portion of gangrenous lung separated and left a clean granulating surface beneath. May 7th, the ball was voided at stool. May 8th, he was visited by Surgeon John H. Brinton, who found him walking about the ward, smoking a cigar. Entire absence of constitutional symptoms, no cough, no dyspnœa, no abdominal pain, bowels regular, appetite good. The protruding portion of the lung was carnified, and there was dulness on percussion and absence of respiratory murmur in a zone an inch and a half in width around the circumference of the base of the tumour. Hernia had been gradually diminishing in volume; it was at this time half the size of an egg, and covered with florid granulations. June 2nd, Capt. S. was transferred to Washington. There was an elastic partly reducable tumour, over which an oval granulating surface, an inch and a half by three quarters of an inch. Vesicular murmur perfect throughout the lung, except in the immediate vicinity of the tumour. Compression of the tumour was advised. After a furlough of sixty days, the wound had entirely healed; respiratory sounds were normal; there was still a slight hernia of the lung. General health of the patient excellent.

PHAROAH'S SERPENTS.---Three young workwomen entered the service of a Paris manufacturer of these toys, and, after a few days were seized with alarming illness, and removed to the Lariboisière Hospital. Their lives have been saved, but their health is for ever gone.

AN ARTIFICIAL VAGINA.

By WILLIAM H. HINGSTON, M.D., L.R.C.S.E.,
SURGEON TO ST. PATRICK'S DEPARTMENT OF THE HOTEL DIEU.

Being a Paper read before the Medico-Chirurgical Society of Montreal.

GENTLEMEN,—A recent number of the *Boston Medical Journal* furnishes details of a case of congenital absence of the vagina, in a young person of that city, which has justly been deemed of sufficient interest to obtain admission to the columns of the *Gazette Médicale*. Dr. Collins of Boston, had been consulted by a young girl, 22 years of age, who had never menstruated, and who, on examination, presented no trace of a vagina. The meatus was at the normal place, and a slight depression below it indicated the *locale* of the os externum. An examination, per rectum, established the existence of an uterus, and the report concludes thus: "The case was deemed irremediable." In reading the above report—which I have here much condensed—it is like that of a case which occurred in my own practice here, with this difference, however, the case was not deemed irremediable: and as the details may interest some of the members of the Society as they did me, I shall briefly narrate them:

In the summer of 1859, I was asked to see Miss —— of this city, aged 23, who, I was informed, had never menstruated, and who suffered greatly in consequence. Miss —— was a stout, red-faced girl, with bloated swollen face, and presenting an appearance of general plethora. She told me her sufferings were almost incessant, but were more severe for a few days in each month; and this condition of things had continued from the age of 14, with gradually increasing severity. Her days were passed in pain and her nights in troubled and disordered sleep, in feverish dreams, or wakefulness. Seven years before, she had, by the advice of her physician, commenced taking morphia, which she had rapidly increased in quantity, without being rendered oblivious to her sufferings; and the sleep into which she would sometimes fall, was so laboured, and her breathing so stertorous, as frequently to oblige her parents to arouse her. Several physicians had been consulted during the long course of her sufferings, and as my patient had retained a list of the medicines employed by each, it presented a most formidable array of emmenagogues, cathartics, sudorifics, and special derivatives and stimulants. As the potent armaments of the materia medica had already been pretty fairly exhausted, I proposed a tactual examination. To this, however, there were objections, until the very intelligent midwife who had been instrumental in having me consulted (and who, at my request, made an examination), had informed the patient she was unlike the rest of womankind. On inspection, the mons veneris was very scantily supplied with its usual covering, and the cushion of adipose tissue over the symphisis pubis was neither thick nor firm. The meatus urinarius existed at its normal site, and a little below there was a slight depression marking the place of the vagina. But there was no preputium clitoridis—no clitoris—no labiæ or nymphæ—no vestibule. An examination, per rectum, established the existence of an uterus, but, with the catheter at the same time in the ureter, no interposed vagina could be felt. I at once proposed to remedy, surgically, this anomalous state of things, hoping a division of the skin, which seemed to be thin, would lead to something like a vagina. Consent having been obtained, I made the first incision on the 23rd June, 1859, from within three lines of the meatus, to within the same distance of the rectum.

Here and there, in the line of the incision, I met with condensed areolar tissue, but no vestige of a vagina. I now made up my mind that there existed no natural passage, and that it was necessary to hew one out of the soft tissues. A day was named for the purpose, and in the meantime a large fine Turkey sponge was immersed in a thick solution of gum acacia, and submitted to enormous pressure for a few days, by which it was reduced to the thickness and hardness of sole leather.

On the 27th of June, the patient was placed under the influence of chloroform, and an incision, the length of the first, was made in the mesian line; a three-valved speculum was introduced, and through it, several narrow strips of hardened sponge. The hæmorrhage during the operation was somewhat alarming; but, after my departure, the quantity of blood lost was so great as to soak through the bed, run in a stream upon the floor, and induce frequent syncope. When hastily summoned to the bedside, I removed the thickly swollen slices of sponge by strings, which had, previous to their introduction, been attached to each piece; and employed astringent injections. The hæmorrhage gradually ceased; not, however, till I had time to reflect that Simpson's fate—under somewhat similar circumstances—was to be mine, with a *renommée*, however, less able to bear a shock which had almost unseated the advocate of hysterotomy. Two days after the removal of the sponge, I reintroduced fresh pieces through the speculum—the patient being under the influence of chloroform—and repeated this proceeding, without chloroform, every second day for a fortnight, when, by coaxing and urging, I induced the patient to submit to the knife again—assuring her friends and herself that the hæmorrhage on this occasion would be inconsiderable, as I could feel the uterus at a short distance from the wound already made. On 15th July, another and a deeper incision was directed upwards and backwards, and still in the mesian line, when the os uteri was reached—full, thick-lipped, and pouting. No discharge or secretion of any kind escaped, though an elastic bougie was made to enter the interior cavity to the usual depth. I had now a vagina formed, suited to any purpose, and the compressed sponge still increased its capacity. The sponge was removed, and fresh pieces introduced every second day for several weeks, when the speculum, covered with lint, was substituted—introduced in the ordinary way, and the handles secured together. A fortnight after the last operation a very moderate secretion took place, which increased at the succeeding menstrual periods, with complete relief to all those distressing symptoms for the relief of which she had consulted me. The morphia was laid aside, and sleep, without it, was sound and refreshing; and the patient, from a bloated, swollen, and apoplectic-looking object, became as slender and as genteel as she could have desired. The dilating process was continued several months. Some time ago, I was asked my opinion concerning her marriage (then on the *tapis*), and, after an examination, unhesitatingly counselled it. (The smooth walls of the artificial vagina were now lubricated with a secretion, and the organ was of the ordinary capacity.) The marriage took place, and now I have to mention what to me appears the most remarkable circumstance in the case. Previous to the operation there was no sexual desire, but when menstruation had been fairly established there was a difference in that respect. The patient has not become pregnant. These are briefly a few of the more salient points of a case which had much interested me. I have consulted every work within my reach for details of a similar one, but could find none, till the report of that of Dr. Collins, above-mentioned, attracted my notice.—*Canada Medical Journal.*

PLACENTA PRÆVIA.

THE Transactions of the New York State Medical Society for 1865 contain an elaborate paper "On the Anatomy, Physiology, Pathology, and Treatment of Placenta Prævia," by Prof. Isaac E. Taylor of Bellevue Hospital, illustrated by diagrams and drawings. He concludes with the following propositions:—

1. The perfect integrity of the cervix uteri during utero-gestation in its whole length, without developing from above downward, or from below upward, but modified by physiological softening to prepare it for the office of expansion at the time of labour, and not before, for the exit of the child.

2. That the placenta prævia centralis is over the so

uteri internum, and not in the cervix uteri at all, before labour commences, as is believed or demonstrated.

3. That the limit of spontaneous detachment of the lower polar circle, the boundary line of Dr. Barnes, is not the zone of safe attachment after separation of the placenta.

4. The cause of arrest of the flooding in general is the limit of expansion of the os uteri internum to the extent of twelve or fourteen inches in circumference, and three and a half to four in diameter, and three inches long.

5. That the boundary line thus reached by nature is only safe so far as separation occurs by the contractions of the uterus.

6. That the hæmorrhage comes from the uterus as seen and not from the placenta.

7. That the flooding is diastolic, not systolic.

8. That the method of separation of the placenta by the uterine contractions is from the centre and not from the margin.

9. That the method of Dr. Simpson is preferable in cases of extreme exhaustion to version, until nature can be restored in some degree to perform it.

10. That external version should be adopted first in transverse presentations of the shoulder, neck, or face, before rupturing the membranes; if not successful, then internal and external version together, then true version, but not rapidly, if the other methods fail.

11. That the former and usual methods are confirmed by these investigations in their value, such as tamponing and rupturing the membranes, and giving ergot.

STATISTICS OF THE CONFEDERATE STATES ARMY, ON AMPUTATION, DISARTICULATION, AND RESECTION.

Amputations of the thigh, whole number, 507; primary, 345; recovered, 213; died, 132; 38 per cent.; secondary, 162; recovered, 43; died, 119; 73 per cent.

Amputations of the leg, whole number, 464; primary, 314; recovered, 219; died, 95; 30 per cent.; secondary, 150; recovered, 76; died, 74; 49 per cent.

Amputations of the arm, whole number, 434; primary, 294; recovered, 252; died, 42; 14 per cent; secondary, 140; recovered, 87; died, 53; 37 per cent.

Amputations of the fore-arm, whole number, 114; primary, 69; recovered, 61; died, 8; 12 per cent.; secondary, 45; recovered, 35; died, 10; 22 per cent.

Disarticulations, whole number, 135; primary, shoulder-joint, 79; recovered, 54; died, 25; 31 per cent; primary, elbow-joint, 4; recovered, 3; died, 1; primary, wrist-joint, 7; recovered, 5; died, 2; primary, hip-joint, 3; recovered, 1; died, 2; primary, knee-joint, 5; recovered, 2; died, 3; secondary, shoulder-joint, 28; recovered, 8; died, 20; 71 per cent.; secondary, elbow-joint, 3; recovered, 2; died, 1; secondary, knee-joint, 6; died, 6.

Resections, whole number, 130; primary, shoulder-joint, 41; recovered, 28; died, 13; 27 per cent.; primary, elbow-joint, 25; recovered, 22; died, 3; primary, wrist-joint, 2; recovered, 2; primary, knee-joint, 2; died, 2; secondary, shoulder-joint, 26; recovered, 19; died, 7; 21 per cent.; secondary, elbow-joint, 29; recovered, 23; died, 6; secondary, wrist-joint, 1; recovered, 1; secondary, hip-joint, 2; recovered, 1; died, 1.

Amputations of the foot: primary—Chopart's, 16; recovered, 13; died, 3; Symes's, 2; recovered, 2; Pirogoff's, 4; recovered, 2; died, 2; secondary—Chopart's, 8; recovered, 7; died, 1; Symes's, 4; recovered, 4 (1 unsuccessful, requiring subsequent amputation above the ankle-joint).

A vast number of additional operations are received, but without positive results, and therefore they have not been included in the above list.

We may well be satisfied with the results of these statistics, which, carefully excluding all doubtful cases, are compiled from those operations only that have reached a positive conclusion. A general summary of the above table shows that the mortality after 1814 operations, including amputations, resections, and disarticulations, amounted to 632, giving a death ratio of 34 per cent.

The only statistics on this subject from the Federal army we find in the "United States Army and Navy Journal," for November, 1863, which gives the amputation statistics for September, October, November, and December of 1862, as follows:—Whole number, 1342; deducting 516 under treatment January 1, 1863, 826. Of this number 336 died; a mortality of 40 per cent.

The journal to which we owe the above observation gives the following table: Whole number, 1342; returned to duty, 100; furloughed, 25; deserted, 11; discharged, 350; died, 336; secondary operation, 34; under treatment Jan. 1, 1863, 516.—*Confederate States Medical Jour.*

THE ICE-BAG TREATMENT OF CHOLERA.

Dr. Maclean, in a lecture at Netley, thus speaks of the ice treatment of cholera:—

"I had the pleasure of meeting Dr. Chapman in Southampton when he came down to put his ice treatment to the test of experience, and I had the advantage of hearing him expound his views at a meeting of one of the Southampton Medical Societies. I took the liberty on that occasion to say that, although I differed materially from Dr. Chapman as to the mode in which the disease is propagated, I would gladly give his method a fair trial; and had the disease appeared in the Royal Victoria Hospital, I was prepared to do so. I do not think that the result of the trials of this method at Southampton were sufficiently extensive to warrant any confident opinion one way or the other. I have had too much to do with cholera to rush into large conclusions as to the effects of remedies in ten or a dozen cases. Every person smitten with cholera does not, as a matter of course, die; but judging from recent cholera literature, in every case where death does not occur, the fortunate issue is, without hesitation, put down to the remedies used; and if we have regard to the variety and number of these remedies, to say nothing of their opposite qualities, the result is very puzzling to those who do not reflect on the fact, that a certain number of people recover under every variety of treatment not positively hurtful, and, I may add, quite as many where no 'treatment' in the shape of drugs has been used at all. Dr. Chapman has since, I understand, had an opportunity of trying his method on a larger scale in Paris. I am quite prepared to hear that this more full experience has tended to lessen the confidence with which Dr. Chapman was inspired when I had the pleasure of meeting him here. The powerful action of ice to the spine on the uterus has been pointed out by Dr. Chapman. It was well illustrated in one of the cases of cholera at Southampton. The application of ice to the spine of a woman profoundly collapsed brought on the menstrual discharge, which had ceased for ten or twelve days. This, as Dr. Chapman has himself shown, should be kept in mind, as otherwise in pregnant women unpleasant consequences might result from the application of the ice-bag low down on the spine."—*Brit. Med. Jour.*

Automatic Registering and Printing Barometer.—The *Philadelphia Medical Reporter* says:—"We have received an account of this remarkable invention by Prof. G. W. Hough, Director of the Dudley Observatory, Albany, N. Y. We have not space to give a description of the machine. Suffice to say, that it is operated by means of electro-magnetism, and makes a continuous and permanent record of the fluctuations of the barometer or thermometer. We have such a record before us, showing the fluctuations of both instruments during the cold term, Jan. 7th and 8th, 1866, when the thermometer fell to 18° below zero, and the barometer reached the extraordinary height of 31·10. It is a noticeable fact that the fluctuations of the two instruments are in opposite directions—for every elevation of the barometer there is a corresponding depression of the thermometer, and *vice versa*. Thus, when the barometer stood at 31·10 as above, the thermometer was at—18°.

COLOTOMY (AMUSSAT'S OPERATION)
FOR THE RELIEF OF
CANCER OF THE RECTUM.

Prof. G. C. Blackman, in the *Cincinnati Journal of Medicine*, relates a case of cancer of the rectum, in which Amussat's operation for Colotomy was performed by him with success. Dr. B. strongly argues in favor of the operation, spite the objections raised by many eminent surgeons.

The patient was a coloured man, 35 years of age, patient of St. John's Hospital, Cincinnati, whose rectum up as far as the finger could reach (some three or four inches), was filled with a fungous mass, bleeding freely from the slightest touch, and giving rise to a sanious discharge, with the characteristic odor of maglignant disease. Some time before the operation, his bowels had been extremly costive, and unable or unwilling to take solid food, he had rapidly emaciated.

October 15th, 1866, he was operated on; the left descending colon being exposed in the lumbar region, and secured by means of a ligature, an incision was made into the bowel of about one and a half inches. The intestine was then fastened to the lips of the wound by several interrupted sutures. On incising the colon, neither feces nor flatus escaped, but with the finger the solid contents of the bowel could easily be reached. The stitches were not removed until the ninth or tenth day, when a dose of castor oil was administered, and fecal matter passed freely, both by the artificial anus and the rectum. From that time until the date of reporting (Dec. 26th) the fecal matter has passed altogether through the artificial opening. The patient has used freely of solid food, and gained rapidly in flesh and strength. Has had two attacks of hæmorrhage from the fungous mass within the rectum, one of which requiring persulphate of iron to arrest it; otherwise his improvement has been gratifying. Since the operation he has occasionally, from imprudence in eating, been troubled for a day or two with diarrhœa and incontinence, but as a general rule, the artificial anus gives him no trouble. He suffers no more from the excruciating tortures which rendered him, before the operation, so miserable, and threatened to terminate his existence: and he declares that, even if his life should not be prolonged another day, he has been amply repaid for submitting to the operation.

FISTULA IN ANO: OPERATION BY LIGATURE MODIFIED.

Dr. A. W. Thompson of Northampton, Massachussets, communicates, in a recent number of the *Boston Medical Journal*, a modified mode of operating for fistula in ano by ligature, which he has successfully used in cases where, by complicating circumstances, the ligature promises better results than the knife. It is described as follows:—

"A ligature of four lengths of saddler's silk having been introduced and left as tight as could be borne, on the first evidence of its advance toward the surface—slackness in the portion outside—a C-spring of thin rubber, notched at its extremities that it might be held in place, was inserted under the loop of the cord, its convexity directed toward the skin, and its notched ends receiving the cord, strained into them by the action of the spring. As much strain was thus applied as the patient could endure. From day to day new springs were added, or longer ones substituted, as more and more of the ligature appeared outside, until in a few hours short of eleven days it dropped away and the cure was complete." The spring is easily cleaned, absorbing no fluid, and admits of the application of poultices which may be required.

Fatal Accident to a Physician.---On the 16th ultimo, Dr. Mount of Cincinnati was struck behind the ear by the pole of a cariage driven at an illegal rate of speed along the street, and died the next day.

RETROSPECT OF MEDICAL JOURNALS.

The *Lancet*, in very flattering terms, draws attention to the condition of the Jewish poor in London, regulated as they are by a Board of Guardians of their own, and depending on their own race for charity. It is very creditable to find this race, in the midst of aliens, in every country preserving their ancient customs so distinct that they would rather not eat food with their neighbours, and yet living peaceably among them—a pleasing contrast with other countries, where, from the evils of mixed resident races, the most disastrous consequences have ensued, as evidenced by the late outbreaks in India and Jamaica.

A good deal of notice is now being taken of the smoke nuisance, which in a great measure could be obviated by the adoption of smoke sewers; even in an economic point of view it is to be warded against, as it has been computed that over one-fourth of the fuel is wasted by the unconsumed carbon passing into the general atmosphere, there to form a nuisance.

Dr. B. Jones' lectures on Diseases resulting from Peroxidation, are continued. On the subject of lemon juice he has the following:—"Of all the acids lemon juice is perhaps the best which can be used. Many years since Mr. Witt made the following analyses of lemon juice for me (see *Quarterly Journal of Chemical Society*, vol. vii., p. 44):—One ounce (480 grs.) of lemon juice contains only 1·728 grs. of inorganic constituents; of which potash, sulphuric and carbonic acids constitute three-fourths; phosphoric acid, soda, and lime, with traces of silica, and iron and magnesia, constitute the other fourth. Hence water and citric acid constitute by far the largest part of the lemon juice, the citric acid being, on an average, about 40 grs. to the ounce of juice. It is highly probable that citric acid and other vegetable acids have an anti-inflammatory action (lessening the oxidation that is going on) wherever they are carried, and they not only pass to the kidneys, but probably diffuse into every part of the mucous membrane of the bladder; to a small degree lessening the alkalescence of the textures in which the peroxidation is going on." This he uses in cases of ammoniacal urine, drawing off the urine several times daily by a catheter.

Dr. Tilbury Fox mentions a preparation, termed the wheat phosphates, as very useful in many diseases the result of mal-assimilation. It is obtained from the husk or bran, and contains phosphates and other important matters which are deliberately rejected in the best flour He has tried it in rickets marasmus, chronic diarrhœa, eruptive diseases of the scalp.

Dr. Morrel Mackenzie's paper on Dysphagia is an excellent practical dissertation on a subject but little treated of in text books; we would recommend its perusal to every medical man. The symptom he treats of is one met with in many diseases; and, as the part engaged is within view, or at any rate can be got at by the surgeon, it is comparatively more manageable than Dyspnœa.

The "Entozoa" have been rearranged in the Hunterian Museum, under the superintendence of Dr. Cobbold, whose labours in this field have gained for him a world-wide reputation.

It turns out that the statement as to the bleeding of Mr. Gibson the sculptor, at Rome, is incorrect.

Dr. Herapath, at the Mountain Ash murder trial, was able to aver that certain stains on a hatchet were blood stains. He used the microspectroscope in the investigation.

The University of London has held a convocation, at which a resolution was come to that Parliament should be petitioned for the privilege of sending two representatives on behalf of the University to the House of Commons. The constituency is about 1800.

A correspondent draws attention to the many instances of fraud practised on young men purchasing practices.

In the *Medical Times and Gazette* Mr Hutchinson's admirable lectures on Fractures and Dislocations are continued. The method he adopts, in effecting reduction of

a dislocation into the axilla, is that of drawing the arm straight away from the side, and then suddenly bringing it towards the body, across the surgeon's knee, in the axilla. He also gives the particulars of a case in which suppuration of the shoulder and death followed his attempts to reduce an old dislocation.

Mr. Rundle describes a very interesting case of gunshot wound, in which a bullet was lodged in the abdomen for seven years and a half. It subsequently made its way into the alimentary canal and caused strangulation of the intestine.

Mr. S. Wells has had a case in which he performed ovariotomy. After the operation it was ascertained that the tumour and peritoneum were a mass of cancer.

Mr. Lane was obliged to apply a ligature to the femoral artery, having previously failed to cure the aneurism by compression and forced flexion. The ligature came away on the 20th day.

The *British Medical Journal* very justly remarks on the discontent of the army and navy medical officers. It fears that their openly-avowed opposition will in a great measure prejudice their cause:—"From a full knowledge of the history of army and navy medical grievances, we have no hesitation in saying that, if the recommendations alluded to fail to give contentment, there is little hope that anything which can be done by the authorities will ever satisfy the discontented. We believe that the complaints in question are the complaints only of the few. We should, indeed, be paying a very bad compliment to our army and navy medical brethren, as a body, if we supposed them capable of making such unreasonable objections. What must and will authorities naturally say, when they find that recommendations of *the removal of every grievance heretofore complained of by army and navy medical officers*, and, in addition, of a very considerable increase to their pay, are received with marked signs of discontent? We believe these expressions of the [illegible] operate very seriously to the injury of both services. We candidly confess that, if the very best intentions and very liberal efforts of the authorities are received in this wise, no one can blame them if, in settling the recommendations made in the reports, they take these expressions of discontent as a sign that it is useless for them to attempt to satisfy the demands of the army and navy medical services. It must be remembered, that the Reports have not yet been discussed and settled by the authorities; and we leave every man of common sense to reflect upon the feelings of those authorities, who sit down to discuss the reports with a foreknowledge that the very liberal terms contained in them are already stigmatised as unsatisfactory. Most assuredly, the profession at large can have no possible sympathy with such unreasonable and most unseasonable expressions of discontent. Comments on the reports such as are contained in a pamphlet just issued by Dr. Brown will, we fear, prejudice the minds of the Admirality Lords when they come to consider the Committee's most liberal recommendations. The Lords may say: It is evident that no efforts of ours will satisfy these gentlemen."

Dr. A. Smith has analyzed some air collected from the Court of Queen's Bench during a sitting. He has found that it is far inferior to any collected during the same day in any inhabited place above ground, and that it closely resembles the atmosphere of metalliferous mines.

Reminiscences of a Four Months' Stay with Prof. Von Græfe at Berlin, is a very interesting paper by Dr. Samuelson. Communications like it are instructive, and relieve the monotony of a scientific journal.

Meetings of Scientific Scieties.

Entomological.—Feb. 5.—Sir J. Lubbock, Bart., President, in the chair.—The prize awarded by the Council for an essay, "On Ailanthiculture," was presented to the author, Dr. A. Wallace.—Prof. Westwood exhibited a pair of the dog-tick, *Ixodes plumbeus*, which he had kept without food in a glass tube for twelve months, having taken them away with him from the meeting of this Society held in February, 1865, when they were produced by Major Cox; shortly afterwards a number of young ones were observed in the tube, which, however, soon died; but the tube was now again thronged with young in the hexapod state; the female parent was no longer living. Prof. Westwood also exhibited a larva with long filaments at the sides of the body, which he at first thought to be Neuropterous (Sialis) and afterwards Lepidopterous (Hydrocampa); but which, from an examination of De Geer's figures, he believed to be in truth Dipterous, and to be the larva of *Tipula replicata;* it was found in damp moss, in Derbyshire, and there could be no doubt that the filaments were branchial respiratory organs.—The President exhibited magnified coloured drawings of two larvæ, one Lepidopterous, the other probably Coleopterous.—Mr. F. Smith said that the doubt he had expressed at a former meeting as to the tapping noise alleged to be made by the "death-watch," Anobium, had induced Mr. Doubleday to write him a letter, which showed that his doubt was unfounded. Mr. Doubleday stated that the beetle produces the sound by raising itself up on its legs as high as it can, and then striking the head and under part of the thorax against the substance on which it is standing; the noise was evidently a call-note from one individual to another, and he had rarely heard its without its being immediately answered. He had repeatedly kept an Anobium in a card pill-box, and if the sound was imitated by tapping any hard material with a pointed pencil, the prisoner would instantly reply.—Mr. Wallace mentioned, that on recently repairing the oak roof of an old church at Colchester, which had been attacked by Anobium, it was found that the damage was chiefly confined to the south side, the other side being but slightly affected.

The Entomological Society of Philadelphia have set themselves to propagate information on practical entomology, with a view to induce agriculturists to study the insects in their several neighbourhoods, and thereby discover a way to prevent or mitigate the mischief occasioned by what is generally described as "blight," or "the fly." "It is a singular fact," remark the Society in their preliminary circular, "that some of our commonest and most injurious insects are least known. Our cotton, hop, and various other crops suffer at times immensely from insects whose habits we little understand." And they seek to bring out the true history of each and all of the noxious insects of the States, believing that when this is accomplished, simple remedies will suggest themselves, which in certain cases may prove to be burning the stubble, and ploughing vigorously in the fall (autumn). Perhaps there is something in this from which British entomologists may take a hint.

Rinderpest in Sheep.—The murrain caused in Scotland by the alleged outbreak of rinderpest in sheep has been to some extent mitigated by the investigations into the circumstances of the cases. In the Fifeshire cases undoubtedly the testimony of the professional inspectors as to the disease being rinderpest is distinct and decided, but great reluctance is shown on the part of practical men to accept their opinion without further inquiry. Into the Forfarshire cases a very careful investigation is being made by the Chamber of Agriculture, and an interim report has been issued stating the symptoms and circumstances. In these cases the local inspector was unable to pronounce that the disease was rinderpest, and, on being questioned by the committee of the Chamber, he acknowledged that he had seen similar symptoms in other diseases. Profesor Strangeway, of Edinburgh, has been appointed meantime to go and examine the flock said to be affected, while the head and intestines of a sickly sheep, slaughtered for the purpose of the inquiry, have been already examined by him, and said by him to show much less distinct appearances of rinderpest than the Fifeshire cases, although the symptoms were such as might indicate an early stage of that disease. Meantime, the Chamber suspend the expression of their own opinion; but, looking to the mortality usual at the lambing season the severe snowstorms prevailing in Scotland for the last fortnight, the mildew in the turnips, and the change in the diet of the affected flock lately brought from Berwickshire, it seems to be the opinion of those who have examined the circumstances that the disease in the flock may be otherwise accounted for than by ascribing it to rinderpest.

Reviews.

HANDBOOK FOR YELLOW FEVER AND PESTILENTIAL CHOLERA, AND A METHOD OF CURE. By Dr. Thomas Anderson. 1866.

The author of this little book does not expect much commendation from the profession, appealing rather to the community at large in its favour. We leave it to his own reflection, is not this rather an unusual course, and one not likely to enlist professional men in his behalf. We are disposed to agree to his claim for it of originality, as certainly in some respects it is so. However, we think we will be able to give it a degree of commendation, notwithstanding the doctor's slight estimate of his own profession, which we to some extent attribute to his 50 years' West Indian life.

Dr. Anderson must excuse our passing over information as to his studentship and as to his testimonials.

Yellow fever, Dr. Anderson thinks, may originate in the first instance from atmospherical causes, fostered in instances by local impurities, and in concentration emitting mephitised effluvia, which, once engendered, may and do acquire an infectious property. The persons principally subjected to attack are those of rigid fibre, recently arrived in the tropics, such as unacclimated soldiers and sailors, "abounding in rich glutinous blood," &c. He regards yellow fever as, under certain circumstances, taking on an infectious property.

Bleeding may, as a general rule, be dispensed with. However, "there are cases," says the Doctor, "where it may be resorted to in moderation—in the early onset, that is to say, where there is much plethora, or an inflammatory or rheumatic tendency, but not so as to weaken the circulation, but only to ease it; not to impair the reactive powers of the septem, always the result of inordinate detraction of the vital fluid."

Calomel and quinine, not used heroically but in moderation, constitute a rational mode of treatment. Instances of fatal results, apparently from enormous doses of each, are given. The evil of large doses of calomel, especially when combined with the use of acids, is forcibly shown by what occurred in the Doctor's experience.

Castor oil has been found by our author as a severe irritant, and he now only uses it as an enema, and then with caution, suspended in mucilage or albumen. We find, however, that in the treatment followed by Dr. Anderson and Dr. Littlepage, in cases of yellow fever on board H.M.S. *Highflyer*, in 1852, calomel in a ten-grain dose and castor oil constituted part of the treatment which was considered as very successful. This does not altogether agree with what we have already quoted. In no case of the epidemic of 1852 was bleeding employed; in some cases no calomel was taken, and wine and porter were given with due caution from first to last. "No prescribed line of practice can be applicable to all cases," &c.

In the early stage of cholera cases—those that did not prove rapidly fatal without premonitory symptoms—where cramps and vomiting existed, Dr. Anderson found a mustard emetic acted well, and he followed it up by a drachm dose properly diluted, of ammoniated tincture of opium; if rice-water stools begin, he abandoned all forms of opium and trusted to ammonia: a fluid drachm of aromatic spirit of ammonia—or some carbonate of ammonia—with a glassful of Seltzer water, given at once and repeated hourly in half the quantity till the frequency of the discharges is checked. This commonly takes place in a few hours, if given early; but if cholera stools should have been some time present, he gives the remedy every half hour. If rejected by vomiting, he perseveres, nevertheless, when the stomach generally gets settled. Thus treated, I have seen (says Dr. Anderson) numerous cases rally even from collapse and permanently recover.

We have thus briefly reviewed Dr. Anderson's little work, which bears the impress of a man of straightforward purposes; and when we consider his large experience after half a century in the West Indies, we have no hesitation in recommending it to those of our readers who are likely to encounter climates resembling that of Trinidad. We do not, however, agree with the Doctor in his statement that he had discovered a certain and effectual remedy (in ammonia) for cholera, early in the disease and often successful even in its advanced stages.

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON. Vol. VII. for the year 1865. Pp. 335. London: Longmans. 1866.

The Reports given from time to time of the proceedings of the Obstetrical Society in the Medical Journals have kept the profession acquainted with the general features of the subjects discussed at the periodical meetings; but the publication of the Transactions in a separate volume is of enduring value, by presenting at one glance the whole of the topics introduced during a given year, and so copiously illustrated with plates that any deficiency in the descriptions is amply supplied by the visible representation of the parts or objects described. The volume now before us contains, as usual, a faithful record of patient work performed by the members of the Society during the year 1865, and is quite equal to its predecessors, which is no small praise when we recollect the former excellent year-books produced by the Society. We are happy to find that the finances of the Society are in a very flourishing condition; that a profit is obtained from the sale of the "Transactions," over and above their distribution to the members; that a library has been established at Mr. Hardwicke's, in Piccadilly, where books may be taken out for perusal under certain regulations; and that the present number of fellows amounts to no less than 512, some of whom are dwelling so far away as Australia, New Zealand, and Madras.

SOME EFFECTS OF THE CLIMATE OF ITALY. By Thomas King Chambers, M.D., Consulting Physician and Lecturer on the Practice of Medicine at St. Mary's Hospital. Pp. 95. London: Churchill and Sons. 1865.

Dr. Chambers having been compelled, in consequence of a very serious illness, to relinquish his practice for a considerable period, he repaired to Italy for the purpose of renovating his health, and the small volume with the above title contains the substance of a short course of lectures delivered at St. Mary's Hospital, and lately published in the pages of a contemporary journal. The first part contains some interesting but painful particulars of Dr. Chambers's own illness—which, however, we are glad to find that his sojourn in Italy has dissipated,—and a few general remarks on degenerative disease, and the best methods of treating this condition. The second part contains a collection of statistical facts relating to the proportionate prevalence and to the greater or less gravity of chronic diseases in Italy as compared with England, and to other similar questions; the results being that chronic diseases are more fatal and probably more prevalent in London than in an Italian town similarly circumstanced to our own metropolis. The third part explains the powers of the Italian air over the human constitution; and the fourth part is devoted to the practical application of the principles laid down in the preceding chapters. Thus the most eligible spots are pointed out for the visits of the invalid, and the time of the year when the visits should be made; and due precautions are laid down for his special guidance under the various conditions of his disease. Altogether, this little book is a very readable one

for all classes, and will doubtless be found particularly useful for those who are induced to repair to Italy for the restoration of their health.

A MANUAL OF MINOR SURGERY AND BANDAGING, for the Use of House-Surgeons, Dressers, and Junior Practitioners. By C. Heath, F.R.C.S., Assistant-Surgeon to and Lecturer on Anatomy at the Westminster Hospital. Third Edition. Pp. 249. London: Churchill and Sons. 1866.

The fact that this manual has reached a third edition sufficiently testifies the estimation in which it is held by those for whose instruction it was written. It is in fact a very useful little book, and contains a great amount of information not generally to be found in large treatises on surgery; and not only will its precepts be found available for the subordinate members of the surgical staff at the hospitals and for junior practitioners, but many a surgeon engaged in the full performance of the duties of his profession will find a great number of valuable hints, which he may turn to advantage in his daily avocations.

AN INTRODUCTION TO PRACTICAL CHEMISTRY, INCLUDING ANALYSIS. By J. E. Bowman, F.C.S., late Professor of Practical Chemistry in King's College, London. Edited by Charles L. Bloxam, F.C.S., Prof. of Practical Chemistry in King's College, London. Fifth Edition. Pp. 316. London: Churchill and Sons. 1866.

This excellent little work having rapidly run through four editions, a fifth is now presented with such alterations and additions as the advance of the science renders expedient. But in the preface Mr. Bloxam, after adverting to the recent changes which have been adopted by many teachers in the formulæ of chemistry, states that he does not introduce them into his present edition, in order to avoid theoretical explanations in what ought to be a purely practical work. He has therefore omitted these and other symbols and equations, leaving the student to refer to them in systematic treatises embracing the whole science of chemistry.

ON HIP-JOINT DISEASE, with reference especially to Treatment, by Mechanical Means, for the Relief of Contraction and Deformity of the Affected Limb. By Wm. Curtis Hugman, F.R.C.S. Second Edition. Pp. 95. London: Churchill and Sons. 1866.

Although this work gives a general account of the nature, pathology, and treatment of hip-joint disease, its chief object, as expressed in the title-page, is to recommend a particular mode of mechanical treatment, with the object of preventing the lameness and distortion which often follow the primary affection. The plan consists principally in placing the patient upon a prone couch having a horizontal plate for the support of the head and chest, and an inclined plane for the lower extremities, so divided as to be capable of extension on the affected side; and then, by attaching weights to the frame of the sliding mattress, causing traction to be made on the contracted limb in such a manner as to cause its elongation. Mr. Hugman records several cases in which this plan has been successfully pursued, and he illustrates the treatment and its results by means of several plates.

RICHMOND MEDICAL JOURNAL. No. 1. January, 1866.

NEW YORK MEDICAL RECORD. No. 1. March, 1866. New York: Messrs. Wood & Co.

The issue of these journals, one from the Federal chief-town and the other from the Confederate head-quarters, are a practical evidence of the recovery of our transatlantic friends from the war paralysis which had so injuriously affected medical journalism, in common with all other business excepting war contractors and ministerial jobbers. Hardly a single medical journal lived out the struggle, and there is therefore a wide field for the new competitors. The *Richmond Journal* is a monthly of 80 pages, and opens its issue with a very fair programme. Amongst the original matter is an interesting paper on the "Relation of the Periosteum to Osteo-genesis," by Dr. Gaillard. No. 1, however, depends a good deal on its Retrospect and Eclectic Department, and future issues may be reasonably expected to show an improvement in the original division.

The *New York Medical Record* is bi-monthly, and more like our weeklies. Its matter is extremely good on the whole, with a slight dilution of what printers call "filling-up stuff." Here is its programme of original matter:—

"On Centric Hypertrophy of the Prostate. By W. H. Van Buren, M.D., Professor of Anatomy in the University of New York. A Case of Complicated Double Hare-Lip and Cleft Palate. By Gurdon Buck, M.D., Surgeon to the New York Hospital, &c.&c. Cases of Aphasia with Hemiplegia. By Austin Flint, M.D. The Gutta-Percha Shoe in the Treatment of Talipes. By Alfred C. Post, M.D. Blepharitis Ciliaris and Phlyctenular Conjunctivitis. By E. Williams, M.D. A Lecture on Accidental Puerperal Hæmorrhage. By T. Gaillard Thomas, M.D."

It has also a good series of Hospital Reports. On the whole, the journal bids fair to be a reliable representative of American Surgery, and as such it has its place.

THE ANATOMICAL REMEMBRANCER, or Complete Pocket Anatomist, containing a concise Description of the Bones, Ligaments, Muscles, &c. &c. Sixth Edition. London: J. Churchill and Sons, New Burlington-street. 1866.

In recommending the sixth edition of this admirable little work to the notice of the Profession, we would warn our readers against trusting to it alone; it is only intended as an epitome, and a very short one too, of a subject requiring long and patient labour. To make use of it, it should be learned off by heart. It is useless in the dissecting-room or the study, but is a most invaluable pocket companion in a railway carriage, or while waiting for lecture. The descriptions are so short that it puts us in mind of a dictionary. Its successful career through five editions already is an evidence of its reputation.

Tumour of the Brain: Intermittent Emprosthotonos.—Dr. Gemma relates the case of B. C., aged 5, the offspring of parents affected with pellagra. She had always enjoyed good health, when her catamenia were arrested without apparent cause. One day she was suddenly seized with violent pain in the forehead, and uttered a cry; her jaws then became closed, and her head bent forward. She indicated by gestures that she understood all that was said, but could not open her mouth. The attack lasted about three hours, at the end of which time the symptoms ceased, leaving only slight confusion of intellect, which disappeared the next day. These attacks recurred every fifth or sixth day; her health in the interval being apparently perfect. Four months passed in this way without any change, during which time she was bled, and took purgatives and iodide of potassium. At last an attack took place which was attended with loss of intelligence, sensation remaining. The pulse was hard and slow. At the end of an hour, the patient made some movements with her arm; then sank and died. At the post-mortem examination, the arachnoid was found to be much congested. The left cerebral hemisphere was very soft; and there was a similar lesion, but less marked, in the corresponding hemisphere of the cerebellum. In the middle of the left hemisphere was found a tumour of the size of a hen's egg, formed of a gelatinous matter with a nucleus as hard as fibro cartilage in its centre. The right hemispheres of the cerebrum and cerebellum, the corpus callosum, and the medulla oblongata, presented no change. The intestines were slightly injected; the other viscera presented no signs worthy of note.—*Gaz. Med. Ital. Prov. Vnet.*

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MARCH 28, 1866.

THE CATTLE PLAGUE AND ITS LESSONS.

It is an old saying that we ought not to exult till we are out of the wood, and in the present rather uncertain position of the returns relating to the cattle-plague it would be perhaps premature in us to declare that we have seen the worst of the recent epizootic pestilence; but still we have reason to rejoice that, whether from the actual decline of the disease or from the abundant contributions we are obtaining from foreign sources, the supplies of meat to the community are sufficient for its wants, and the price of the article is not materially affected. Indeed, if we are to believe the reports we receive, the wholesale price of meat has diminished in the chief metropolitan market, although the traffic in live beasts is entirely or almost entirely suspended, and the supply is derived mainly from the carcases of the animals brought by the steamers or the railways. The principles of free trade and their practical application have therefore succeeded in averting from our homes a calamity only inferior to a dearth of corn, and in attracting from distant regions of our own empire and from foreign countries a supply of food-material, in which, for the time, the soil of England is unfortunately somewhat deficient. We qualify the word "deficient," because we think that the deficiency has been relative rather than absolute throughout the whole country; and although some of the English and Scotch counties have suffered very severely, others have been very lightly visited or not at all, as in the case of the metropolis itself, in which the disease has made but very little progress.

It would appear that, as regards the operation of the Cattle Diseases Act, very few people have any valid cause of complaint, and many, perhaps, may find in it subjects of congratulation. The wonderful alacrity with which the Bill was passed, almost without opposition, in both Houses of Parliament, was obviously due to the personal property of the landowning and farming interests being compromised by the ravages of the plague, while any contingent animosity to the measure would be more than conciliated by the clauses ordering compensation for the cattle destroyed. In fact, it seems at present that the farmers and others are showing an almost unnecessary zeal in promoting the slaughter of their cattle for the sake of the rewards to which they are thereby entitled, while some of those who are obliged to contribute to the payment of the compensations are beginning to grumble at what appears to be a superfluous waste of bovine life. The butchers, again, have no cause to complain, but probably the reverse, for they raised the price of meat on the first threatening of the pestilence; they maintained the prices on the ground that an actual scarcity would soon arrive, and now they delay the reduction in the rates, although the wholesale price of meat has been diminished.

We have already stated that the cattle plague has its lessons; and one which it has taught to all practical men is, that the members of the British Legislature are quite alive to their own interests. If the question had been, whether some fifty thousand paupers were sickening, and many of them dying from typhus fever, it is very likely that the Lords and Commons would have thought the matter beneath their notice, and would have left it to the tender mercies of the local guardians, and other such authorities. We know that the small-pox is allowed to perpetuate its ravages on the human race in our islands, because, forsooth, it is alleged that a compulsory system of vaccination would interfere with the liberty of the subject, and would tend to encourage centralisation. But because the pockets of many of the Lords and Commons are affected by a sporadic murrain among the horned cattle, stringent measures are at once taken to stop the transit of the beasts, to override the authority of local boards, to slaughter animals either actually diseased or supposed to be so, and to compensate the owners for the losses thus occasioned. The bugbear of centralisation becomes at once an antiquated and obsolete myth, and the community are compelled, under the most severe penalties, to comply with the Act of Parliament, however onerous its provisions may be to individuals or to local governments. Why, if one half, or one-tenth, of the energy and decision shown in this matter, had been exhibited in promoting the efficient performance of vaccination, small-pox might have been exterminated from the British soil, as it has been from some other countries, where local government is not so excessively worshipped as it is in our favoured country. So too if the principles of salutary centralisation had been brought to bear upon the suppression of typhus fever, or the improvement of the condition of the sick poor in the workhouses, an immense amount of human suffering would have been spared; thousands of valuable lives might have been saved; and even taking a low pecuniary estimate as the basis of calculation, a large sum of money in the shape of allowances to pauper widows and orphans, might have been economized for the country.

But there are other lessons which have been taught, if not to the scientific world, to the public at large, and to those who take upon themselves the duty of instructing the masses through the medium of the periodical general Press. Regarded as a philosophical question, and examined by the light of history, the cattle plague would appear to be one of those periodical calamities which have befallen mankind in all ages of the civilized world, and which in ancient times were frequently attributed to the wrath of an offended deity. Every classical scholar knows that the plot of Homer's "Iliad" turns upon the quarrel of Agamemnon and Achilles, arising out of the plague supposed to be inflicted by

Apollo upon the cattle of the Greek army, and afterwards upon the Greeks themselves, and which was allayed by compliance with the will of the God; and it is unnecessary to allude particularly to the records of sacred and profane history for authentic details of similar visitations. We have no desire to insist upon the existence of physical causes for these epidemics, for all theories invented to explain their origin have been equally unsatisfactory. We therefore leave any speculations of the kind to such learned Thebans as are permitted to ventilate their folly in the columns of the *Times* and other newspapers, only regretting that their lucubrations appearing in those pages are estimated at much more than they are worth, which is really nothing at all, and that by diffusing erroneous and groundless doctrines, they really effect an enormous amount of public mischief, and retard or prevent the adoption of useful measures.

All that we seem to know at present is that such visitations upon mankind, and upon the animal and even vegetable kingdoms, have been permitted at various periods by the scheme of Providence, and that drug medication offers but very small chances of success in curing individual cases. The great principle to be observed is to isolate the diseased bodies from those which are sound, and thus to arrest the progress of the contagion. While ordinary treatment, therefore, offers at best but a doubtful chance, prophylactic measures are of the greatest possible importance, and are of undoubted efficacy; but even now in the nineteenth century the members of the Medical profession find a difficulty in impressing this truth upon persons in authority, either in the senate, among the press, or in the general public. The homœopathic quacks, and the advocates of the onion-and-garlic treatment, have all had a fair opportunity of trying their hands in the suppression of the cattle plague; and if the Medical Profession has no triumphs to record, it has no false pretensions to withdraw, and it may at any rate affirm, that from the first it foresaw the danger, and at the earliest possible period recommended the only available means of diminishing the mortality—namely, preventing the spread of the disease.

THE PLEA OF INSANITY IN CRIMINAL CASES.

A CASE of murder has just been disposed of at Brighton, which has terminated in a verdict of guilty, and a sentence of death, after an ineffectual attempt to procure the prisoner's acquittal on the ground of insanity. The facts of the case were plain enough and were not disputed, the accused having deliberately shot his sister-in-law with a revolver loaded with four bullets, two of which he fired into the body of the deceased, and then threatened to shoot with the other two anyone who attempted to arrest him. Nevertheless the attempt was made, and the capture was effected, fortunately without further bloodshed, and under circumstances most highly creditable to the captors. It appeared that the prisoner had led a most irregular life, being in the habit of drinking large quantities of spirits, which however did not make him drunk, although he had attacks of delirium tremens. When he was in prison and deprived of the use of spirits, it was shown that he was perfectly quiet. It seems, therefore, that the paroxysms of violence which he exhibited were due to the excessive use of ardent spirits, and the law very justly holds that crimes committed under such circumstances are punishable. But it also appears that he gave abundant intimation to those around him of his murderous intentions, and that, although infuriated by drink or by delirium tremens, he was allowed to carry with him loaded firearms. A great amount of evidence was adduced to prove the man's outrageous and dangerous behaviour, as well as his wasteful, destructive, and extravagant disposition. We have no desire to offer any excuses whatever for the conduct of such a person, or to save him from the fate which awaits him; but we would humbly inquire whether society ought or ought not to be protected from the acts of such a person, whose ferocity has deprived one innocent person of life, and very nearly sacrificed a second victim. The *Times*, as is its wont, sings an *Io Pœan* that this criminal is to be hanged, and shows what a deterrent effect capital executions exercise over persons of similarly brutal propensities; but its illustration of Forward's case is an unlucky one, for Forward was hanged at the end of December, and the Brighton murder, which is admitted to be an analogous crime, was committed a month afterwards. It is quite evident, therefore, that Forward's fate did not deter the Brighton murderer from the accomplishment of his purpose. But we consider it a very great pity that the law, which prescribes the hempen rope for murder, does not endeavour to prevent the commission of that crime. Here is a man who is allowed to commit the most extravagant and dangerous actions, to carry about with him loaded weapons, and whom the Law and the *Times* newspaper declares to be perfectly in his senses, but who at last commits a murder and is duly sentenced to be hanged. This consummation may satisfy an "idea" of abstract justice, but it cannot recall the dead to life; and we are very doubtful whether it exercises any deterrent effect whatever upon persons with similar murderous propensities.

THE ST. PANCRAS WORKHOUSE INFIRMARY.

THE public mind has again been horrified by one of these occurrences in a Metropolitan Workhouse Infirmary, which have lately figured so prominently in the general newspapers. The penny-a-liners of the daily journals must, in fact, be making a capital harvest just now, because workhouse abuses are abundant enough, and as luck will have it, the papers find it to their interest to publish them; so that details which would have formerly been contemptuously flung into the waste-paper basket, are now willingly accepted and eagerly read. The last article in the "sensation" line has been the laying out of a poor little helpless illegitimate infant in the St. Pancras Workhouse, before it was dead, and although no great harm was done, as the child did die soon afterwards, yet the circumstance attracted the notice of a clerical gentleman who is called, we know not why, an "Evangelist," and who, having observed the circumstance when visiting the workhouse, forthwith reported it to the Poor-law Board, and the story, somehow or other, was published in the *Times*. The whole subject has been now thoroughly investigated, and only awaits the decision of the Poor-law Board; but the inquiry has revealed the state of affairs in the St. Pancras Workhouse, which will strengthen the

hands of those who are promoting a reform in this and similar establishments. The indefatigable Mr. Farnall, C.B., had a capital opportunity of baiting the Medical Officers of the Workhouse, and he amply availed himself of the chance. It appeared that the Medical Officers had not visited the deceased infant from the Monday until after its death on Thursday, and that they had not entered the children's nursery for a whole week previously. It also came out that, although wine and milk were ordered for the infant, no written memorandum was made of the orders; and it was very doubtful whether either of these articles had been given; and it was shown that the execution of medical orders was intrusted to pauper nurses. Without in any way presuming to give any opinion upon the manner in which the medical duties are carried out in the St. Pancras Workhouse Infirmary, we may observe generally that the Medical Officers are enormously overworked, and it is only lately that one of them died from fever contracted in the discharge of his duties. But it is a safe game to make the Medical Officers the scapegoats to answer for the defects of a bad system, and the opportunity of doing so is never thrown away by the Poor-law Board.

CHANGES IN THE EXAMINATION SYSTEM IN IRELAND.

Our advertising columns to-day announce two highly interesting and important alterations in the present system of Examination for Medical Qualifications in Ireland, which, we think, cannot fail to meet at the same time the wishes of the student and the requirements of the profession. The Royal College of Surgeons has hitherto retained a system peculiarly its own, of examining each candidates for its Diploma separately on two separate days, for two hours each day. The interviews of each student face to face with his seven Examiners, was an ordeal which few candidates, however confident in their own attainments, could anticipate unmoved, and while the system entailed vastly greater labour on the Examiner, it did not afford any special security for the candidate's proficiency. By the ordinance which we publish to-day, the Council have resuscitated one of their bye-laws which had fallen into disuse, and have established two separate Sessional Examinations for which students can present themselves at stated periods, and the passing of which will qualify for the Licence of the College. The subjects of these Examinations are stated in the advertisement, and are arranged so that the objects of study may be taken separately. We congratulate the Council on the adoption of this system, from which we anticipate many good results, not the least important being to remove from the minds of individual students the very unjust impression that they may be dealt with with exceptional severity, or in any respect differently from their fellows.

Our readers will see from the second advertisement that the College of Physicians, following the example of Trinity College, has abolished examinations in the French and German languages, and has substituted for them English History and Modern Geography in the Preliminary Arts Examination. The necessity of a moderate acquaintance with the modern languages, in the case of any reading medical man, is so great in the present day, that, at first sight, the alteration above noted may seem injudicious; but we are informed that it was made for this reason—that, while the students will, for their own advantage sake, acquire the modern languages, they will not have the same inducements to acquire the no less necessary but equally important parts of a liberal education. In other words, many a student will learn French and German, who will not voluntarily learn geography and history. The Examiners for 1866 are: In English, Dr. Steele; in mathematics, Dr. Ringland; and in classics, Dr. Belcher—all Fellows of the College.

BILLS FOR THE IMPROVEMENT OF THE DWELLINGS OF THE WORKING CLASSES.

There is no subject which is at present attracting in a greater degree the attention of sanitary reformers than the measures to be adopted for the improvement of the dwellings of the humbler classes, as is evident from the fact that there are now two bills for the object before Parliament, with every prospect of becoming law.

The first brought in by Mr. Childers of the Treasury, the Chancellor of the Exchequer, and Mr. Bruce, is entitled the "Labouring Classes Dwellings Bill," and is an amendment to the similar measure passed in 1851.

It provides for the granting of loans to any corporation, company, or estated person for the erection of such dwellings, the interest being 4 per cent., and the sum to be repayable within 30 years. The measure passed through committee on Thursday last, but not before Sir C. O'Loghlen, watchful of the interests of his country, obtained a promise that the advantage of the Act would be extended to Ireland "in a bill which the Government was about to introduce for amending the Public Works (Ireland) Act."

The second act was introduced by Mr. M'Cullagh Torrens, Mr. Locke, and Mr. Kinnaird, and is less of a permissive nature; indeed, under flagrantly unsanitary circumstances, it is compulsory. It proposes that, if the death rate of any town for three successive years shall exceed 30 per 1,000, on petition of 20 ratepayers the Home Secretary shall send an inspecting architect to examine the state of dwellings of the humbler classes, and to report on the repairs necessary to render them habitable and wholesome, or whether they require to be altogether removed.

This report shall be sent to the local authority, and by it published; and if it cannot be shown that the repairs are unnecessary, the Home Secretary shall order the local authority to execute them within a reasonable time.

If any houses require to be demolished, they are to be replaced by dwellings fitted with sanitary requirements, and affording 350 cubic feet of air space for each inhabitant.

For such purposes the Loan Commissioners are to advance sums at the low interest of 3½ per cent., to be repaid within 30 years from the borough rates.

When it is remembered that improved dwellings have paid as much as 14 per cent. on the capital expended in their erection or renovation, a gain instead of a loss to the borough fund may be expected, especially as the rate of interest is so low. The bill further pro-

vides for the taking of land for sites and houses due compensation being granted to the owners, and for investing the ownership and management of the dwellings in the local authority, who may appoint officers and make by-laws. One of such by-laws must prohibit subletting by the occupier of a separate tenement, for in this way the evil of overcrowding—which it is the object of the bill to prevent—would be reproduced.

The bill has been sent to a special Committee, consisting of the following members:—Mr. Torrens, Mr. Goschen, Mr. Kinnaird, Mr. Locke, Mr. Hugessen, Sir C. O'Loghlen, Mr. M'Laren, Mr. Akroyd, Mr. Abel Smith, Mr. Henley, Lord R. Montague, Mr. Adderley, Sir M. Farquhar, Mr. Graves, and Mr. Greene.

It may be trusted that the members for Edinburgh, Liverpool, and Halifax, as well as other members of the committee, will not allow the enactment of any clauses which are not necessary for the preservation of the public health in towns where a frightful mortality shall have prevailed for three years, or any which would unfairly bear upon the ratepayers.

The distinctive feature of the bill, and that wherein it is truly valuable, is that it will render it *incumbent* on local authorities to effect the improvement of the homes of their working populations, and not merely *allow them* to do so, if so disposed, which the Government Bill provides for.

Public bodies in Scotland have petitioned for the extension of the "Artizans' and Labourers' Dwellings Bill" to that country, and we think our Medical corporations and the Municipal councils of Dublin, Cork, Belfast, Waterford, and other large towns are called upon to do likewise. The corporation of the last-named city has already the credit of having procured promises of improved legislation for this country in regard to lodging-houses and the removal of nuisances.

DUBLIN HOSPITALS OF THE HOUSE OF INDUSTRY.

On Friday last the election of a physician to these important hospitals took place, in order to fill the vacancy created by the retirement of Sir Dominic Corrigan, Bart. As a partly incorrect version of this election has already appeared in one of the local newspapers, we deem it right that the facts should be placed before the profession.

There were three candidates, all well and favourably known practitioners in Dublin:—Drs. Lyons, Frazer, and De Ricci.

The voting was as follows:—Dr. Lyons, 5; Dr. De Ricci 3; Dr. Frazer, 1.

Dr. Lyons was accordingly declared elected.

We congratulate the public, the profession, and the hospitals in question, on the election of Dr. Lyons to this office, for which he has every requisite of an accomplished physician. Himself a man of academic education; a fellow of his college; an hospital physician of standing; a well-known and well-read author; an examiner in medicine in two collegiate bodies, and a medical lecturer in a third; he needs no commendation, save that to which true merit and hard work justly entitle him. He will be found "*aptus moribus*" by his colleagues; and as to the general issue we say "*quod bonum, felix, faustum que sit.*"

THE CONVERSAZIONE OF THE OBSTETRICAL SOCIETY OF LONDON.

The Conversazione of the Obstetrical Society of London, and the Exhibition of Obstetric Instruments, will be held this evening, March 28, at the Royal College of Physicians. The contributions already received are, we understand, very numerous, and several eminent obstetricians from Russia, Germany, France, Italy, and other parts of the Continent, have signified their intention to be present. To-morrow (Thursday) the foreign professors attending the *soiree* are invited to a dinner at Willis's rooms, at which it is expected that a large number of the Fellows of the Obstetrical Society and others will be present.

MEDICAL COUNCIL PUNISHMENTS.

The following are the names of the delinquents who have been struck off the Medical Register, a list of whom has been delivered to all Medical Examining Boards, in order to prevent a re-examination and obtaining other qualifications, viz.:—

Abercrombie, Robert, well-known in connection with the notorious Strand Museum.

Barrett, John Carter, having been convicted of felony.

Burton, John, his name erased, "having been fraudulently or incorrectly made."

Broatch, John, for having obtained the entry of his name by a false declaration.

Brown, Hugh, his diploma having been obtained by a false statement of his age.

Cumming, William John, having been convicted of felony.

Dougal, Daniel, his diploma having been obtained by a false statement of his age.

Gourley, Daniel de la Cherris, having been convicted of a misdemeanour.

Jordan, Robert Jacob, of the notorious museum in George-street, Hanover-square.

Jones, David Griffiths, having been convicted of a misdemeanour.

Kearney, John, for "infamous conduct in a Professional respect."

La Mert, Samuel, "for infamous conduct in a Professional respect."

Organ, Richard, "for infamous conduct in a Professional respect."

Protheroe, John Edward, the entry of his name "having been fraudulently obtained."

Thomas, Evan, having been convicted of perjury.

Whalley, Thompson, having been convicted of a misdemeanour.

Wrixan, Robert, having been convicted of perjury.

It is stated that other names will be submitted at the next meeting of the General Medical Council for removal from the Register.

Hospitals for Natives in Algeria.—The Emperor of the French has just directed that the subscription which had been opened to erect a monument in commemoration of his journey to Algeria with the Empress in 1860, should receive another destination. The money is to be employed in creating in the hospitals a certain number of wards for the reception of Arab patients exclusively. These measures are being carried out at Algiers, Constantina, and Bona.

Glasgow Medico-Chirurgical Society.—At the meeting of this Society, held on Tuesday, March 13, in the Hall of the Faculty of Physicians and Surgeons, the following gentlemen were elected office bearers for the present year:—*President:* Dr. Allen Thompson. *Vice-Presidents:* Dr. Robert Paterson; Dr. John Coats. *Council:* Dr. Naismith, Hamilton; Dr. W. T. Gairdner; Dr. Yeaman; Mr. Robertson, Renfrew; Dr. Dewar; Dr. Tindal. *Secretaries:* Dr. James Adams; Dr. Robert Perry. *Treasurer:* Dr. Howatt.

Correspondence.

☞ We are not to be assumed to agree with the views of our Correspondents whose communications we insert for the purpose of affording opportunity for the enunciation of all shades of opinion in things medical. Our revision of letters is, therefore, confined to the removal of statements or expressions which we consider unsuitable or irrelevant to the subject in hand.

THE VALUE OF ALBUMINOUS URINE AS A DIAGNOSTIC.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Among the many fallacies and exaggerations in the practice of medicine, I do not know one more hurtful than the undue importance which is now attributed to the occasional presence of albumen in the urine, or albuminuria as it is called. As for myself, I have ever considered the exit of albumen to be analogous to vicarious hæmorrhages, which denote totally opposite characters in the system, both sthenic and asthenic. Of the former, a good example may be found in pneumonia, and of the latter, the bleeding from various organs in the latter stages of severe small-pox, of fevers, and of scurvy; and therefore in the treatment of disease, the presence or absence of albumen has never deterred me from combatting the more salient symptoms that have shown themselves. Where albumen has escaped in large quantities or is of long continuance, the patient, as I have found, becomes exhausted, suffering also from great thirst; in fact, very similar to those who have suffered from severe loss of blood, or exhausting diseases, as diabetes. I have not myself had the time or inclination to analyze the urine of the patients—it would be, in my opinion, to prove a negative. Those who attach so much importance to albumen ought to have satisfactorily proved that its presence in the urine *invariably* indicates the granular kidneys or disorganization of the system. A friend of mine who followed the teaching of his professors in this respect for some years till a most erroneous prognosis that he gave, on the detection of this albumen in urine, induced him to carefully investigate the subject; and he has assured me that he often finds it in cases of totally diverse natures, that it is often present one day and absent the next, and that it ceases to escape altogether, and that he concludes that the mere presence of albumen in the urine, without other symptoms, does not indicate organic disease or a breaking up of the constitution.

I will briefly relate two cases in which the presence of albumen in the urine was the entire foundation of the treatment, to the exclusion of other far more important indications. One who had severe congestion of the lungs with spitting of blood; this patient was relieved by antimony and the usual remedies. Another in a patient who might be fairly termed an athlete, and who up to the time of his attack (pneumonia) had been engaged in occupation requiring a large amount of bodily and mental exertion. This gentleman had never been seriously ill; whatever deviations from health he suffered from had been of a sthenic and part of an asthenic nature; his condition of body was excellent; he neglected himself and would not submit to the necessary treatment to reduce inflammation; the consequence was effusion into the ventricles of the brain. I proposed to use mercurial frictions, believing that if the patient lived long enough for the mercury to act it would afford a good chance for the absorption of the fluid. An eminent hospital physician was called in, who, on applying a test for albumen in the urine, and succeeding in detecting a small quantity, at once protested against the use of mercury. He could suggest no remedy at all likely to cause absorption of the fluids but a blister and aperients. As it was a matter of great doubt whether the patient could survive long enough for the mercury to act and other reasons, I reluctantly acquiesced, and had the mortification to see the case terminate in death in thirty hours after the consultation, feeling assured that no adequate measures had been adopted for the removal of the fluid.

It may be fairly asked what can be the difference between a learned physician who thus acts, and the water doctors who were in vogue about a century and a half ago, and who were learned quacks? Indeed is there much difference between them and Sangrado, the creation of Le Sage to illustrate the narrowness of views of physicians in his day; and surely physicians who close their eyes to obvious facts and adopt one particular view merely because it is in vogue, are equally as absurd as Sangrado, who could only think of bleeding and warm water. There is an anecdote related of a physician who, on a tailor's wife bringing a bottle of her husband's urine for the purpose of his prescribing for him, sending a bottle of his own, and telling the wife that it was as reasonable for him to expect her husband to make him a coat by the examination of his urine, as it would be for him to prescribe by that alone.

It is far from my wish to undervalue the importance of the indications shown by urine and other excretions; my only object is to induce practitioners not to trust solely to one symptom; and I feel assured it would well repay the trouble if practitioners who have time and opportunities were to investigate this subject, and I doubt not but that they would arrive at the same conclusion as my friend has done, that albumen may be often present in the urine without organic disease in the body, and that to give too much importance to its presence is likely to lead them into serious errors.—Yours, &c. A Physician.

THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—I quite agree with "A Militia Surgeon," who wrote on the Fellowship in last week's impression, "that the highest position in the College should be thrown open to a certain grade in the profession;" but the determination of the characteristics of this grade is a most important question, on which I have hitherto been silent, because I felt that there were many other Fellows far better entitled to speak than I.

Everything which has as yet been published on the subject has been in favour of doing away entirely with an examination, and conferring the Fellowship on the following grounds—viz.:—

1st. The number of years spent in practice.
2nd. The payment of £20 or more.
3rd. Professional character.
4th. Moral and social reputation.

Now, let us for a moment conceive these conditions to have become law—a candidate applies; the first and second conditions are easily settled, but how as to the third and fourth? Who are entitled to judge, and who will do it? Plainly none but those professional men amongst whom he lives and practises; but which one of those will be bold enough to give any but a most favourable report of his professional, moral, and social character? If any one did so, he would expose himself either to the charge of having acted on professional jealousy, on the one hand, or an action at law on the other; hence, as a rule, every man who had spent a certain number of years in practice and could pay £20 would be entitled to the Fellowship, although perchance those twenty years have been spent in a species of professional or social vegetation which has just saved him from reproach, while many of his brethren have gone to their long home worn out at an early age, perhaps, by their efforts to benefit their fellowmen and the profession of their choice;

but efforts, alas! which their College had refused to reward because they had not lived long enough.

If all feelings unworthy of so grave a subject be cast aside, I cannot think that the voice of the Fellows of our Irish College will be in favour of such a course. I, for one, would not think of retaining the Fellowship under such circumstances. Indeed from what has been already written on the subject, the junior Fellows are placed in a very anomalous position, as they have been plainly told that hitherto the Fellowship has been conferred on a wrong class of men—viz., those who have been barely five years in practice and have passed a strict practical examination. Amongst this class my name appears. I procured the Fellowship in 1863, after five years' steady work (for I had always kept the Fellowship before me as a reward for industry in practice), and an expense of nearly fifty pounds. In the name of my junior brethren, in the services and at home, I ask our college to reflect and be just to her junior Fellows before she is generous to her senior Licentiates.

The sale of over two hundred and thirty Fellowships in 1844, to any one having any surgical qualification, has been a blot which Time only could wipe away. He has nearly done his work, and the Fellowship will ere long have recovered from the blow, which has been *the real cause* of so few having sought its honours since. Let us beware how it receives another even more disastrous. If the senior Licentiates are anxious to become Fellows, let an examination of such a practical character (on the operating table and in the hospital) be instituted as will entail no further study than a good surgeon's every-day practice requires, and no more dexterity than any man entitled to call himself a Fellow of a College of Surgeons (especially our Irish one) should possess. Or if the College wishes to confer a mark of distinction on age and literary attainments in an exceptional case, let an honorary Fellowship be bestowed; while the examination for those five years and upwards in practice remains as before, or is made more practical.

By these means the Fellowship of the Royal College of Surgeons in Ireland will remain a title which an honest man will not hesitate to assume, while no injustice will be done to men who otherwise may feel it right to resign a title which, by close practical study, a severe examination, and no small cost, they thought they had won for life.

I am, Sir, yours very truly,

H. R. Hadden, F.R.C.S.I.

Clonakilty, March 22, 1866.

INDOOR CLOSETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Believing that you require but a very slight apology for troubling you on so important a subject (which I now beg to offer), I venture to address you with reference to the important letter of Dr. Henry MacCormac, in your impression of the 31st ult.

First,—Considering it absolutely necessary as the preliminary step on the subject of "health of towns," that the urine should be kept as separate as possible from the fæces, I have in every house I have occupied in this country contrived to effect this object completely by erecting the out-door privies on sloping ground, thereby leaving the former rapidly to be evaporated and absorbed, and the latter hardening in a few hours, so as to be removed to a distance and used for gardening purposes. Our in-door closets have pipes leading down to a similar sloping ground; but where natural sloping ground is unattainable, it might very frequently be made artificially, I conceive; and the further contrivance of fitting a piece of board in common privies lengthwise under the seat, to go low down, so as to let the urine run down into a receptacle by itself, and the fæces to fall down on the other side into another separate receptacle by itself—a similar arrangement being practicable for indoor closets, I am led to believe.

I at the same time beg leave to mention, in regard to ventilation referred to by Dr. MacCormac, the very good effect of fitting bedroom windows with portable *buntin* covered frames (at a cost of less than 1s. each), which my friend Dr. T. Caddy, R.N., recommended for the purpose. They freely admit as much fresh air as required, while their outsides are found often saturated by the dampness or moisture which could not penetrate through the buntin.—I am, Sir, your most obedient servant, W. H. Browne, J.P.

Antigua, 27th February, 1866.

ON CATTLE PLAGUE, ITS PREVENTION AND TREATMENT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I do consider that well-timed and moderate ventilation, and the use of iodine as a disinfectant, in the byres of owners of stock, are highly necessary and serviceable where the cattle rinderpest prevails. And to those which I formerly suggested in your journal, I may add two other medicines—viz., henbane and nux vomica, in suitable and proportionate doses for the disease, in its second or low stage; and in the intervals warm drinks of flour-meal gruel and strong sweet ale, given three times a day at least, with external mustard poultices to breast and neck repeated until relieved.

G. K. H. Paterson, L.R.C.P.L., L.R.C.S.Ed., &c.

Balbeggie, Perth.

TRIPLETS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—An interesting case of the above having occurred in my practice last week, I will feel obliged if you record it in the next issue of your widely read journal.

About eleven o'clock on the morning of the 13th inst., I was called on at the workhouse to visit the wife of Sub-Constable Keeshan, about six miles from this, who, the messenger stated, was in labour for the last three days, "that one child was born at four o'clock the preceding day, and that the midwife suspected she had another child." I proceeded at once, and on arriving at the residence of the patient went to her room. I found a very pale, delicate, and anæmic woman, lying on her back, the "old woman" holding the funis untied since the birth of the first child. Having placed the patient in the usual position, I made an examination, but could not make out the presentation. It was not a head or breech, but I could feel ribs through the membranes, yet unbroken and high up. I at once ruptured the membranes and delivered the infant, the uterus assisting as soon as I got the breech into the hollow of the sacrum. So soon as the infant was expelled, I passed my left hand over the abdomen to feel the state of the uterus, and was more than surprised to find a third child still in utero. Having tied the funis and separated the infant, I at once made an examination but could feel no presentation. I passed my hand into the uterus, and having ruptured the membranes I turned the child, and with great difficulty delivered the infant, which was very large. There were two large placentæ which I had to remove. As there was a disposition to hæmorrhage, I put on a large pad and binder, and gave stimulants. The children are strong and healthy, the first and last larger than the second—two females and one male.

I reported this case in the proper quarter, and got on yesterday from the "Keeper of the Privy Purse," the usual "Queen's donation of £3, to assist the mother after her confinement of three children at one birth." This woman, Mrs. K., has now eight children, the eldest under ten years—that is ten in family living on something over £2 per month. I had a case of twins within the month in the same locality; mother

very small and weak, children large and strong.—I am, dear Sir, yours very truly, THOMAS BURKE, M.D.,
Scariff, March 23rd, 1866. Medical Officer, Workhouse, &c.

FEES TO MEDICAL WITNESSES IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Perhaps you may consider the enclosed communication worth a place in your next issue.—I am, yours, &c. W. O'NEILL.

Mitchelstown, March 23, 1866.

[Copy.]

"Dublin Castle, 19th March, 1866.

"SIR,—I am directed by the Lord Lieutenant to inform you, in reference to your letter of the 14th instant, that Mr. Gilman, Crown Solicitor, has been instructed to pay you two guineas—£1 1s. for medical examination of Juliana McCarthy, charged with infanticide, and £1 1s. for attendance at Petty Sessions in the above case.—I am, Sir, your obedient servant, THOS. LARCOM.

DR. RICHARDSON ON LOCAL ANÆSTHESIA.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Dr. Richardson has done me the honour to notice my communication on the subject he has brought before the profession. I am glad to find that his instrument has not been patented; my information to that effect was derived from the instrument-maker to whom I applied here, in the first instance, for the necessary apparatus. I was obliged at first to use Dr. A. Clark's spray producer for the larynx, and I found it answer very well. I have since used Dr. Richardson's own instrument and found that they are equal in their performance as far as a single jet is concerned; but I now see with Dr. R., that the little glass instrument which I have used is incapable of adaptation for a compound jet. If any one will try to produce the effect just short of the freezing point, and then prick the part with anything sharp, he will find the phenomenon which I have alluded to—viz., the sudden accession of the blanching due to the freezing of the tissues. I operated on mpself and on one of my pupils in this way, pricking the hand with a brass pin, and I found that a considerable amount of inflammation followed; in two days the part presented the same appearance as a burn of the second degree; and even now I can show the mark on my hand produced in the above way on the 24th February. I argued, that if this was the effect produced on sound skin, what would be the effect produced on a raw surface; and I ventured to suggest the use of chloroform in this latter instance, as having an anæsthetic property of its own, independent of that caused by rapid co-oporation: it would be less liable to do mischief. I have operated now on several cases, and find that Dr. R.'s method gives the patient complete immunity from suffering, if applied with proper precautions in those cases suited for it. At the first operation for phymosis in which I assisted, the patient complained of a good deal of pain, as the incision was performed too rapidly; since then I have performed this operation painlessly, but I occupied nearly five minutes in the removal of the prepuce. No matter what instrument is used, the principle remains the same; and it is to the researches of Dr. Richardson that the public are indebted.—I remain, your obedient servant,

GLASCOTT R. SYMES.

7, Hume-street, Dublin, 24th March.

NOTE FROM EBEN WATSON, M.D.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—You have published in your columns two papers of Dr. Morell Mackenzie's against me, and only one of mine in reply. I therefore sent you a second article which I thought was of scientific interest, at least equal to its predecessors, but in that you differ from me, and I bow to your decision.

I have, however, neither time nor inclination to put my ideas in any other shape for your journal, and therefore the controversy must stop, so far as I am concerned. Indeed I have been advised by friends, both in London and in Glasgow, that it is unnecessary for me to continue it, as my statements have commended themselves to the truth-lovers of our profession, while those of Dr. Morell Mackenzie are easily estimated at their proper value.

For the rest I have little concern—I can afford to smile at his personal vituperation of me, though I must say it was both very needless and very rude.—Your obedient servant,

EBEN WATSON.

2, Newton terrace, Glasgow, 23rd March, 1866.

Parliamentary Intelligence.

HOUSE OF LORDS.—MARCH 20TH.

Earl GRANVILLE, in reply to questions by the Duke of Montrose and the Duke of Marlborough, said the order of Council allowed healthy cows to be moved a limited distance in the metropolis with a licence. With regard to the effect produced by the stoppage of the movement of cattle by railway, the Government had been overwhelmed with complaints on the subject, and he was of opinion that the prohibition could not be long continued. It was intended to allow the carriage of cattle by railway in certain districts, and under certain restrictions, so as not to come into contact with the cattle plague. Notice would be given of these changes, and the existing prohibition would be enforced until the new order came into operation. The Government intended to bring into the House of Commons this day a Bill to confer enlarged powers upon the Privy Council.

HOUSE OF COMMONS.—MARCH 15TH.

CATTLE CONTAGIOUS DISEASES.

Colonel EDWARDS asked whether it was the intention of her Majesty's Government to introduce any permanent measure for the prevention of contagious diseases among cattle, and whether the Orders in Council now contemplated were, under any legislative enactment, to be submitted within any given time for the consideration of Parliament.

Sir G. GREY replied that it was very important to have a permanent Bill, similar in principle to the Government Bill, for the purpose of checking the spread of contagious diseases among the cattle, chiefly in respect to those which were brought to this country and their removal into the interior. The Government had not yet had time to consider the subject sufficiently to enable them to frame a Bill, and probably the better plan would be to submit the matter to a committee before any measure was brought into Parliament. The Orders in Council would be laid before Parliament—the Act of Parliament rendering this imperative.

CONTAGIOUS DISEASES BILL.

Upon the motion of Mr. CHILDERS, leave was given to bring in a Bill for the better prevention of contagious diseases in certain naval and military stations.

MARCH 16TH.

FLOGGING AND BRANDING IN THE ARMY.

Mr. TAYLOR moved an address for returns of the number of men flogged in the army and militia of Great Britain and Ireland in the years 1863, 1864, and 1865 respectively, specifying the offence, the regiment, the place of station, whether at home, in India, or the Colonies, the sentence, and the number of lashes inflicted on each person; and of the number of men marked with the letter D or with the letters B C during the same years.

Agreed to.

MARCH 19TH.

MORTALITY OF TROOPS IN CHINA.

Colonel NORTH gave notice that to-morrow he should move the appointment of a Select Committee to inquire

into the mortality among the troops in China and the causes which led to it, and the conduct of the department of the Government whose duty it was to administer to the wants of those troops.

MEDICAL OFFICERS.

Colonel North asked whether it was the intention of Government to carry out the recommendations as regarded increased pay, &c., of the committee which was appointed to inquire into and report upon the grievances of medical officers of the army and navy.

The Marquis of Hartington said the report had only been received a short time since, and it was impossible at present to state how far the recommendations of the Commissioners would be carried out.

Colonel North said he would repeat the question after the recess.

March 20th.

DISEASE IN SHEEP.

Mr. B. Cochrane asked what rules were to be applied to Scotland with respect to the slaughter of infected sheep. It was stated the other night that the same rule would apply to sheep as to cattle; but if that were so, what would take place if the rinderpest broke out on a large hill farm?

Sir G. Grey said if the hon. gentleman would refer to the Act he would see that it directed the slaughter of all infected animals.

Mr. Cochrane wished to know whether, if on a large farm the disease should break out, the inspectors would have the power of ordering the slaughtering of any number of sheep.

Sir G. Grey said the hon. gentleman should have put the question when the Bill was under discusssion. The interpretation of the Act was not left to the Government, but to the judicial authorities.

TRANSIT OF CATTLE BY RAILWAY.

Mr. Read asked if the transit of cattle by railway would be prohibited after the 24th of March.

Sir G. Grey thought that it would be desirable to continue the prohibition until the issue of the general order in council which was now under consideration. It would probably not be issued in time to come into operation on the 25th inst. Some time should be allowed in order that its effect might be generally known.

MORTALITY OF TROOPS IN CHINA.

Colonel North moved for the appointment of a select committee to inquire into the mortality among the troops in China.

Sir H. Verney and the Marquis of Hartington agreed with Colonel North's motion, which was then carried.

March 21st.

SHEEP, ETC., CONTAGIOUS DISORDERS PREVENTION ACT AMENDMENT.

Sir G. Grey obtained leave to bring in a Bill to amend the Act of 11 and 12 Vict., cap. 107, to prevent the spreading of contagious or infectious disorders among sheep, cattle, and other animals.

March 22nd.

FRESH OUTBREAK OF THE CATTLE PLAGUE IN LONDON.

The Earl of Lichfield asked his noble friend the President of the Council whether it was true that the Cattle Plague had been reintroduced into several parts of the metropolis by means of a cargo of animals imported from Holland.

Earl Granville—I am sorry to say there is no doubt whatever that within the last day or so a cargo of Dutch cattle arrived, affected as the noble earl has stated. I am told that the disease was not sufficiently visible, being only in a state of incubation, and that the Custom-house authorities did not detect its existence, but admitted the cattle into the metropolis. I may add that information having been received yesterday by the Secretary of State for Foreign Affairs that proper precautions were not taken in Holland for the prevention of diseased cattle coming to this country, Her Majesty's Ministers have asked Her Majesty to appoint a Council to be held this week with a view to the issue of an Order prohibiting the importation of cattle from Holland until further notice.

Lord Denman urged the Government to establish a dead meat market. He was sure it would cause no inconvenience to the trade, and would tend much to prevent the spread of disease among the cattle.

VACCINATION BILL.

On the order of the day for going into committee on this Bill,

Mr. Bruce begged to postpone the committee until the Wednesday after the Easter recess, but he wished to take that opportunity to remove a misapprehension which had created a great deal of alarm, and that was, that re-vaccination was made compulsory by the Bill. That was not the case. The object of the Bill was to remove a doubt whether the public vaccinator could be paid for re-vaccination, and it would enact that if any person desired to be re-vaccinated the public vaccinator might receive two-thirds of the ordinary fee for his services.

The committe was then postponed.

CONTAGIOUS DISEASES BILL.

Lord C. Paget, in moving the second reading of this measure, explained that it was intended to renew an Act passed in 1864 for the health of our soldiers and sailors in the various ports, with additional powers recommended by a committee of medical men. It was proposed to refer the Bill to a Select Committee.

Mr. Henley described the measure as a very queer Bill upon a very queer subject. Its object was to preserve the health of Her Majesty's troops, and its endeavour was to remove all the penalties which a higher Power had imposed upon sin, and to give the opportunity of sin without the punishment. He must appeal to the Chancellor of the Exchequer whether they could expect any blessing upon their legislation if they took these unhappy women, freed them from disease, and then turned them loose to follow the same wretched courses, without any attempt to reclaim them. Inspectors were to be appointed for their bodies, but it was not proposed to take any advantage of the opportunity afforded by the curing of disease to induce them to lead a better life on their discharge. The principle of the measure had been in operation since the middle of 1864, but its effect did not appear to have been very satisfactory, for in the last report on the navy the medical gentlemen made the following note:—"Little or no diminution of disease in the home ports on account of this legislation." He regarded this legislation as vicious if unaccompanied by any attempt at reclamation, and he hoped the right hon. gentleman would introduce in committee provisions with that object.

Mr. Ayrton said his objections to the measure were still stronger than on the introduction of the original Act. Even in France a flimsy veil was thrown over these proceedings, by the suggestion of something being done to reclaim these unhappy creatures, but in this country the Government assumed no cloak of decency or morality by proposing anything for their benefit. It was simply a Bill for keeping public women at the public expense for the gratification of our soldiers and sailors.

The Chancellor of the Exchequer observed that it was hardly possible this subject could be discussed then with the fulness which would be desirable. His noble friend, in proposing the second reading of the Bill, had merely proposed the continuation of a system which had received the sanction of Parliament. Neither his noble friend nor her Majesty's Government was desirous of flinching from a full consideration of the numerous difficulties by which this matter was surrounded; and the noble marquis had announced his intention, at the proper time, to propose that the Bill be referred to a Select Committee. It would be desirable that those gentlemen who had charged themselves with the painful duty of looking

into this question should serve on that committee. They wished the matter to be examined free from prejudice of any kind. He therefore hoped there would be no objection to having the Bill read a second time.

The Bill was then read a second time.

SCOTTISH REGISTRAR-GENERAL'S REPORT.

The death-rate of the year, 225 in every 10,000 persons (in England 234), though much above the average, was lower than in the two previous years. In the towns the ratio was 274, in the rural districts 170. During the whole year the epidemic of typhus fever prevailed, but if it follows the usual three years course of epidemics it will die out with the setting in of the summer of this year. The mean temperature of the year, 46·9°, was nearly 1 deg. above the average—a result produced mainly by the high temperature of June and July, and more especially September. September was close, dry, and sultry, particularly in its first half, with little or no wind; and during the latter half of the month a thick mist, or fog, settled over the ground, favouring the development of mildew, which attacked the turnips to a large extent, while the Russian cattle plague spread over the country, but the mortality of the population was at its lowest rate. The natural increase of the population of Scotland, the excess of 113,126 births over 70,821 deaths, was 42,305, but 13,277 of the emigrants of the year were of Scottish birth, and the amount of the migration to England, Ireland, and the Continent of Europe is unknown. The Registrar-General has the satisfaction of reporting that small-pox almost disappeared from Scotland in the year 1865. The compulsory Vaccination Act came into operation in 1864, and in that year more than 95 per cent. of the children who lived long enough were successfully vaccinated under the Act. Of the residue 0·67 per cent. proved constitutionally insusceptible, in as many more instances vaccination was postponed, others had been vaccinated by clergymen or midwives, and the rest were lost sight of through removal. The deaths from small-pox in the year 1864-5 will not be known for many months, except so far as relates to the eight principal towns in which more than half the deaths occur, and there they fell from 816 in 1863 to 679 in 1864, and to 67 in 1865. But small-pox comes in epidemic waves; a very high wave flowed over the country in 1863, slightly falling in 1864, but attaining a very low trough indeed in 1865. We must wait to see to what extent the disappearance of small-pox from Scotland may be owing to unknown atmospheric influence. Scotland is not a country where vaccination was previously neglected; the great majority of the children were vaccinated either by a surgeon or by a midwife, or the clergyman. But it can scarcely be doubted that the general adoption of vaccination under the new Act has already had considerable effect in reducing the mortality, notwithstanding the proportion of adults who remain unprotected, and the allowance of six months before the vaccination of infants is required by the law. The payment of the medical fee under the Act is a very heavy burden to some classes.

LIVE CATTLE AND DEAD MEAT.

The chief entrance to the filthy dead-meat market of the metropolis is so choke full of carts and horses, dogs, butchers, live cattle dealers, and dead cattle, that even the stout policemen can scarcely keep order among the surging mass of men and beasts, and have to work hard to prevent absolute riot. We notice here that the worst-behaved of the crowd are not the drivers of the railway vans, among whom there seems to be a fair amount of discipline, but the men in charge of a number of small carts, the meat of which is packed in queer-looking hampers, of no particular colour, and certainly not particularly clean. These men, we are told, are "Whitechapel butchers." It appears that the greater quantity of foreign cattle and sheep—amounting to no less than 2855 oxen, 323 calves, and 8847 sheep, or above 12,000 head, in the week ending Saturday last—which is imported from abroad is sent into the mysterious regions of Whitechapel, there to be converted into meat. It is here, in Warwick-lane, not wide enough for two donkey-carts to pass each other, that we meet the tides of food supply for the great metropolis—the foreign tide from Whitechapel, and the railway-borne tide from Land's End, the Irish Channel, and John O'Groat's. Steam by sea and steam by land have carried the life sustenance of the three million inhabitants of London, thus far, with the precision of clockwork—it is not more than 12 hours ago since yonder waggon-load of prime beef left Scotland; but here, in this wretched lane, the whole wonderful system of traffic comes to an ignominious standstill. Is there anything more disgraceful to city management than this so-called metropolitan dead-meat market? The reply to the question which we ask ourselves, here in Warwick-lane, at 5 a.m., is in volleys of hideous oaths, worthy of Newgate. In his examination before the Cattle Plague Commissioners, Mr. James Allport, traffic manager of the Midland Railway, speaking modestly, declared that "to regulate the supply of meat for London from the country would involve an amount of organization which, much as railway men are accustomed to that sort of thing, he should shrink from." As far as we have been able to learn from our visit to Newgate-market, and inquiries made on the spot, we must say that the "railway-men" are certainly doing their duty, and, perhaps, more than their duty in this extraordinary emergency; but that the men to whom the local government of the metropolis is intrusted, the "fathers of the City" in the first instance, are shamefully neglecting their business. This dead-meat market at Newgate is nothing less than a public disgrace. Even before the breaking out of the cattle plague there were sent into that dark and dirty hole, dignified by the name of a market, not less than 120,000 tons of meat annually, or above five millions of pounds per week, and the quantity at present has probably tripled or quadrupled. From all the nooks and corners of these islands, and even from the farthest end of Europe, food is gathered to supply the wants of the greatest assemblage of human beings in the world, and when it has been gathered at so much trouble, and an infinite expenditure of skill and ingenuity, and after it has been carried to the very heart of the big city with marvellous speed, there is not so much as a decent shed to shelter the valuable stores. Oh, that but "railway man," so much abused in our days by philanthropic talkers, could take the matter in hand for a single year or even only a single month! For half a generation the "dismarketing of Newgate-market" has been talked of in the City, and still there is nothing but talk. And there seems no likelihood that the thing will ever be done unless by one of our great public companies. The Great Northern Railway already has commenced market building, and others, we hope, will follow in the path. Nothing but a good market-place fit for the requirements of London is wanted to complete the revolution in the traffic from "live cattle" to "dead meat"—a revolution desirable in many respects, and one which will benefit the railway companies who carry dead meat instead of live stock to the London and other great markets of the country.—*Railway News.*

SCURVY AND ADULTERATED LIMEJUICE.

Mr. C. J. Carttar, Coroner for Kent, last week resumed and concluded an inquiry relative to the death from scurvy of Henry Griffiths, one of the crew of the *St. Andrew's Castle*. The sufferings of the crew of this ship on her voyage home from Shanghai to London have already been made public. An inquest was held before Mr. Humphreys on the body of one of the men who died of scurvy in the Thames, and it was satisfactorily shown that the ship's provisions were good, and that the captain had done his duty with great humanity, not only towards his men, but in respect of a lady passenger who lost her reason during the voyage. Samples of the limejuice were handed round to the jury, and practical men pronounced it to be of good quality. Several of the crew were now examined, and they spoke well of the provisions on board, which were above the average quality. With respect to the limejuice, they stated it was excellent, and better by far than that usually served out on board ships, but they never took it unless they wanted it. Captain George M'Bane said that the *St. Andrew's Castle* was of 659 tons burden, and was a well-found vessel. They placed thirty gallons of limejuice on board in barrels. He served out half an ounce of it daily to each of the crew, and also three ounces and a half of sugar to be mixed with it. The men were,

many of them, prejudiced against the limejuice, it was so tart. It was not his duty to see the men drink it. Mr. Coleman, who appeared to watch the proceedings for the Board of Trade, stated, in answer to the coroner, that in the Royal Navy the men were called up at noon daily and made to drink the limejuice in the presence of an officer. It was mixed with rum. In the merchant service the captain was only bound to serve it out, not to see it swallowed. Captain M'Bane said he believed that what he served out was good limejuice. Mr. Harry Leach, medical officer on board the *Dreadnought*, said that the cases of scurvy brought under his care on the 16th inst., from on board the *St. Andrew's Castle* were the worst he had ever seen. The man Griffiths died the next day. He had analyzed some of the so-called limejuice from on board that ship. He was assisted by a chemist of high standing. They found that the fluid was not limejuice at all. It was either citric acid and water or weak lemonjuice and water, but they believed that it was merely citric acid and water. The mixture was quite inert and useless as an anti-scorbutic. If mariners had good limejuice on board ship, and if it were taken regularly, eighty per cent. of the cases of scurvy which occurred would never take place. A juror said that he considered the case one of manslaughter. The Coroner said that the firm which supplied the ship were liable to a penalty of £20 under the Merchant Shipping Act—a fine far too small a punishment for such an offence. It should, however, be borne in mind that the provisions put on board by the same firm were of excellent quality. It was a case which he hoped the Board of Trade would take up, but the offence did not amount to one of manslaughter. The jury returned a verdict—"That the deceased died from scurvy; and the jury further say that the juice shipped on board the *St. Andrew's Castle* was a chemical decoction perfectly useless as a preventive of scurvy." The coroner said the case of this ship would be brought under the notice of the House of Commons.

THE SICK POOR IN ST. PANCRAS.

In a report presented lately to the St. Pancras guardians, it was stated that during the past three months the cost of the cod liver oil disposed of by the district medical officers to out-door sick-poor was £3 2s., and of quinine dispensed by them £3 12s. 10d. The total cost was £6 14s. 10d., being an average expenditure of about 2s. per week by each district medical officer. The value of medical extras supplied during the period was £89 13s. 4d., showing a decrease of £4 7s. 4d., compared with the preceding quarter. The result was considered in the report as "highly satisfactory." There was, however, an increase of £2 7s. 4d., as to cod-liver oil and quinine. It was also stated in the report that the supplying of nourishments by the relieving officers, instead of by the medical officers, had been attended with good results, and the system is found to answer well. In proof of this it was stated that "during the thirteen weeks ended the 23rd of February last the number of medical orders issued was 4097, which was a decrease of 534 as compared with the thirteen weeks ended the 1st of December, 1865." Having regard, therefore, to the superior administrative powers of the relieving officers, the report concludes by recommending 'that in cases of great emergency only that may occur during the hours the relief offices are closed, the medical officers be authorized to give an order for meat in the first instance only, and that such cases shall be afterwards referred to the relieving officer to be dealt with in the usual manner. Also that the district medical officers shall furnish to the Stores Committee every Monday a return of the meat so ordered, setting forth the name, residence, and nature of the illness of each patient, and the date and hour on which the meat was ordered." There is also a further check placed on the medical officers in order to avoid extravagance on their part. Cod-liver oil and quinine are to be supplied to them at the workhouse infirmary only. The quantities to be supplied at any one time to each district medical officer are one Winchester quart of cod liver oil and 1oz. bottle of quinine, and they are required to be particularly careful to report weekly the quantities they supply to each patient. After a discussion the report was unanimously adopted by the Board.

Paid Nurses in Workhouse Hospitals.—The guardians of the Strand Union have decided upon appointing paid nurses in their workhouse infirmary.

THE CATTLE PLAGUE IN BELGIUM.

The *Nord* states that the rinderpest rages with such intensity among the horned cattle in the district of Merxem, near Antwerp, that the Belgian Government has found it expedient to send there two veterinary surgeons from Brussels, who ordered that 36 diseased animals belonging to one herd should be immediately slaughtered. The population of Merxem assembled the same night, opened the trenches in which the diseased cattle were buried, and carried off the carcases. A guard of soldiers was sent from Antwerp to prevent a repetition of the act. The cattle-market in that district is suppressed. The slaughtering of diseased cattle at Merxem continues. Of 136 head on one farm, 96 were slaughtered on Sunday last. The civil and military authorities of the place, supported by a strong body of gendarmerie, and attended by two veterinary surgeons, remain constantly on the spot. The Belgian *Moniteur* publishes a Royal decree announcing that the compensation allowed to the owners of cattle slaughtered in consequence of the rinderpest will not be paid unless the diseased animal shall have been one month in the owner's possession. This measure is adopted in consequence of the authorities having been convinced that the re-appearance of the rinderpest at Antwerp is the result of neglect on the part of the farmers, who, counting on the indemnity allowed by the Government, pay no attention to the health of the animals they purchase.

BIRTHS, DEATHS, AND MARRIAGES IN SCOTLAND FOR FEBRUARY.

The following is the monthly return (omitting the tables) of the births, deaths, and marriages registered in the eight principal towns of Scotland during February last, published by authority of the Registrar-General:—During the month of February 1866, there were registered in the eight principal towns of Scotland the births of 3028 children, of whom 1553 were males, and 1475 females. Of that number, 2709 were legitimate, and 319 illegitimate, being in the proportion of 10·5 per cent. of the births as illegitimate, or one illegitimate in every 9·5 births. The proportions of illegitimate births in the several towns were as follows:—In Greenock 6·7 per cent.; in Perth, 7·5; in Leith, 7·6; in Glasgow, 9·7; in Edinburgh, 11·3; in Paisley, 11·5; in Aberdeen, 13·6; and in Dundee, 13·7 per cent. 599 marriages were registered during February, being the largest number registered in the month of February during the last eleven years. The deaths of 2178 persons were registered in the eight towns during the month, of whom 1103 were males, and 1075 females. This number is very much below that for the same month in 1864 or 1865, and is also about 200 below the average of the month for the ten previous years. Of the 2178 deaths recorded during the month, 875, or 40 per cent., were of children under five years of age. In Paisley, 30 per cent. of the persons who died were under five years of age; in Edinburgh, 32 per cent.; in Perth, 34 per cent.; in Glasgow and in Dundee, 41 per cent.; in Aberdeen, 43 per cent.; in Greenock, 47 per cent.; and in Leith, 50 per cent. The zymotic (epidemic and contagious) class of diseases proved fatal to 518 persons, thus constituting 23 per cent. of the mortality. The combined prevalence of measles, scarlatina, and typhus in Aberdeen, and of typhus in Paisley, caused this rate to be exceeded in each of these towns. Typhus was the most fatal epidemic, having caused 193 deaths, or 8·8 per cent. of the mortality. In Paisley it caused 19·4 per cent. of the deaths; in Dundee, 11·4; in Glasgow, 8·6; in Aberdeen, 7·8; in Edinburgh, 7·5; in Perth, 7·3; in Leith, 6·1; and in Greenock, 2·8 per cent. of the deaths. Of the 193 deaths tabulated under typhus, 144 were registered as typhus, 19 as enteric or typhoid fever, 5 as relapsing, 3 as continued, and 22 as gastric fever. Hooping-cough was the next most fatal epidemic, having caused 93 deaths, or 4·2 per cent. of the mortality. Scarlatina caused 64 deaths measles, 54; diarrhœa and dysentery, 37; croup, 23; diphtheria, 14; metria, 6; and erysipelas, 12. Apoplexy caused 32 deaths; paralysis, 39; and diseases of the heart, 93. The deaths from inflammatory affections of the respiratory organs (not including consumption, hooping-cough, or croup) amounted to 427; those from consumption alone numbered 261. 59 deaths were attributed to violent causes, of which three were suicides. Three deaths were caused by intemperance, and one by delirium tremens. One male and six females were aged 90 years and upwards, the oldest being the widow of a serjeant, aged 100 years.

THE CATTLE PLAGUE.

The *Mark-lane Express* states that the cattle plague recovery rate in the last week of February was, for the whole of Great Britain, 13.377 per cent. At the commencement of November it was only 5.235 per cent.

A report published in the same journal says that at the Horncastle Petty Sessions some days since Mr. Stanhope, M.P., was fined £20 and costs for having, on the 29th of January, removed two cows and sixteen bullocks from Revesby to Tattershall along a public highway.

J. J. Mechi, writing in the *Gardener's Chronicle* on this subject, says:—

"It is well known in Essex that nearly every case of an infected herd arose in the first instance from the purchase of an apparently healthy suckling calf. I know of many such instances in my own neighbourhood, although, fortunately, I have at present escaped, having declined to purchase my usual supply of calves. I believe the fact to be that if, immediately preceding parturition, the cow receives the germ of the rinderpest, the calf is also infected, and although for three to ten days after its birth it may appear vigorous and healthy, it then succumbs, and infects the stock with which it is mixed. Having had the experience of some 30 calves annually, either reared or bred here, I have observed the same result with ordinary fever, or other complaints of the cow."

A writer in the *Farmer*, who advocates the use of iodine as a disinfectant, gives the following extract from a letter which he received from a medical gentleman on the subject, instancing the results which it has accomplished, and pointing out the mode of using it:—

"I have now the happiness to tell you that iodine has been for three months under trial in this afflicted county of Cumberland, with the following result:—That in no farm where it has been fairly used has the cattle plague appeared; and that there are several farms which are surrounded by most virulent disease. These farms, where iodine was used to fumigate their byres, have for two months enjoyed complete immunity from disease. The mode of using the iodine is this:—To a byre of twelve cows take a common brick, place it upon the fire until it is quite hot, nearly red. Carry it into the byre, the cows all being in their stalls, close the doors and windows, then throw on the heated brick one-fourth of a wineglassful of iodine. Keep the doors and windows closed for ten minutes."

Mr. Panter, in giving evidence before the Commission, says, in reference to the London cowhouses:—

"The state of the London dairies themselves is not such as to encourage the propagation of disease. Forty or fifty per cent. of them are well managed and kept clean, and well ventilated and drained. There are exceptions which are grossly mismanaged. The usual mode of treating a cowshed in London with regard to replenishing the stock is that, as soon as a cow gets down to about five quarts of milk a day, the dairyman looks at her, and considers what she is worth the most for; and as they do not usually breed in London, she is sent to the butcher generally when the quantity of milk gets down to five quarts a day. The average time that a cow remains is not more than six months—hardly that. The moment she gets down to this low supply of milk she is sent into the market to be sold to the butchers, and very often the pleuropneumonias take them off long before that. The London dairies are never free from the pleuropneumonia for many weeks together. I think this is the result of the unnatural feeding. It comes from the artificial and heavy feeding upon brewers' grains in a great measure, that system being resorted to for forcing the milk to the greatest extent; and from the constant purchasing of animals in the market which introduces infection."

In reply to a question as to whether he thought it desirable for the health of cattle to do away with the London dairies, Mr. Panter said:—

"Certainly the London atmosphere cannot be a very wholesome one for the cattle to breathe; in a great many parts of London at any rate. The trade could be carried on without having the dairies in London itself. The deficiency of milk is wonderfully met now by what comes from the country. Milk is brought by train, and London seems to suffer very little as regards the quantity of milk since the cattle plague has been in existence. I consider that the milk we have at Hendon is better than the milk that is produced actually in the cowsheds in London."

UNFOUNDED CHARGE AGAINST A PARISH SURGEON.

The Brighton papers contain an account of a charge of neglect preferred by one Henry Davis of Essex Cottage, College-place, against Mr. George Geere, Medical Officer for the eastern district of the parish of Brighton. The proceedings were ordered by the Poor-law Board, and were conducted by the Poor-law Inspector of the district. The subject of the inquiry was the death of a woman named Fanny Hutson, who died on Tuesday, Nov. 21 last, at 11, Paradise-street, the property of Mr. Davis, who alleged that she had died in her confinement through the negligence of Mr. Geere. He called witnesses with the view of showing that Mr. Geere had not promptly attended to the case; but their evidence was of a hearsay character only, founded upon statements which were said to have been made by the husband of the deceased, who had died about a fortnight after the wife of typhus fever. Mr. Pocock, one of the District Surgeons of the Dispensary, who attended the deceased woman up to the period of her confinement, informed the Court that she was suffering from typhus fever, and there seemed to be no doubt that the fever produced a premature birth and death. The persons who were with the family before and after the woman died said they heard no complaint made by the husband against Mr. Geere. All that could be construed into negligence was the unsupported statement that he had been sent for three times on the day of her death, and that he did not attend till after she was dead. It appeared that deceased had been attended from Nov. 17th to 20th by Mr. Pocock for fever, but when he was told she was pregnant he (it being against the rules of the Dispensary to attend to cases of parturition) advised her removal to the Workhouse Infirmary, or the obtainment of a parish Surgeon. On Tuesday, Nov. 21st, the husband made application to the parish, and obtained a medical order from the assistant-overseer for Mr. Geere to attend to the case. This order was issued at a quarter past twelve o'clock, and, when left at Mr. Geere's surgery, he was not at home. The woman was confined very shortly after the husband got back, assisted by a midwife who had been sent for; and at two o'clock a little girl was sent with a note to Mr. Geere to tell him Mrs. Hutson was put to bed. He was still out, and the girl brought the note back about four o'clock, having gone to a cousin's in the meantime, and at six o'clock Hutson was going again to Mr. Geere, when he met him on the road. By the time he arrived the woman was dead. The assistant-overseer explained that, when the order was issued, the man made no reference to the case being urgent; that he never even said his wife was pregnant, or the order would have been endorsed "urgent;" but he merely applied for his wife to be removed to the Infirmary as suffering from fever. Mr. Geere, in reply to the Inspector, said, had the order been marked "urgent," his deputy would have attended to the case. It was proved that others of the family had suffered from fever, and the description of the house was horrible. There were only three rooms in it—a bedroom, kitchen, and washhouse; no back yard or back windows, and there was a stench so offensive that M. Pocock said he was compelled on one occasion to stand outside the house to talk to the husband. Mr. Barber, one of the parochial visitors, said he asked the eldest daughter from whence this stench arose, and she pointed to a copper in the corner of the washhouse, and said, "That is where the 'matter' runs from the copper across the kitchen." There was a mark where something

had been running from the copper, and had dried up; but in the area, close to the door, there was a privy, which was full and very offensive, and the bricks and mortar had fallen down. The daughter told him they could not use the privy, but were obliged to make use of utensils in the house, and she believed that what oozed from the copper came from the back yard of No. 10, next door. In this "house" there lived eight people! Its condition was reported to the Sanitary Committee of the Town Council, and Mr. Davis, who accused Mr. Geere of reporting it, admitted that he made no complaint against Mr. Geere till after the house was reported, and he gave as a reason why the complaint was so long deferred—six weeks after the death—that he could not obtain reliable information. At the conclusion of the inquiry the inspector said he had to make a report to the Poor-law Board, and had no doubt the guardians would receive it shortly with (which he had no doubt they would like) an expression of opinion upon the case.

REPRESENTATION OF THE UNIVERSITY OF LONDON.

At an extraordinary meeting of the members of Convocation of this University, held on Wednesday, Dr. Storrar in the chair, Mr. Jessel, Q.C., moved the following resolution:—"That a petition be presented to both Houses of Parliament praying that two members may be given to the University of London, such petition to be signed by the Chairman of the Convocation." He remarked that the number of constituents, supposing the University of London to be represented, would be 1729. In 1869, at which time any new Reform Bill might be supposed to come into operation, the constituency of the University of London would be 2000. It was clear, he thought, that there could not be a better constituency than a number of learned and accomplished men, for it was impossible that such a body of men would consent to be represented by a man who was inferior to the bulk of them in knowledge and education. Such a constituency, moreover, would be above all bribery and corruption, and beyond all suspicion of it. On these grounds he held that University representation would be a benefit not only to the University, but to the whole country. He should like to know what constituency could be named which would give 2000 persons equal in intelligence, experience, and knowledge, to say nothing of social standing, to those of the University of London. The members of the University who were entitled to vote were under fifty years of age and above twenty-four, so that all the voters would be in the prime of life. A representation of the University of London would also accomplish this, that every class of learned men would be represented, more especially the class of medical men, of whose accomplishments the University of London might justly be proud. The claims of the University had been recognized by three Governments, the Liberals, the Tories, and the Government of Lord Aberdeen, which might be supposed to represent the middle party between them. Under these circumstances he thought they had a claim to be put on an equality with the old Universities of Oxford and Cambridge. He hoped that the time would come when, the University sending two members to Parliament, the word "religion" would never be mentioned either by the electors or the elected.

The motion was seconded by Mr. R. N. Fowler (late a candidate for the representation of the City of London), who strongly urged the claims of the medical profession to have a voice in the House of Commons. Several gentlemen addressed the meeting in support of matters of detail, especially a recommendation of the educational franchise, and eventually the resolution was unanimously agreed to. It was then arranged that Dr. Storrar, the Master of Convocation, should take measures to secure the presentation of a petition to the House of Commons founded upon the resolution.

Medical Obituary Notices.

JOHN SPURGIN, M.D., F.R.C.P.

We regret to announce the death of this well-known and estimable physician, and the sorrow with which the intelligence of his death has been received is increased by the circumstance that he himself attributed the fatal illness from which he has for some months been suffering to the injuries he received from robbers in Bishopsgate-street in September last. On one of the days in that month, between nine and ten in the evening, he had returned from visiting a patient at Wanstead, and had got only a few hundred yards from the Great Eastern Railway, on foot, when he was suddenly (to use his own expression) "butted" by a man, who threw himself head-foremost at Dr. Spurgin, striking him on the chin and breast, and falling on him as Dr. Spurgin fell. The ruffian, placing his knee on the pit of the stomach, snatched at a gold chain and valuable gold watch, and, waving them hurriedly to some one behind, rose and commenced running in an opposite direction. After lying stunned for a moment, Dr. Spurgin rose and attempted to follow the garotter, whom he still had in sight, when a man suddenly appeared at the corner of an alley, and exclaimed, "Halloo! What's the matter?" "Why," gasped Dr. Spurgin, "that man has just stolen my watch!" "Oh, has he?" was the reply, and in an instant the unfortunate gentleman was tripped up and fell prostrate on the flags, sustaining a second time serious injuries. Both miscreants got off scotfree; there was no policeman near or in sight, and no one to lend a helping hand till it was too late.

Dr. Spurgin obtained his degree at Cambridge in 1825, and became a Fellow of the Royal College of Physicians of London, in 1826, the custom at the College at that period being to admit almost immediately into the Fellowship all medical graduates of Oxford and Cambridge. For many years Dr. Spurgin held the honorary appointment of Physician to the Foundling Hospital, an office which he relinquished a few years since. He delivered the Harveian Oration in 1851, and in 1853 he delivered six lectures on Materia Medica, which he subsequently printed in a small volume; and among other works he wrote one entitled, "The Physician for all; his Philosophy, Experience, and Mission." Dr. Spurgin was a man of considerable general and scientific attainments, and was for many years a director of the Polytechnic Institution. He possessed a very good, though rather limited, practice. His religious tenets (those introduced by Swedenborg) having introduced him to many of the followers of that sect. He had passed through many vicissitudes of life, having at one time lost considerable sums of money by unfortunate ventures, but latterly he had again risen to affluence. He had also experienced some severe domestic afflictions. He was twice married, and was 68 years of age at the time of his death. He was held in great and deserved esteem by a large circle of friends.

J. WALLER NELSON, B.A., M.R.C.S.Eng.

We are sorry to have to record the death of Mr. J. Waller Nelson, B.A., M.R.C.S.Eng., eldest son of Dr. Nelson of Birmingham. Mr. Nelson's death resulted from diphtheria, caught in the General Hospital, where he has for some time past been residing as one of the resident pupils, and lately as resident medical officer (*pro tem*). Some few months ago a former resident pupil of the hospital also fell a victim to the same malady. Mr. Nelson was a very distinguished student of Queen's College, Birmingham, and a graduate with high honours of the London University. His untimely death, at the early age of 23 years, and at the beginning of a career which promised to be more than ordinarily brilliant, has caused much regret among the profession in Birmingham.

THE PRIORITY OF INVENTION IN LOCAL ANÆSTHESIA.

The application of ether as a local anæsthetic by Richardson's apparatus has met with much success, excited much interest, and secured for the inventor a celebrity which must be most gratifying to him. We should be sorry to detract from the credit which is certainly due to Dr. Richardson for the practical application of an agent, the use of which had certainly not before been generally known or appreciated. Nevertheless, we must claim fair play for those to whose observation and judgment the principle of the application is due, and we are certain Dr. Richardson will be as ready to do them justice as we are. The credit of the first suggestion as to the local application of anæsthetic vapour undoubtedly is due to Dr. Hardy of Dublin, who published in The Medical Press of November 15, 1854, an account of the instrument now known as Hardy's Vapour Douche, by the use of which he hoped to obtain a condition of local anæsthetic without the inhalation of ether or chloroform. That instrument is still well-known in Dublin, and Dr. Hardy's observations on it were republished by him and are in the hands of many of our readers. We don't set up Dr. Hardy's claim to priority in Dr. Richardson's principle, because the refrigeration of the part by evaporation was not one of the objects of the Vapour Douche, but we notice it to show that the specific anæsthetic effect of vapourised ether was utilised years before Dr. Richardson proposed it. Dr. Richardson, of course, lays no claim to originality in the use of cold for allaying pain, and it is not therefore necessary to go into the details of Arnott's or Blundell's inventions. What Dr. Richardson asks credit for having done is, that he at once combined the principles of Hardy's douche, Arnott's congelation, and the well-known toy perfume vapouriser (the latter being only a simplification of the French fluid pulveriser), in the instrument which bears his name. The production of cold for anæsthetic purposes by the evaporation of ether, was on record long before Dr. Richardson suggested his apparatus, and every effect which it is capable of producing was publicly anticipated long before the vapouriser existed at all. The following extract from a work entitled "A Treatise on Surgical Anæsthesia," by Maurice Perrin and Ludger Lallemand, published in Paris in the year 1863, proves this fact :—

"Monsieur Guerard, instead of trying the inhalation of air charged with the vapour, or of making use of douches, formed the idea of bringing the ether to bear directly on the parts he wished to render insensible. By his instructions, M. Mathieu made him an apparatus calculated to realize the desired effect. The instrument is a small moveable syringe, which, when once filled with ether, is placed upon an elongated support, fitted with a spring. This spring, as it stretches, moves the piston of the syringe as soon as the cock, with which the latter is fitted, is opened. The whole apparatus is mounted on two split stems, on which the mouth-piece of an ordinary pair of bellows is placed, and which have to be blown whilst the jet of ether is being thrown on the skin. This modification of M. Guérard commenced a new phase of the question of local anæsthesia. The author announced to the hospital surgeon that he had in several cases obtained excellent effects from his method. Others have been equally satisfied with it, but nobody has studied the question with so much care as M. Richet, who made it the subject of a very interesting paper. The cases detailed by M. Richet are fourteen in number and classed under three heads. The first comprises only one case, in which the evaporation of the ether was followed by no positive result; the second head embraces three cases in which the anæsthesia was complete enough to make the skin insensible, but not of sufficient duration to allow the operation to be completed without pain; lastly, under a third head are ten observations relative to the opening of a ganglionic abscess in the groin, two phlegmons in the arm-pit, an abscess on the breast, a phlegmon on the arm, to the cutting of an anthrax on the thigh, a suppurated hygroma, and lastly, two whitlows. In every one of these cases the anæsthesia was complete and sufficiently prolonged. The author has noticed that under the influence of ether rapidly evaporating the skin does not change colour to any great extent, and that the capillary circulation is in no way changed. Some patients complain of a disagreeable prickly sensation; others, and these the greater proportion, feel nothing but an agreeable freshness. Above all, localized etherization has never been followed by the slightest inflammatory symptom. The appliance used by M. Richet was sometimes that of M. Guérard, oftener a simple ordinary bellows. The ether was allowed to fall drop by drop on the part to be benumbed. An assistant, furnished with a pair of bellows, kept up the current of air."

But there has been a still closer approximation to Dr. Richardson's apparatus, and any of our readers who can refer to the source of our information will find that as far back as twelve years ago an apparatus was invented which effected exactly the same purpose as Dr. Richardson's instrument by almost identical means.

In the *Gazette des Hôpiteaux* for April 1, 1854, there is a description and figure of M. Mathieu's instrument for producing local anæsthesia by congelation, which clearly and distinctly prove that it differs in nothing except in mere mechanical detail from that of Dr. Richardson. Not only was the local anæsthesia produced by congelation, and the congelation by the evaporation of sulphuric ether, but to hasten that evaporation the ether was impinged upon the part to be frozen in the form of *spray* produced by a rapid current of air. To attain this object a reservoir of ether compressed by a spring piston was attached to a pair of bellows, in such a manner that a tube with a minute opening poured a small stream of ether right in front of the nozzle of the bellows, the current of air from which instantly converted it into fine spray, and in that form blew it upon the part to be frozen. In mechanical detail Dr. Richardson's instrument is twelve years in advance of Mathieu's, but in the principle upon which it is based it can hardly claim to be superior. We do not for a moment suggest that Dr. Richardson knowingly appropriated the principle of Mathieu's instrument. He enjoys the credit of having planned the development of the fluid-pulveriser into a useful and practically convenient apparatus, the ready adoption of which is *prima facie* evidence of its superior efficiency.

POOR-LAW MEDICAL REFORM.

Mr. Griffin begs us to inform the Poor-law Medical Officers that the following subscriptions have been received by him towards the funds of the Association :—

G. Taylor, St. Faith's, 10s.; H. D. Ellis, Poole, 5s; Haynes (New and Haynes), 21s.; F. Owen, Epsom, 10s.; A. Stedman, Epsom, 10s.; H. G. Hardy, Auckland, 5s.; Newman and Atkins, Cosford, 10s.; A. Roberts, Holborn, 10s. By Mr. Prowse—T. Odell, Hertford, 10s; H. Jepson, Kingston, 10s.; A. Kirkland, Amersham, 10s.

BOOK RECEIVED.

On a New Method of Applying Remedial Agents to the Cavity of the Tympanum. By Ed. Bishop, M.D., M.R.C.S.E. London: Churchill.

Medical News.

University of London.—The following candidates passed the late examination for the degree of Master in Surgery:—

Andrew, Edwin, M.D., University College.
Deas, Peter Maury, M.B., University of Edinburgh.
Examination for Honours.
Deas, Peter Maury, M.B. (Scholarship and Gold Medal), University of Edinburgh.
Andrew, Edwin, M.D. (Gold Medal), University College.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 15th inst.:

Ellis, William Henry, Swavesey, Cambs.
Ley, Richard, South Molton.
O'Neill, Patrick James, Canning Town, Essex.
Prince, Frederick Tickell, Sawston, Cambs.
Pritchard, John Frederick, Southsea.
Smith, Henry Cecil, Kensington-park-gardens.

The following gentlemen also on the same day passed their first examination:—

Ash, Robert Vacy, St. Mary's Hospital.
Stainthorpe, Thomas Edward, Middlesex Hospital.

Dr. Graily Hewitt has been elected Honorary Fellow of the Obstetrical Society of Berlin.

The Perils of Pedestrians.—From returns recently made to the House of Lords it appears that during the 14 months between January 1, 1865, and the end of February last, there were reported by the Metropolitan Police no less than 163 cases in which persons were run over and killed in the streets of London. There were, moreover, 1938 persons maimed or injured from similar causes. The city police report within the same period 17 fatal cases and 237 instances of bodily injury. As might be expected, the far larger proportion of disasters have occurrred from vehicles in which the horses were driven, although even led horses have caused the deaths of 23 persons and the injury of 80 others.

Alleged Poisoning by Milk from a Cow Recovering from Rinderpest.—The *Pall-mall Gazette* states that the wife of Mr. Thomas Woolfe, of Standon Hall, in Staffordshire, was seized with the symptoms of irritant poison after tasting milk obtained from an animal recovering from cattle plague.

The Chemical Society.—At a meeting of the Chemical Society on Thursday week Dr. Frankland gave the results of his analyses of the drinking waters of London during the several months of the year, the said investigation having been made at the request of the Registrar-General. Dr. Frankland discovered that the amount of solid impurities in London river water is always greatest in wet weather, also that the organic matter it contains is greatly increased during rain. The water was purest during the long drought of last summer, and most contaminated during the rainfall in the latter part of October. This increase in organic matter he attributes chiefly to the flushing of the sewers of those towns which drain into the Thames above Teddington Lock, and in the case of the New River and the Lea to the flow of rain water over highly-manured fields.

Ethnological Society.—On the 13th inst. an elaborate paper was read "On the true assignation of the bronze weapons, &c., found in Northern and Central Europe," by Sir J. Lubbock and Mr. F. Lubbock. The authors maintained that implements and weapons of bronze were rarely, if ever, associated with remains of Roman origin. Considering the abundance of bronze weapons on the one hand, and of Roman remains on the other, it was to be expected that in some cases they would be found together. In order to show, however, the nature of the objects generally associated with bronze, a list was given of the contents of a large number of tombs opened by Sir R. Colt Hoare and Mr. Bateman, which contained bronze weapons, &c., and not one of which contained a single object which could be ascribed to the Roman period. The authors gave many reasons why these bronze weapons should not be considered as of Roman origin, and at the conclusion of the paper recapitulated the grounds for referring them to a period anterior to the conquest of Britain by the Romans.

Dwellings for the Poor.—A conference of Poor-law guardians was lately held at St. James's Hall in reference to the Houseless Poor Act; Dr. Brewer presided. A resolution was carried, declaring it to be desirable that the present Houseless Poor Act should be repealed and a more suitable measure passed.

The Sewing Machine.—The principle of passing and arresting the thread in Singer's sewing machine was taken from an instrument invented by Mr. W. Rawlings Beaumont, of Toronto, an honorary fellow of the Royal College of Surgeons of England, who used the ingenious instrument for passing sutures in vesico- and recto-vaginal fistula. Singer took his idea from Mr. Beaumont's instrument exhibited in the shop of Freeman, a surgical instrument maker in New York.

University College Hospital.—The annual festival of this valuable charity will take place at Willis's Rooms on Wednesday, the 18th of April. The Duke of Cambridge has consented to preside on the occasion; he will, we trust, be well supported. The amount of relief afforded by the hospital may be stated as follows:—Upwards of 1396 in-patients are admitted, nursed, and cured in the course of the year; 10,415 receive medical and surgical treatment as out-patients; nearly 12,000 are attended to as casualties; relief is administered to upwards of 1440 ophthalmic cases; and 800 women in childbirth are attended at their own habitations. The annual cost of maintaining the hospital in its present state is £6500, whilst its certain income from all sources—annual subscriptions, fees paid by students for clinical instruction and relinquished by the physicians and surgeons for the benefit of the charity, and interest from investments—does not amount to more than £2840; so that every year, appeals to friends and the public to supply a deficiency of ordinary funds amounting to nearly £4000 are indispensable.

Air in London Law Courts.—Dr. Angus Smith reports that some specimens of air from the Court of Queen's Bench, examined by him, are the most deficient in oxygen of any specimens found by him during the day above ground. They were almost exactly the same as many specimens of air found in metalliferous mines.

Honorary Physician to the Queen.—The *London Gazette* contains the following announcement under the head of "Army Medical Department;"—Inspector-Gen. of Hospitals George Steward Beatson, M.D., to be Hon. Physician to Her Majesty, vice Sir John McGregor, K.C.B., M.D., deceased.

Webber v. Willicombe and Others.—Mr. Webber, of Tunbridge Wells, has obtained a verdict of £50 damages against two of the ringleaders of the mob who, it will be recollected, broke his windows and burnt him in effigy. It was stated at the trial that the plaintiff had excited ill will by stating his opinion on the state of the sewerage of the town.

The Ozone Theory.—Professor Frankland states that the alleged presence of ozone in the atmosphere cannot be proved. Thus, there is no evidence that atmospheric ozone has any effect on the prevalence or absence of infectious diseases, as commonly supposed.

The Progress of Hippophagy.—Great success has attended the introduction of horse-flesh in Berlin as an article of human food. In 1865, 2241 horses were slaughtered for this purpose. The meat is perfectly wholesome, and tolerably palatable, resembling rather course beef.

Dundee Infirmary.—A quarterly meeting of the governors of the Dundee Infirmary was held last week—Provost Parker in the chair. A report by the medical officers was read, to the effect that the accommodation provided in the present Infirmary is not sufficient for the wants of the town, and that the best remedy for the deficiency would be the erection of a separate fever hospital. Were this erected, the additional accommodation set at liberty in the present building would permit the taking of children as patients. A committee of the directors expressed their approval of the conclusion come to by the medical officers: but said they could not, under the present circumstances, recommend the governors to incur the expense which the extension would entail upon them. The income of the present year was estimated at £3950, and the expenditure at £5000. It was ultimately agreed to print the statements submitted, and to call a meeting in about a month to consider what steps should be taken.

Notices to Correspondents.

Query.—Is it unprofessional to consult with a man who, although not registered, has a diploma which you have seen, entitling him to registration (and which on application to its source you find is genuine), he not wishing to register it till he has procured another one, for which he has passed the first half of an examination?—H. R. H.

Omicron.—Supposing the facts to be correctly stated, it does not appear to us that A committed any breach of professional etiquette, and therefore B has no just ground of complaint.

A Beginner.—The new chemical formulæ are founded upon some theoretical investigations upon the atomic weights of bodies, and they are adopted in many recent works.

Rusticus.—Bael is the fruit of the Ægle Marmelos, a plant of the natural order of Aurantaceæ.

Mr. J. P.—The newspaper has been received.

N. Y. Z.—The next meeting of the Medical Council will take place in Whitsun week.

R. T.—The subject is not one which we think can be suitably discussed in our columns.

Dr. M.—It is usual, under such circumstances, to divide the fee.

Habitans in Sicco.—We shall be glad to receive the communication referred to.

Mr. S., Liverpool.—The person named has no legal qualification, as far as we are aware.

A Pharmaceutist.—The publication of the new Pharmacopœia has been delayed owing to the serious illness of one of the Editors.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following subscriptions have been further received on behalf of the above fund:—C. H. Carter, Esq. Pewsey, 10s. 6d.; J. Breach, Esq., Aston-upon-Thorpe, 10s.; Dr. Edward Ray, Dulwich, £1 1s.; amount previously announced, £134 5s. 3d.; received at *Lancet* office, £13 11s. 6d.—Yours obediently,

ROBERT FOWLER, M.D.,
Treasurer and Hon. Sec.

145, Bishopsgate-street-out, March 21, 1866.

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, March 17, 1866, in the following large Towns:—

Boroughs, etc.	Estimated Population in middle of the Year 1866	Persons to an Acre (1866.)	Births registered during the week ending March 17.	Deaths. Corrected Average Weekly Number.	Deaths. Registered during the week ending March 17.	Temperature of Air. (Fahr.) Highest during the Week.	Temperature of Air. (Fahr.) Lowest during the Week.	Temperature of Air. (Fahr.) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2218	1400	1738	55·3	25·7	39·3	0·17	17
Bristol	163680	31·9	104	73	†124	53·6	25·0	40·2	0·41	41
Birmingham	335798	42·9	269	163	192	50·7	26·4	38·9	0·68	69
Liverpool	484337	94·8	387	281	530	50·5	32·3	41·3	0·51	52
Manchester	358855	80·0	204	203	†269	52·5	23·0	38·4	0·56	57
Salford	112004	21·8	81	57	65	51·1	24·0	38·9	0·54	55
Sheffield	218257	9·6	170	115	155	51·6	25·0	37·9	0·58	59
Leeds	228187	10·6	204	116	168	54·3	24·0	38·5	0·48	48
Hull	105233	29·5	90	49	68	...	...	...	...	...
Newcastle-on-Tyne	122277	22·9	93	65	61	50·0	28·0	37·6	0·11	11
Edinburgh	175128	39·6	125	84	129	49·7	27·0	38·5	0·00	0
Glasgow	432265	85·4	374	252	292	49·9	25·7	39·1	0·27	27
Dublin	318437	32·7	173	†156	192	51·6	26·2	42.0	0·95	96
Total of 13 large Towns	6122894	31·4	4582	3014	3983	55·3	24·0	39·2	0·44	44
					Week ending Mar. 10			Week ending Mar. 10		
Vienna	(1863)	...	...	...	Mar 10. 399	...	...	42·6	...	...

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·396 in. The barometric pressure was 30·23 in. on Sunday, and fell to 28·97 in. on Saturday.

The general direction of the wind was variable.

* The average weekly numbers of births and deaths in each of the above towns have been corrected for increase of population from the middle of the 10 years 1851-60 to the present time.

† Registration did not commence in Ireland till January 1, 1864; the average weekly number of births and deaths in Dublin are calculated therefore on the assumption that the birth-rate and death-rate in that city were the same as the averages of the rates in the other towns.

‡ The deaths in Manchester and Bristol include those of paupers belonging to these cities who died in workhouses situated outside the municipal boundaries.

‡ The mean temperature at Greenwich during same week was 36.8deg.

APPOINTMENTS.

COLLIE, A., M.D., has been appointed Assistant Medical Officer to the London Fever Hospital.

DAVIDSON, ALEXANDER, M.A., M.B. Edin., has been appointed Lecturer on Comparative Anatomy and Zoology at the Liverpool Royal Infirmary School of Medicine.

DEWSON, Mr. F. S., has been appointed Resident Dispenser at the Queen's Hospital, Birmingham.

GIBSON, FRANCIS W., M.B., has been appointed Assistant Medical Officer to the Broadmoor Criminal Lunatic Asylum, near Wokingham.

JACKSON, JABEZ, L.F.P.S.G., L.M., has been appointed Medical Officer and Public Vaccinator to the Fourth District of the parish of Birmingham.

MAURICE, OLIVER C., M.R.C.S. Eng., has been appointed Assistant Surgeon to the Royal Berkshire Hospital, Reading.

MEADOWS, ALFRED, M.D. Lond., has been appointed an additional Physician to the Hospital for Women, Soho-square.

MILBURN, FREDERICK L., M.R.C.S. Eng., has been elected Assistant House-Surgeon to the General Hospital, Nottingham.

NESHAM, THOMAS C., M.D. Edin., has been elected Surgeon to the Newcastle-upon-Tyne Lying-in Hospital.

NICOLL, R. CHARLES, Esq., F.R.C.S., has been appointed Medical Officer to the Charterhouse.

SMITH, WILLIAM A., M.D. St. And., has been appointed an additional Physician to the North London Consumption Hospital.

STURGES, OCTAVIUS, M.D., has been appointed an additional Physician to the North London Consumption Hospital.

WHITE, WILLIAM L., M.B., has been appointed Assistant Medical Superintendent to the Dundee Royal Infirmary.

WILLIAMS, W. RHYS, M.D., has been appointed Resident Physician and Medical Superintendent of the Royal Hospital, Bethlehem.

YATES, Mr. G. L., has been appointed Assistant Dispenser to the Burlington-street Dispensary, Liverpool.

YORKE, CHRISTOPHER F., L.R.C.S.I., has been appointed Surgeon to the Constabulary, Granard, County Longford.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BARRIE.—On March 10, at Glasgow, the wife of John Barrie, M.D., of a daughter.

BUSWELL.—On March 20, at 5, Loughborough Villas, Brixton, the wife of Richard Buswell, M.R.C.S.E., of a son.

CRISP.—On March 16, at 42, Beaufort-street, Chelsea, the wife of Edward Crisp, M.D., of a daughter.

DATE.—On March 8, at Ilkeston, Derbyshire, the wife of William Date, M.R.C.S. Eng., of a son.

DRYSDALE.—On March 19, at Sheerness, the wife of A. Knox Drysdale, F.R.C.S., Surgeon R.A., of a son.

FARQUHARSON.—On March 7, at St. John's-road, Stockton-on-Tees, the wife of John Farquharson, L.R.C.P. Edin., of a son.

LEGAT.—On March 8, at South Shields, the wife of Andrew Legat, M.D., of a son.

MAWHINNY.—On March 5, at Woodlawn, Mount Nugent, Co. Cavan, the wife of Dr. T. Mawhinny, of a son.

M'CABE.—On March 2, at Waterford, the wife of Dr. M'Cabe, of a daughter.

MOXON.—On March 8, at Northampton, the wife of William Moxon, M.R.C.S.E., of a daughter.

MUNRO.—On March 15, at Boulogne-sur-Mer, the wife of Alexander Munro, M.D., of a daughter.

FLEMING—CHARLES.—On March 1, at Moneymore, Samuel Fleming, L.R.C.S.Edin., to Margaret, daughter of the late Stewart Charles, Esq.

FULTON—HANNA.—March 9th, in the Railway-street Presbyterian Church, Lisburn, by the Rev. R. S. Erwin, Thomas Fulton, Esq., M.D., L.R.C.S.Ed., to Matilda, eldest daughter of John Hanna, Esq., both of Ballynahinch.

LYALL—ROWE.—On February 22, at Haverfordwest, David Lyall, M.D., Staff-surgeon R.N., to Fanny Anne, only daughter of George Rowe, Esq.

MASSY—YIELDING.—On March 14, at St. Thomas's Church, Dublin, D. G. Massy, Esq., Bengal Medical Staff, to Fanny Augusta, eldest daughter of H. Massy Yielding, Esq.

PRICE—HAVERSON.—On March 1, at Upper Norwood, William P. Price, M.D., to Annie Eliza, eldest daughter of J. P. Haverson, Esq.

BOWDEN, ALFRED, M.R.C.S. Eng., off Port Phillip Heads, on January 15, aged 45.

GRAY, WILLIAM, M.R.C.S.Eng., late of Orford-hill, Norwich, on March 4, aged 35.

JONES, W., M.R.C.S.Eng., at Byrom-street, Manchester, on March 3, aged 51.

LOWE, JOHN, Surgeon, at Coupar Angus, N.B., on March 9, aged 84.

MELSON.—On the 21st inst., after a few days' illness, aged 23 years, John Waller Melson, B.A. (Lond.), M.R.C.S., and L.S.A., eldest son of Dr. Melson, of Birmingham.

MORISON, Sir ALEXANDER, M.D., Balerno Hill House, Edinburgh, on March 14, aged 87.

PARCHAPPE.—M. Parchappe, Inspector-General of Asylums, one of the most distinguished of the French psychologists, well known by his writings on the nervous system and as Director of the St. Yon Asylum, Rouen, which was built after his design, died March 12, aged 65.

ERRATA.

At page 279, in Mr. Symes' account of a case of Separation of the Symphisis Pubis, ninth line from top, read *ten* for "two."

In Dr. Paterson's letter on "Cattle Plague," page 235, line 9, for "purulent" read *yellow*; line 13, for "on" read *in*; line 22, for "had" read *has*, for "purulent" read *yellow*, for "ensues" read *ensue*.

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COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.

Resolutions of Annual Meeting held at the Royal Cork Institution, on Tuesday, March 20, 1866.

I.

Moved by Dr. A. H. JACOB; seconded by Dr. N. J. HOBART:—
"That the Report now read be adopted, printed, and extensively circulated."

II.

Moved by Dr. MACKESY; seconded by Dr. GOULDING:—
"That, convinced as we are, by an increasing experience, of the paramount importance of securing to the country competent practitioners in Medicine and Surgery, we desire to record our anxious wish to see the Medical Council so modified, both as to its constitution and its powers, that we may look with confidence to its enforcing a high and uniform standard of education, both preliminary and professional, on all the Licensing Bodies throughout the United Kingdom."

III.

Moved by Dr. POPHAM; seconded by Dr. O'FLYNN:—
"That it is the desire as well as the duty of this Association to forward, as far as possible, the views of Government in obtaining, by means of the various Registrations and otherwise, a complete body of statistics of the sanitary state of the country, as a means towards the further preservation of the lives of the community. We would, therefore, urge on our professional brethren the peculiar importance of the duty that devolves on them in these respects, reminding them that here, as in all similar cases, every section of the commonwealth has its duties as well as its privileges."

IV.

Moved by Dr. O'CONNOR; seconded by Dr. MCEVERS:—
"That the present sanitary laws affecting Ireland are so scattered through Corporation, Poor-law, and other enactments, as to be difficult of access, and hence comparatively inoperative. We, therefore, venture to suggest to Her Majesty's Government the expediency of revising the whole subject, embodying what is at present valuable in a new act, and placing its administration in the hands of one efficient executive body."

V.

Moved by Dr. BENNETT; seconded by Dr. O'NEILL:—
"That we consider that the present inadequate remuneration of Medical Officers under the Poor-laws is an injustice to the poor and to the ratepayers as well as to the profession; and that a more liberal policy, such as would attract well-educated men to the service, and secure genuine drugs for the restoration of the sick, would be a sound and a large economy, inasmuch as numbers, who are now unattended to or inefficiently treated, and who, in consequence, with their families, become a permanent tax on the rates, would then leave more than the amount now spent on their maintenance to its more legitimate application in properly carrying out the objects of the law."

VI.

Moved by Dr. GODFREY; seconded by Dr. CREMEN:—
"That it is the deliberate opinion of this meeting that the Poor-law Medical Officers of Ireland are entitled to a retiring allowance, when, from old age and infirmity, after long and faithful service, they become incapable of further labour; and that we again recognize the opinion now so generally expressed, that one-half of the salaries of these officers should be paid out of the Consolidated Fund."

VII.

Moved by Dr. MORROGH; seconded by Dr. CURTIS:—
"That the fact of the Royal Commission lately appointed to consider the position of the Medical Officers of the Army and Navy having reported favourably on behalf of the Officers of both Services, is very gratifying to this meeting; and we trust that the report may be the means of restoring that confidence in the good faith of the heads of both departments, which is essential to the effective working of the service, and to the well-being of the British soldier and sailor."

VIII.

"Moved by Dr. CUMMINS; seconded by Dr. O'CALLAGHAN:—
skilThat medical witnesses, when subpœnaed by the Crown to give sucled evidence in courts of justice are most inadequately remunerated, thih remuneration being subject to the caprice of the powers that be; cas meeting therefore maintains that medical witnesses are, in all such ases, fully entitled to a minimum fee of £2 2s. a day, with an allownce for hotel and travelling expenses."

IX.

Moved by Dr. BEAMISH; seconded by Dr. SHINKWIN:—
"That we cannot separate without expressing our deep and heartfelt regret at the heavy loss this Association has sustained by the death of our valued Vice-President, Dr. Corbett. His exertions to improve the condition of his profession, begun before this Association was in existence, were here more effectively carried out; and whatever good the Association may have achieved for the profession, which he loved and honoured, was at all times materially aided by the untiring zeal, the sound sense, and the mature judgment of our lamented colleague."

X.

Moved by Dr. O'FLYNN; seconded by Dr. O'KEEFE:—
"That no stronger evidence can be given of the just claims of the Medical Profession for a redress of grievances than the fact that their exertions in this behalf have uniformly received the kind and able support of the Press of Ireland, to whom we again offer our sincere and grateful acknowledgments."

Crosse and Blackwell, Purveyors in Ordinary to Her Majesty, respectfully invite attention to their PICKLES, Sauces, Tart Fruits, and other table delicacies, the whole of which are prepared with the most scrupulous attention to wholesomeness and purity. The practice of colouring pickles and tart fruits by artificial means has been discontinued, and the whole of their manufactures are so prepared that they are not allowed to come in contact with any deleterious ingredient. A few of the articles most highly recommended are, Pickles and Tart Fruits of every description, Royal Table Sauce, Essence of Shrimps, Soho Sauce, Essence of Anchovies, Jams, Jellies, Orange Marmalade, Anchovy and Bloater Pastes, Strasbourg and other Potted Meats, and Calf's-foot Jellies of various kinds for table use. C. and B. are also Sole Agents for M. Soyer's Sauces, Relish, and Aromatic Mustard; and for Carstairs' Sir Robert Peel's Sauce, and Payne's Royal Osborne Sauce. The above may be obtained of most respectable Sauce Vendors throughout the United Kingdom; and Wholesale of
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"SALUS POPULI SUPREMA LEX."

Original Communications.

ON THE POLARIZATION OF LIGHT BY THE OCTAHEDRAL CRYSTALS OF OXALATE OF LIME.

By GEORGE W. BALFOUR, M.D.

(Read before the Medico-Chirurgical Society, on Wednesday, 5th July, 1865.)

THOSE who are acquainted, and who is not, with the writings of Golding Bird upon urinary deposits, are aware that in spite of the failure of chemical tests to establish any decided difference, he still regarded those dumb-bell crystals, so frequenty found associated with the ordinary octahedral forms of oxalate of lime, as possessing a different chemical constitution from them, solely because they polarized light, while the octahedral crystals apparently did not do so. His argument was that oxalate of lime belonged to the regular or cubic crystallographic system, crystals belonging to which never possess double refraction, and hence exert no influence upon a plane polarized ray of light. Since Golding Bird wrote, the argument has also been frequently put conversely—the octahedra of oxalate of lime do not polarize light, therefore they belong to the cubic system. Nay, the non-polarizing property of the octahedra of oxalate of lime seemed so decided, that Dr. Beale, in the first and second editions of his work on the "Microscope in Medicine," declared generally that "substances which crystallize in the octahedral form do not possess this property,"* being apparently compelled to make this false generalisation by the fact of his having just previously stated that the octahedra actually belonged to the quadratic system, one of their axes being much shorter than the other two. Many other authors—among them Prout, Wollaston, and Funke—were also aware of the fact, that the system in which the oxalate of lime crystallizes is not the regular cubic system; but it seems to have been reserved for Dr. Thudichum to make the natural deduction, that if they do not belong to the cubic system they ought to polarize light, and forthwith he set about making them do it. With the prismatic and other more or less amorphous forms he was, of course, easily and perfectly successful; but in regard to the octahedra he states that they "have a very faint polarizing power, which can only be brought out fully by reflecting a ray of the sun through the crystal lying between the two Nichol prisms, and excluding from the eye every other light but that coming from the crystal in the microscope."† Stating correctly enough that the reason why these octahedra polarize "faintly," as he calls it, is that they float generally with their principal axis nearly perpendicular, and that crystals polarize less the more parallel with their principal axis, or axis of (no) double refraction, the rays of polarized light are which pass through them, adding that this is one reason why these crystals polarize but faintly when ordinarily illuminated, though no doubt other reasons co-operate in producing this effect.‡ Now, one reason, if efficient, is certainly perfectly sufficient, and I can conceive nothing more so than a law which light cannot be forced to break, even by increasing its intensity. At Plate V., Fig. 4, of his work on the "Pathology of the Urine," Dr. Thudichum has represented two figures of an octahedral crystal of oxalate of lime, as supposed to be seen by polarized light. In the one figure, that to the right, the crystal is stated to be seen edgeways; and the other, if correctly drawn, has its principal axis also off the perpendicular. Both ought, therefore, to have exhibited distinctly the phenomena of polarization. It is just as evident, from the deep shadows represented upon the sides of both these figures, that a quantity of diffused light had, somehow, obtained access to the field of the microscope, and that the crystals are seen more by its aid than by that of the polarized rays transmitted, which, indeed, seem to be neutralised to a large extent by this stronger sidelight. In his lectures upon "Urine and Urinary Deposits," Dr. Beale has corrected the mistake into which he had fallen in his work on the "Microscope," and has stated that now he finds that octahedral crystals of oxalate of lime, mounted in Canada balsam, do polarize, even with a good artificial light.* In the absence of any figures, it is, of course, impossible to criticise this statement; I can only say from the flatness of the ordinary octahedral crystals, and the readiness with which, when displaced, they resume their usual position when floating—viz., with their principal axis perpendicular, I have I have found it impossible to maintain them out of this perpendicular sufficiently long to enable the balsam to harden round them, and thus detain them in a proper position for observing the phenomena of polarization; and, therefore, though I have often seen these crystals polarize light during the process of mounting them in Canada balsam, I have not hitherto been able to procure a specimen which would do it after the mounting was complete, for I need not add, that the medium in which these crystals float, whether urine, water, or Canada balsam, makes no difference in regard to the maintenance of the law which provides for the non-transmission of those rays of polarized light which are parallel to the principal axis of the crystal. When experimenting upon this matter I found, of course, that both in urine and in water the octahedra turned over so rapidly that it was impossible to observe with any distinctness the phenomena of polarization, and at the same time that Canada balsam was both sticky and troublesome. It then occurred to me to employ glycerine as the fluid in which to float the octahedra, first removing all the water about them by means of a pipette. The results were most admirable; the glycerine was sufficiently fluid to be easily workable, and yet sufficiently dense to enable me to displace the octahedra with the greatest ease, while they turned so slowly as to exhibit all the phenomena of polarization in perfection, and that even in the faintest light—natural or artificial—by which they could be seen. From the distinctness of the phenomena and the ease with which the experiment can be performed, it is obvious that henceforth no argument in favour of dumb-bell crystals being composed of oxalurate, and not of oxalate of lime, can be based on the statement that the octahedra do not polarize. In proof of this I append a few representations of octahedra, seen by polarized light. In Figure 1 are given ten representations of octahedra of oxalate of lime thus observed; the eleventh representation is that of an amorphous mass of the same. In Figure 2 the representations refer to the same octahedra indicated by the corresponding numerals in Fig. 1, and represent them, as seen by polarized light, with a bright field, in precisely the same position in which they were when depicted on the dark field. This position was always carefully verified by again turning round the polarizer, so as to make sure that the crystal had retained its positions.

* Second Edition, p. 322.

† Pathology of the Urine. London, 1858, p. 361.

‡ Op. cit., p. 362.

* British Medical Journal, Dec., 1860, p. 967.

GERMAN HOSPITAL, DALSTON.—The twenty-first anniversary festival in aid of the funds of this institution was celebrated on Monday week at the London Tavern—the Earl of Dudley presiding. The receipts for the general fund during the year were £4516 10s. 9d., and the expenditure was £4522 18s. 8d., showing a deficiency of £6 7s. 11d.

PAPERS ON DERMATOLOGY.

No. 1.

SYCOSIS.

By T. W. BELCHER, M.A., M.D.Dub.,

FELLOW AND CENSOR, KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE DUBLIN DISPENSARY FOR SKIN DISEASES; AND EDITOR OF "NELIGAN ON DISEASES OF THE SKIN," 2ND EDITION. 1866.

C. B., ætat. 55, a Dublin newsvender, came to me at the Dispensary for Skin Diseases in Bishop-street, on the 18th of November, 1864, with a remarkable and comparatively rare affection of the face.

This was an eruption covering the parts on which the beard, whiskers, and moustache usually grow; and the patient stated it to be of long standing. He did not appear ever to have had syphilis.

The eruption in question was circumscribed in extent, as already noticed; and it had commenced by the appearance, round the roots of the hairs, of slightly inflamed-looking elevations, on which a dry greyish scurf shortly was produced. This scurf grew rapidly, and by the constant use of the razor it became so aggravated that conical pustules formed on the seat of injury, thus masking, as has been often remarked, the original features of the disease.

At the above date (18th November, 1864) the disease was in the state just described in some places, while in others it had progressed further, causing heat, pain, tension, and swelling, maturation and bursting of the pustules, and the consequent formation of hard brown scabs, which closely adhered to the surface.

I directed him to take half an ounce of cod-liver oil three times daily, and to apply camphor and chloroform ointment to the surface.

On the 25th November he seemed to be much in the same state as before. He was now directed to take some pills to remove constipation, and to rub a diluted nitrate of mercury ointment to his chin and face; also to poultice the diseased surface on the night before his next visit.

December 6:—He has now cleared away all the scabs, and the pustules have also disappeared, save a few undeveloped ones round the roots of some of the hairs. He has some bald, circular, ringworm-like patches on the cheeks and chin; red stains mark the site of the previous morbid growth; the hairs of the beard, which, in some places, has grown of late since he ceased to shave, are thick and slightly bent; but they cannot be pulled out without pain.

Treatment.—Repeat pills and ointment.

9th. The surface is now dry, and of a dusky red colour.

Repeat pills, and apply strong tincture of iodine to the kin with a camel's-hair brush.

13th: He is now doing well.

Continue application of iodine, and the codliver oil which he has taken throughout.

23rd: He has been absent for some time in consequence of his having taken a severe cold; however, the disease is much better Pergat.

20th January, 1865:—He has done nothing since last attendance, and although the disease is much better than it was when he first came to me, it has, to some extent, regained its ground during the last month.

Treatment.—Continue codliver oil, and application of iodine, with occasional use of diluted nitrate of mercury ointment; poultices and purgative pills.

24th: Much better. Pergat.

27th: Still improving.

31st: He does tolerably well now; and the remedies have plainly done much of their work.

From this time forward he ceased to attend at the dispensary, and as he had had a bad attack of bronchitis, I feared he might have died; but I was glad to see him alive, and to all appearance cured of this affection, in July, 1865. At this time he retained the ringworm-like patches and the dusky red, hard looking appearance of the the skin of his face.

From examination of the disease in this case, and from the symptoms already detailed, I am of opinion that it is a specimen of the parasitic affection known as sycosis. This disease is rare, and the cases are still more rare, in which it occurs on the upper lip. Its *causes* are obscure; the only manifest one, and that as in this case, usually assigned, being the transmission of the parasite by means of a razor. In my edition of "Neligan on the Skin" (p. 420), it is noted that M Foville witnessed the transmission of sycosis to several individuals in this way. Dr. Neligan, however, also stated that the irritation produced by shaving, and by the use of acrid shaving soaps, in persons of a delicate skin, while they could not produce the disease, yet could aggravate it very much, and also could cause other skin affections, such as acne, impetigo, ecthyma, and syphilitic eruptions, with which sycosis is often confounded. The diagnosis in difficult cases can generally be determined by aid of the microscope, but sometimes this is not necessary, the character of the crusts, the thickened state of the integuments, the development of conoidal pustules, and the ringworm-like, bald patches on the places where the hair should grow, are, for the most part, sufficient to decide the question.

The absence of the fungus is not conclusive evidence against the existence of parasitic disease; for, as Dr. Tilbury Fox remarks ("Skin Diseases," p. 258):—"It is probable that the fungus, which is the cause of the primary irritation, is more or less destroyed by the pus which forms in the follicle, the tissues, nevertheless, continuing inflamed, in consequence of the peculiar structure of the part."

The fungus here referred to (an account of which is given on pp. 419, 420, of my edition of Neligan) is the microsporon mentagrophytes. M. Bazin looks on this affection as simply a variety of ringworm; and such is also the opinion of M. Hardy in his most recent work ("Leçons sur les Maladies de la Peau," Paris, 1863, 2ième edit.) He calls it "trycophytie sycosique," and he agrees with the opinion already quoted—that its single efficient cause is contagion, and that it is frequently transmitted by the use of the razor.

Most modern foreign writers on cutaneous diseases recommend epilation for the cure of this affection. In the present case I commenced to try it, but had to desist at the request of the patient, who did very well without it. As a rule I do not adopt epilation in parasitic diseases, as I have found that the morbid growths can often be removed without it.

THE MEDICAL COUNCIL.—The parliament of Medicine is summoned to meet in London on May 15, and will probably sit through Whitsun week. The Medical Council is a highly-paid, deliberative body, representing the Colleges of England, Scotland, and Ireland. Each member receives ten guineas a-day during the session. Its deliberations have generally lasted a week, and cost over £1500 in fees. Fortunately for the fund which has to provide the fees (they are drawn from the pockets of the Medical Profession), most of the members are in lucrative practice, and lose by the arrangement; otherwise speeches costing some £5 an hour might be unduly prolonged, and would be open to even more severe criticism than they now receive. There is one service which the Medical Council might render which would be welcome to the public generally as to the Doctors. They would confer a great benefit if they could persuade the Government to introduce such an amendment of the 40th clause of the Medical Act as should really prevent unlawful practice by medical pretenders, and enable all men readily to distinguish between legal and illegal Practitioners. This the Medical Act now professes, but fails, to do.—*Pall-mall Gazette.*

LUNATICS.—On Saturday last, Richard Harris and John Aires were indicted for illegally receiving a lunatic into their respective houses for profit without a licence. It was proved that they had acted in ignorance of the law and the judge discharged them upon their own recognizances et oome up for judgment when called upon.

Hospital Reports.

MATER MISERICORDIÆ HOSPITAL.

A CASE OF ASCITES WITH ANOMALOUS THORACIC SIGNS.

(Under the care of Dr. HAYDEN.)

Reported by Dr. BELCHER.

For the details of the following very interesting case I am indebted to the kindness of Dr. Hayden, who invited me to see it, exhibited to me its various features, and placed his case-book at my disposal. The following record is given, for the most part, in his own words:—

Ellen Moore, aged 42, married at 15, and the mother of fifteen children, was admitted into hospital on the 3rd of October, 1865. She states that her health had been good until about twelve months ago, when, as she supposes, in consequence of the stoppage of her menses, she *coughed* up large quantities of dark blood. This occurred on several occasions, and she felt on each occurrence of it a tickling in the chest and a feeling as if the blood proceeded from the left side. There has been no recurrence of this hæmoptysis for several months past.

Shortly after the first appearance of blood, as above noted, her feet became swollen, and then her abdomen, but never the face. She has not been jaundiced, and cannot trace the abdominal swelling from any particular part of the abdomen.

When first seen by Dr. Hayden there was ascites; the abdomen was very large, but there was not any œdema of the feet or of the face. The patient was emaciated, the face being of a dusky, but not of a jaundiced, hue. The pulse was quick and weak; she also had cough, with mucous expectoration; the kidneys were acting indifferently, but there was no albumen in the urine. She was subject to intercurrent attacks of diarrhœa; the heart's action and sounds were normal.

After some weeks in hospital it became necessary to perform paracentesis abdominis, owing to embarrassment of the respiration. On this occasion between five and six gallons of thin clear fluid were removed; about three weeks later the operation was repeated, and with a similar result.

For some time previous to the performance of paracentesis she had complained of pain in the left side, and occasionally in the right; after the last tapping, however, the pain in the left side became more urgent. She described it as sharp and shooting, and extending from the region of the left kidney upwards through the left side of the chest. On one occasion she coughed up a large quantity of puriform matter, which Dr. Hayden thought at the time might have proceeded from an abscess of the liver discharging itself through the lung.

About the 1st of December, 1865, the left side of the chest became dull inferiorly, whilst the upper part yielded a somewhat tympanitic sound. The dulness gradually extended upwards, whilst the heart became displaced towards the right side, and respiration became more embarrassed than before.

Dec. 12th, 1865: She now can lie only on the left side; the pulse is 104, and weak; respiration, 42; she also suffers from loss of appetite and want of rest. The left side of the chest is dull from the second rib downwards in front; over this region respiration is *bronchial* (transmitted?) and unaccompanied by râle. Above the second rib resonance is highly tympanitic, and here the respiration and voice are *amphoric*.

22nd: For some days past she has been perspiring profusely, and the respiration has become so much embarrassed that paracentesis abdominis was again performed on Monday, December 18th, when about five gallons of clear and thin fluid were drawn off. She has not experienced much relief from this operation. The pulse has since varied from 108 to 90, which is the rate to-day, and pain of a most urgent character is still complained of. This pain, she states, commences "about the left kidney," and shoots up through the left side of the chest and down the left arm. Pressure over any portion of the left side in front, especially below and outside the left mamma and beneath the left clavicle, cannot be borne. The left side of the chest exceeds the right in girth by two inches. It is unusually dull, the dulness being modified by gastric tympany as high as the nipple in front; but from the nipple to the second rib dulness is absolute; from the second rib to the clavicle it has an imperfect tympanitic ring. Over the entire of the left side vocal vibration, which is present on the right side, is entirely absent. In front, from the clavicle to the second rib respiration and voice are amphoric, especially towards the sternum. Over the remainder of the front respiration is entirely absent. Posteriorly, over the whole extent of the side respiration is bronchial, and this is the case as far forward as the middle of the ribs. The heart pulsates immediately to the right of the sternum at the normal level, and the anterior dulness extends to the middle line of the sternum.

The spleen can be distinctly felt by palpation; it is somewhat enlarged, and of stony hardness; it is likewise exquisitely tender to pressure.

No perceptible enlargement of the liver can be detected; but in the region of the right lobe a somewhat irregular elevation is felt, extending obliquely downwards and to the left side for about two or three inches.

This is tender to the touch, and *resonant* on *percussion*. Another similar irregularity is found to the right of the former.

The appetite is so good that the Sister in charge declares that the patient took an excessive meal of meat yesterday, and that this excess sickened her; pulse 90; respiration 30; sputa resembled gum-water. She was ordered wine, about six ounces, and whisky punch in small quantity; also an opiate plaster over the left side.

Dr. Hayden did not consider the diagnosis of this intricate case as quite clear at this stage; he was under the impression that there was malignant disease of the spleen, and, probably, also of the left lung.

26th: Pulse 96, and good in volume; respiration 30; tongue clean; appetite pretty good; the diarrhœa, pain in the chest, and cough are less troublesome. The left side of the chest moves in respiration in a scarcely less degree than the right. The movement is localised in the third and fourth intercostal spaces in front, and is very obvious. The left side of the chest, measured below the nipple, exceeds the right in girth by *one inch;* vocal vibration is absent before and behind from the second rib downwards; resonance is *hollow* from the clavicle to the second rib; and here the respiration is tracheal or cavernous, especially behind the sterno-clavicular joint. From the second rib to the lower edge of the third it is less clear, but still of modified hollow ring, and here the respiration is feeble. From the lower edge of the third rib dulness is complete and all respiratory sounds, save transmitted and distant bronchial sounds, are absent.

Dulness is complete behind from the angle of the scapula downwards. Here respiration is bronchial; at the inferior angle of the scapula it is *blowing;* and at this point vocal resonance amounts to pectoriloquy. There is likewise vocal resonance below this level, but it is less pronounced. From the angle of the scapula upwards dulness is somewhat less, but respiration and vocal resonance are the same as below this point. Over the entire of the left lung to-day, for the first time, there is evidence of softening in a coarse muco-crepitus, and under the left clavicle, when the patient coughed, Dr. Hayden heard a faint *metallic tinkle.*

The fœtor of the breath is very offensive; the fluid is re-accumulating in the abdomen; the tenderness on pressure under the left clavicle is considerable.

The opiate plaster over the left side has given her much relief; there is a scarcely perceptible enlargement of the

superficial veins of the left side of the chest; the veins of the neck on that side are not distended.

Dr. Hayden still regards the diagnosis of this case as obscure; and entertains the idea that it may be malignant disease of the left lung; in favour of which opinion are the following facts:—

a.—The variability of the physical signs; the acute shooting pain in the left side and extreme intercostal neuralgia.

b.—The absence of evidence of hepatic disease sufficient to account for ascites, and the consequent probability of malignant disease in the abdomen sufficient to cause it.

c.—This last probability is rendered the stronger by the acute pain felt for some time past in the left lumbar region, and by the actual condition of the spleen, the former hæmoptysis and the slight engorgement of the left superficial thoracic veins.

Against this supposition are:—

a.—The absence of cancerous aspect of the patient;

b.—The trifling engorgement of the thoracic veins;

c.—And the uniformity of the left thoracic enlargement.

If non-malignant, Dr. Hayden thinks it may be pneumothorax with effusion of pus, the result of the bursting into the pleura of a tuberculous abscess of the lung.

In favour of this view may be urged: the former hæmoptysis, the tracheal (cavernous) breathing, and metallic tinkling under the clavicle, and at the angle of the scapula, where the breathing and voice are somewhat fistulous.

Further, Dr. Hayden thinks it may be serous or purulent effusion, with adhesion of the lung above and behind, and tuberculous or gangrenous softening of that organ. It may be empyema with cancer of the lung; and, in regard to the two last suppositions, he refers to the displacement of the heart to the right side, and to the softening of the lung already noted.

27th: From the clavicle to the second rib percussion sound is of a *normal character*; but a shade clearer than on the opposite side; and here respiration is less tracheal, with muco-crepitus; below the nipple dulness is complete, and no respiration sound of any kind can be heard.

February, 1866: Paracentesis has been performed a *fourth* time, and with about the same result as on former occasions.

27th: *Long* after tapping. From the clavicle to the second rib, on the left side, is now tympanitic; below it is dull. Respiration and voice are bronchial from the clavicle to the second rib; likewise bronchial, but less so over the remainder of the left side anteriorly.

28th: There is dulness now where tympanitic resonance had been on the previous day.

March 2nd: Tympanitic resonance again from the clavicle to the second rib, as far horizontally as the left margin of the sternum; from the upper edge of the second rib to the upper edge of the third resonance is similar in quality, but less tympanitic; from the third to the base percussion is dull. Respiration and voice are bronchial throughout in front, more so from the clavicle to the second rib. The heart pulsates under the right margin of the sternum inferiorly.

15th: Paracentesis again performed for the fifth time, and eight gallons of amber-coloured serum, containing much albumen, were drawn off. The patient is weak, but bore the operation well. Resonance has been clear but *normal* in the upper left (to third rib) for several days. She has had ammonia and chloric ether, which caused tenesmus, and was afterwards stopped in consequence of it. The tenesmus was relieved for the most part by her taking laudanum and liquor bismuthi.

16th: Peritonitis of a sub-acute form, with much flatulent distension of the abdomen, has now supervened. She vomited repeatedly since last night. The features are pinched and shrunken; pulse quick and weak; tongue dry, but not coated.

℞ Pulv. opii, gr. i.
Calomel. gr. ss. M.
Ft. pilula sumat. talem i. 3tiâ quâque horâ. Warm bran poultices to abdomen, half-ounce of brandy to be given in water frequently, and beef-tea.

19th (date of my visit): The left side of the chest is now resonant throughout in front. This is only exaggerated normal resonance. Here also is a painfully sharp vocal thrill. The patient is very weak, has sordes on the teeth, and cannot survive many days.

27th: Pulse 102 and weak; she is much emaciated; has copious night sweats; severe pain in hypogastrium and left iliac fossa; tenesmus and re-accumulation of fluid in abdomen.

31st: The patient is exceedingly weak, the tongue dry, the stomach and bowels irritable, the heart has returned to the left side, and now pulsates to the inner side of the left nipple.

Proceedings of Societies.

OBSTETRICAL SOCIETY OF LONDON.

March 7, 1866.

Dr. BARNES, President.

The following gentlemen were elected Fellows of the Society:—Drs. G. B. Brodie, John Easton, C. B. Fox; Messrs. N. Avent, R. Blagden, J. H. Bryant, Thomas Dane, W. Dewsnap, R. A. Elliott, John Loane, W. Soper, H. Winterbottom. Prof. Retro Laggati (of Milan), and Dr. Theodore Hugenberger (of St. Petersburgh), were elected Honorary Fellows.

Dr. Tyler Smith showed a new Vaginal Speculum made for him by Messrs. Weiss. He considered it much more convenient than any other known to him. It was made in the form of a double duck-bill, the ends being in close apposition. The nuisance of having a plug for the sake of introduction was done away with.

The President stated that he had had a rod made after the fashion of the uterine sound for the purpose of cauterizing the cervix uteri in the manner described by him at the last meeting.

Mr. Baker Brown, jun., exhibited a little boy, ten weeks old, born with amputated arms and legs, but perfect in other respects. On one of the thigh stumps there was an appearance of toes, and on each of the stumps of the upper extremities was a distinct nipple.

Dr. Madge showed a specimen of fibrous tumour of the uterus. It measured fifteen inches in circumference, and weighed nearly two pounds. It had a pedicle, which was attached to the posterior wall of the uterus.

Dr. Barnes exhibited a specimen of an encysted fœtus, which had been removed at the patient's death, forty-three years after its escape into the abdominal cavity. He also showed a mummified fœtus, which had been expelled after the birth of a full-grown child.

Dr. Braxton Hicks exhibited a specimen of the echinococcus, which had been discharged from the vagina.

Dr. Walker, of Peterborough, read the history of a case of ruptured vagina during labour.

Mr. Baker Brown read a paper on the

USE OF THE ACTUAL CAUTERY IN OVARIOTOMY.

The author observed that, on February 1st, 1865, he placed before the Society his first case of completed ovariotomy in which the pedicle was divided by the actual cautery. Since then he had published ten or eleven more in the *Lancet;* and now he wished to relate his last eleven cases, and make some remarks on the use of the actual cautery. In the eleven cases the operation was completed, and all recovered. Mr. Baker Brown found that, in a few of the cases, the cautery was not sufficient alone, he having to ligature several vessels in the adhesions; and in Case 6 the artery, which was bleeding, was from a very fat mesentery, and the superabundance of fat prevented the seared edge from puckering. He considered it highly necessary to have a properly-made clamp; also, it was ad-

visable that the iron should not be too hot, a simple red heat being best, so as not to hurry the process of separation, but to bruise the pedicle by cutting it off slowly, and afterwards care must be taken not to disturb the stump. On one occasion, the author being anxious to see if the vessels were safe (after the cautery), gently rubbed the edges with a towel, when the crust was broken, and a small vessel bled. Of twenty-three cases of completed ovariotomy, the author had lost but two. He thought it must appear evident that this success had arisen from the use of the actual cautery.

Mr. BROWN then presented a cyst and pieces of omentum from a patient operated on the day before, which showed that the whole omentum was so fat that the cautery would not act safely on the adhesions. In such cases it was better not to attempt its use. The pedicle itself was safely removed by the cautery clamp.

Dr. ROUTH read a paper on

A CASE OF FIBRO-CYSTIC DISEASE OF THE UTERUS WHICH WAS MISTAKEN FOR OVARIAN DISEASE.

It occurred in a woman aged twenty. There were two large abdominal fluctuating tumours united by a large solid mass. These were diagnosed as multilocular ovarian disease by Dr. Savage, Dr. Greenhalgh, Sir W. Fergusson, and Dr. Routh. All advised operation except Dr. Greenhalgh, who recommended delay. She was operated upon on Nov. 16th, 1865. There were no adhesions of any consequence. The tumour was freely movable on the right side. On the left, it was bound down by the usual ligaments, and had become very dense and unyielding. Extirpation was thus impossible. Portions of the omentum were removed by actual cautery. The larger right cyst was punctured, and emptied of a quantity of pus, and the abdominal wound brought together. The patient scarcely rallied, was constantly sick, and died, after evidence of internal bleeding, in thirty-four hours.

The post-mortem examination revealed that all the cysts were full of blood, vessels having given way in them, probably through the vomiting. The actually cauterized surfaces were quite shrivelled, and free from even an appearance of blood. The whole fundus of the uterus was fibro-cystic.

The importance of this case was brought out in the error of diagnosis. All the usual symptoms of fibroid disease were absent—namely, early fibroid hardness of tumour; absence of flooding; increased length of uterine cavity; absence of tubular soufflé; and previous exploratory puncture would have only given exit to pus. Secondly: Owing to numerous vascular trabeculæ in the tumour, death might at any time have resulted from simple puncture with the trocar. Thirdly: It proved the great efficacy of the actual cautery, even in a case of constant sickness following operation.

Mr. SPENCER WELLS said he fully admitted that in some rare cases it was very difficult, perhaps impossible, to arrive at an exact or positive diagnosis as to the nature of an abdominal tumour; but he contended that in the great majority of cases—in at least nine out of ten—it was quite possible to arrive as near the truth in this as in any other department of surgery. He admitted most fully that men of great experience, after carefully examining a case, would sometimes find it impossible, even with the help of an exploratory incision, to make a positive and complete diagnosis. In such a case as that narrated by Dr. Routh, the exact nature of a tumour might be doubtful even after its removal. But such cases were few and far between, and by no means opposed to the rule that in a large majority of cases of ovarian and uterine disease a very accurate diagnosis might be made. With regard to the use of the cautery in ovariotomy, the cases brought forward certainly proved that we had been taught an additional and successful mode of dealing with the pedicle. But they also convinced him that it should be an exceptional and not a general method. The number of cases in which ligatures had been also required, the accounts of the melting and flaming fat, the care required as to the precise temperature of the irons, the slowness of the searing, the effects of disturbing the eschar, and the very frequent suppuration in the abdominal wall, were very unsatisfactory. And the argument that because out of twenty-three cases only two had died, therefore this success was due to the use of the cautery, was clearly untenable; for it was a curious fact that of the last twenty-two cases of ovariotomy in which he (Mr. Wells) had been able to secure the pedicle by a clamp, only two had died, and one of these lived twelve days and died of cancer of the peritoneum, which was not detected before the operation.

Time not admitting of further discussion or reply from the authors of the papers, the meeting adjourned.

SURGICAL SOCIETY OF IRELAND.

MARCH 16TH, 1866.

Dr. WILMOT in the Chair.

1.—SKELETON AND CAST OF A FŒTUS SHOWING A LARGE SPINA-BIFIDA EXTENDING FROM OCCIPUT NEARLY TO THE SACRUM.

2.—CAST OF A SPINA-BIFIDA IN THE LUMBAR REGION, WITH NOTES OF THE CASES.

MR. H. G. CROLY stated that he was indebted to Dr. John Partington Gray of Kilgobbin, for the two cases from which the beautiful casts were taken for the museum by Dr. Barker, the Curator. He (Mr Croly) dissected the fœtus from which the first cast was taken, and had the able assistance of his friend Dr. Macalister. He then read the notes taken by him at the time:—Features natural; no neck visible; chin and sternum on one plane; left external ear buried in a deep groove; a large tumour (spina-bifida) on the posterior surface, extending from the occiput nearly to the anus; extremities fully developed.

Dissection.—The tumour, which is the size of a cocoa nut, is covered with integuments and fat. On dissecting off the skin the cyst is found to be thick and rather pyriform in shape, lobulated, and has blood-vessels ramifying on its surface. The sac is divisible in three layers—viz., an external or fibrous, a middle or adipose, and an internal or vascular of great strength. On opening the latter a quantity of brain substance with clotted blood was observed in the interior. The cavity communicated through a fibrous opening with a small thin sac situated at the left side of the cervical region. The sac also communicates with the cavity of the cranium through a large opening at the left side of the occiput. The ribs at the left side radiate from the occipital bone. There is a cleft palate; no sternal origin to the left sterno-cleido mastoid muscle; brain fully developed; no spinal canal; abdominal and thoracic viscera natural.

Cast 2.—Taken from a child named James Ryan, aged two months, admitted into the City of Dublin Hospital in July last. He ascertained from Dr. Grey that the child died of convulsions on the 21st of August following. The tumour in this case was *partly* covered with integument.

Mr. DARBY exhibited a

NEW-BORN PIG (ONE OF A LITTER OF TWELVE)

having the hind quarters of two pigs, both males, united at the loins into one body with one pair of forelegs and one head with two pairs of ears. Dr. John Barlow had kindly opened the thorax and abdomen, but no dissection had as yet been made. There was one heart in the centre and in front. It appears as if another heart corresponding in size can be felt lower down and close to the spine. The lungs are irregular, and appear larger and with more lobes than are comprised in one pair, but there does not appear to be two distinct pair. There is but one abdominal cavity and but one umbilical cord. He, in the

absence of more interesting matter, brought this case, as he had on more than one previous occasion brought other monstrocities under the notice of the Society—not as a mere curiosity, but in the hope that the exhibition of such abnormal creatures may lead to their being classified, and thus the vulgar error of supposing that impressions made upon the minds of pregnant women exercised an influence upon the formation and growth of the fœtus in utero—impressions which frequently caused distress—may be corrected. He thought all abnormities of this nature might be embraced within three classes or heads, viz.:—Excess of development, arrest of development, and cases in which adherence to the normal formation or type of the inferior animals are found to present. Instances in each of these classes are abundant, and he felt that the subject, if well worked out, would most probably lead to results such as he hoped for.

CANCER OF THE PENIS.

Dr. FLEMING exhibited a portion of the penis removed within the last few days from a patient in the Richmond Hospital. The subject of it was a countryman of the farmer class, was aged about 55 years, and had always enjoyed good bodily health. He had never been exposed to the venereal disease, was married, and had a large family. He stated that about eight or ten months back he felt some pain and uneasiness in the situation of the frænum, and remarked that he could not expose the glans as previously, that the organ itself became full and congested, and that a hardness and swelling took place, which bulged out the prepuce, and latterly protruded through its orifice, interfering occasionally with the free escape of the urine. There was some discharge accompanying it, but not very much; it was fœtid, but free from any bloody tinge. He suffered inconvenience more than absolute pain, except during the erect state of the organ. On examination, complete and permanent phymosis presented itself, the integuments of the penis retaining their natural colour. A solid, hard, and irregularly knotted feel was communicated to the fingers in the region of the frænum, and through the orifice of the prepuce, and attached to its inferior surface, a warty growth about the size of a small walnut protruded, having all the prominent features of epithelioma. Here, alone, was there any abnormal connexion between the prepuce and glans, a probe elsewhere passing freely around. The hardness noted extended about an inch along the under part of the urethra, where it was fully circumscribed. The inguinal glands were free from any disease. The malignant nature of the affection and its removal were decided upon. It was effected in the ordinary manner, with the additional provision of a strong curved forceps, whereby the body of the penis was firmly held behind its line of section, and thus retraction of the organ to the extent which usually occurs was prevented, and hæmorrhage was commanded until the usual vessels were secured. In this specimen all the essential features of epithelioma were obvious, and required no special description. It was in a great measure limited to the vicinity of the frænum, the under part of the glans being identified with it to the extent of about an inch. Dr. F. directed attention to the caution requisite in the accurate diagnosis of the disease of cancer of the penis, as otherwise serious mistakes might be made. He had perfect recollection of a case which occurred many years back in his practices, where fortunately only the prepuce was removed for a growth considered to be malignant by most eminent authorities. The subject was a gentleman, aged beyond 60 years, yet in the reparative stages of the wound, unequivocal syphilitic symptoms set up, which altered altogether the original opinion entertained. Another case was fresh in his memory, where the whole penis was most unwarrantably removed in a young man for warty growths perfectly innocent in their nature.

CASE OF FIBRO CYSTIC TUMOUR.

By F. J. DAVYS, A.B., L.R.C.S.I. & K.Q.C.P.I.,

I have the honour to lay before the Society this evening a specimen of fibro cystic tumour removed from a female from whose arm, and in exactly the same position a similar tumour was removed in February, 1865. I exhibited that tumour here, and a report of the case appears in THE MEDICAL PRESS of March, 1865.

As it was suggested that the tumour was malignant, and as the Chairman requested that I should observe the progress of the case, I did so and found that in November last the tumour had grown again, and had attained the size of a small orange. She applied to me at my dispensary in Swords, stating she was unable to earn a livelihood, and requested to obtain her admission into St. Vincent's Hospital, where the tumour was shortly afterwards removed by Dr. Mapother. As it was moveable and encapsulated, a single long incision sufficed for its removal.

The tumour, although altered somewhat by maceration in spirit, is, as you may remember, very similar to the one I exhibited last year, consisting externally of a firm fibrous capsule, and internally of fibro areolar tissue, the spaces of which are filled with a bloody serum.

I still regard the case as one which is now malignant, as the patient is, and has been always in the most perfect bodily health, and as she suffered no pain till the tumour became so large as to stretch the skin over it to an extreme degree.

Dr. DAVYS also exhibited a specimen of

SCIRRHUS OF THE BREAST.

By way of contrast it may be also worth while to exhibit a small specimen of scirrhus, which I removed from the left breast of a female aged 35, but very much older in appearance, residing within three miles of Swords. The patient, unmarried and never menstruated, applied to me on two or three occasions stating she suffered very great pain at intervals from a tumour in her breast, which had been forming in it since early in last summer.

Her means of living depended on the wages she received as an ordinary labourer in the field, on which occasions latterly the pain in the breast was intolerable. I recommended her to have the tumour at once removed, and as the cabins of the poor do not present facilities for the surgeon to use his knife even in trifling operations, I directed her to one of the hospitals, especially as she resided such a distance from my house. She decided on not going to hospital, and therefore I removed the tumour, by making a free incision extending to about two inches above and below the tumour. On removing the skin and fascia it was remarkable the firmness with which the tumour was attached to the pectoralis major muscle, and through it to the cartilage of the fourth rib. In this operation I obtained valuable assistance from my young friend, Mr. William Tobin, one of the students of this College, who happened to pay me a visit at the time.

The tumour is evidently, in my opinion, a scirrhus growth, from its hardness, napiform, and screeching sound which it emits on section.

A FEW OBSERVATIONS ON CHOLERA MORBUS,

By CHARLES TRENERRY, ESQ.,

SURGEON OF THE CIVIL HOSPITAL, GIBRALTAR, AND CORRESPONDING MEMBER OF THE SURGICAL SOCIETY OF IRELAND.

Much has been written, much has been said, and much less has been done, without yet arriving at a correct knowledge of the etiology of this terrible disease, therefore I will not presume to offer any theory or explanation of my own; but as regards the treatment I cannot avoid making the fact known that the local application of chloroform has proved a most valuable adjunct in my hands during our late epidemic of cholera, in relieving the distressing paroxysms of pain and cramps, which tend so greatly to exhaust the patient and terminate his life.

Such, in fact, was the relief produced, that many patients begged me to re-apply it even during their convalescence, and I feel convinced that the recoveries would have been greater if the unfortunate patients had not been sent into hospital in such an advanced stage of the disease.

Some of them only survived three, four, or six hours, and a few actually died before they could be got into bed, but the average duration was a little more than two days, and the recoveries averaged about twelve days.

One hundred and fifty-five cases of cholera were admitted into the Civil Hospital from the 19th of August, of which 87 were males and 68 females, averaging from 20 to 70 years of age, and of these it fell to my lot to attend 117 cases, out of which I lost 46 from the 9th of September till the 22d of October, when the disease appeared to have ceased.

The plan of treatment which I pursued was to have the patient placed between hot blankets, and a piece of lint saturated with chloroform applied to the pit of the stomach, and the evaporation prevented as much as possible by retaining a folded towel over it. The first impression was intense cold, soon followed by a burning sensation which generally alarmed the patient, and it was difficult to calm their fears unless I changed the application from side to side. Sometimes I applied it in the course of the median, sciatic, or crural nerves, and along the spinal column. Occasionally I caused them to inhale it (if the local means did not have the desired effect), but not to the extent of anæsthesia. The extremities were frequently rubbed with hot flannels, and sinapisms applied occasionally.

A mixture composed of brandy, aromatic spirits of ammonia, spirits of lavender and water, was given frequently, and cold water effervescent draughts and good beef tea allowed *ad libitum*, and as soon as a favourable reaction set in I directed five grains of trisintrate of bismuth and a quarter of a grain of acetate of morphine, to be given in powder every three hours, and an occasional opiat enema; by which means the vomiting and diarrhœa were generally relieved. Afterwards tonics, astringents, and generous living completed their recovery.

CASES OF GUNSHOT WOUNDS.

Dr. FLEMING said that the rare occurrence of gunshot wounds in civil practice would render it excusable in him to bring before the Society some few cases which had fallen under his observation within the last six or eight months. One of the most interesting was that which created much sensation at the time of its occurrence—namely, the attempted highway robbery near this city, where the man attacked most gallantly defended himself, and the highwayman was secured. During the struggle of this man with his assailant, three shots were fired at him from a small American revolver. One of the shots took effect at the inner angle of the orbit, immediately over the superciliary ridge, and the other at the inner part of the upper third of the thigh on the opposite side. There was no evidence of any local effect from the third shot. He (Dr. Fleming) saw the man in twelve or thirteen hours after the occurrence of the injury. At that time he had recovered from the temporary shock. He saw him in consultation with Dr. Fenelly, who lived in the district, and on examination as to the nature of the injury, a wound was found at the inner angle of the brow, and another in the upper portion of the thigh, as specified, very near the track of the saphena vein. The man was capable of giving a very accurate description of what occurred, and it did not appear that he laboured under any very severe constitutional symptoms. He had no ostensible head affection, with the exception of a remarkably slow pulse. The man was removed to the Richmond Hospital, where he remained under treatment for three weeks. At the expiration of that time he left the hospital perfectly well, and he continues so. The wound at the inner angle of the orbit was very small, so much so that it required some little nicety of examination to find its situation, it being concealed by the hairs of the brow, so that it was not easily detected. The surrounding integuments were discolored from the effects of the powder, the shot having been fired quite close to the individual. In addition to the discoloration by powder, there was considerable fulness and congestion of the eyelids, so that it was impossible to examine accurately the eye; at the same time he (Mr. Fleming) could see that the cornea was intact; there were, however, some particles of powder obviously impacted in the conjunctiva. He examined the wound carefully with a probe, and at a very short distance was able to detect a firm resisting substance underneath. The wound in the thigh presented an equally small contracted appearance. There was no discolouration there of any kind of the integuments. He examined carefully to see if there was any mark of exit of the balls, but no aperture of the kind could be detected in the case of either wound. There was some inflammation accompanied with œdema of the lids and swelling of the face, but as to much local suffering the man did not experience much. After a few days he thought it right to endeavour to ascertain what was the nature of the hard substance found over the superciliary ridge, which was naturally remarkably prominent in this man. Accordingly, he had recourse to the expedient adopted by Nélaton, of using a porcelain probe, and by this means distinctly ascertained the presence of a portion of lead in the wound. This expedient was most satisfactory, and he succeeded without much difficulty in removing three or four flakes or scales of lead, some of which had passed deep into the orbit. He found that the bullets used in this revolver weighed about 55 grains each, but the amount of lead removed from the wound was not so great, weighing altogether only 30 grains. The man left the hospital perfectly well, and the wound healed without any exfoliation of bone. He at all times complained of defective vision in the eye; this organ was examined with the ophthalmoscope in conjunction with Dr. Wilson, and no satisfactory evidence was discovered to account for the defect of vision stated to exist. As to the wound in the thigh, there was nothing unusual to remark. A good deal of inflammation supervened at one period, which was checked by the ordinary means. No bullet could be detected, no bullet escaped, and ultimately there was not to be found the slightest hardness or tenderness to induce the belief that the bullet had lodged in the muscles or elsewhere. He (Dr. F.) was under the impression that from the position in which the man was when the shot was fired, the bullet probably had not penetrated the shirt, but that it had driven in a portion before it, and that when the man stood up the bullet was drawn out in the fold. All were conversant with incidents which occurred during the Crimean and the American wars, and also in the Indian mutiny; they proved that such contingencies occasionally took place. He remembered perfectly a case of a gentleman who was cleaning his duelling-pistols, when one which happened to be loaded, went off; the ball passed through the palm of his hand, bringing with it a portion of a handkerchief which he was holding at the time, and this whilst being removed drew out the ball within it. At the time when duels were fought it was, as he (Dr. F.) had been informed, by no means unusual for the parties to wear a silk vest next the skin, in the belief that it might stop the ingress of a bullet. The result of this case was very satisfactory. As a precautionary measure to meet the contemplated defence of the prisoner with regard to the size of the pistol, and to ascertain its power, it was tested on a subject, by having it loaded with its usual charge, and fired as accurately as could be in the exact situation, and at the distance specified by the man assailed. The appearances of the aperture of entrance of the ball, as regarded the wound in the integuments and their discoloration, were found to be almost identical with those present after the injury; and from the examination of the skull, which was removed for inspection, it would be obvious that the pistol was capable of inflicting the most serious mischief.

The two other gunshot wounds which had come under his notice recently, were of a comparatively trifling character, and were remarkable for the insignificant amount of inflammation that followed. A boy of 17 had loaded a pistol, and finding there was no powder in the nipple, he endeavoured to push down the charge in order to force the

powder into the nipple. The pistol went off, two balls passed through the palm of his hand, and the amount of inflammation that occurred after such violence was hardly worth mentioning. It was principally confined to the locality of the wound, and the boy left the hospital after a fortnight, well, the wound having suppurated and granulated healthily. The other case was that of a person who was cleaning his revolver, not being aware that it was loaded. The revolver went off, the bullet passed under the annular ligament of the wrist and through the deep muscles of the forearm towards the elbow-joint, above which it was extracted. This wound healed without suppuration of any moment. This was not remarkable, however, as every one who had read accounts of the late wars would remember similar results having occurred in cases of gunshot wounds.

Mr. STAPLETON observed that the probe tipped with china, and used by Nélaton on the occasion referred to, was in reality invented by an Italian.

Dr. DARBY said he saw a case of a man who was shot in a very peculiar way. He was blasting a stone in the breast of a ditch; the jumper was put in horizontally, and when the powder was being exploded, instead of going to one side, he ran down the field exactly in front of the hole, and was shot in the back. He had a piece of soft granite in the nape of his neck and another in his heel, and between 40 and 50 small grains, some merely specks, scattered over his back. The wounds were so small, little red marks here and there, that he (Dr. Darby) could not believe there was anything in them; but, on using a probe, he found there were foreign bodies underneath, and he took out one piece half an inch in length and irregular in shape, and removed a great many others, some not much larger than a pin's head. Not one of those wounds gave him the impression at first sight that anything had entered it. The man got well with an extraordinarily small amount of inflammation.

Dr. BANON said that he had met with a case presenting some peculiarities in Jervis-street Hospital. A poor lad presented himself with the symptoms of fistula in ano, and he stated that he had been operated on twice for fistula. He found that he was a pensioner; he had been in the army and served in New Zealand, and four years previously he was, he said, struck by a bullet. On examining him they found the mark of the entrance of a bullet in the lower third of the left thigh. They asked him if the bullet was ever sought for. He said it was, but could never be found. He (Dr. B.) then made an examination, and found a hard substance two or three inches from the anus under the glutous muscle, which was the bullet that had remained there four years, causing this abscess. The case was interesting as regards the peculiar course the bullet took, the symptoms it caused, and the man not knowing it was in his body. The bullet was cut down on and taken out.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS OF IRELAND.

21st March, 1866.

Dr. BEATTY, President of the College, in the Chair.

On the motion of Professor AQUILLA SMITH, the discussion on Dr. Belcher's paper on Diphtheria, read at last meeting, was deferred until after the reading of a paper on the same subject by Dr. Hayden.

Dr. HAYDEN then read a paper on

DIPHTHERIA,

in which he discussed chiefly the treatment of that disease by means of the hyposulphite of soda. The cases adduced were eight in number—viz., four in children, and four in adults. The doses in which the medicine was given varied from five to eleven grains, three times a day. The two first cases given were in children, aged eight and a half years and two and a half years respectively. The former commenced to take the hyposulphite in fifteen-grain doses on the second day of illness; the doses were subsequently reduced to six grains, owing to the occurrence of diarrhœa. Wine and nourishment were given, and the child was convalescent on the thirteenth day. Both tonsils and the soft palate were covered with exudation, and a portion of the uvula was destroyed by sloughing.

The second child, who was not so seriously affected, commenced taking the hyposulphite in fifteen-grain doses on the first day of illness; there was much fever, fauces and pharynx covered with patches of exudation. The throat of this child, as likewise that of the former, was touched with a linctus containing tincture of myrrh, and on the seventh day the boy was convalescent.

The third case was that of a young man aged 30, who had been confined during the day in a close office, and slept in a badly ventilated and sewered house. His illness commenced with chill, headache, nausea, and feverishness, followed by profuse night sweats, and total loss of appetite, with great debility. A person had been ill of some kind of fever in the same house, and been visited by the patient; what the character of fever was has not been made out. Five weeks subsequently throat symptoms were manifested for first time. The throat was now congested, and presented exudation. Hyposulphite of soda in eleven grain doses was given, and the patient was convalescent on the seventh day afterwards.

Case 4.—A man, aged 35, living under unfavourable hygienic conditions, had an attack of diphtheria. Six weeks subsequently, and whilst still in a state of great debility from the first attack, he had a second. The throat was now congested, and presented false membrane on both tonsils, &c.; there was great deafness and prostration. Hyposulphite in eleven-grain doses, wine, &c., and on the twenty-fourth day from this date patient left hospital quite restored to health.

The two next cases were those of boys aged 14 and 16 years respectively. Under the hyposulphite treatment the former was convalescent on the 7th day; the latter was lost sight of, but as there was no further report of him it is presumed he went on to recovery.

Case 7.—A man aged 70. Congestion of base of both lungs, engorgement of throat *without* exudation when seen. Patient was convalescent, but unfortunately having exposed himself prematurely had a relapse and sank very quickly. In this case the treatment consisted chiefly in stimulants; no hyposulphite was given, owing to irritability of stomach.

Case 8.—A man, aged 40, a few days before admission nto hospital, complained of headache, nausea, shivering, and sore throat, pharynx congested, with follicular exudation, somnolence, and total loss of appetite.

Hyposulphite in ten-grain doses, chlorate of potash gargle, and 16 oz. of wine daily. The patient was attacked with erysipelas of right side of head and face, which was treated locally with sulph. ferri ointment; discharged in restored health on the 13th day.

The author of the paper contended for the general or zymotic character of diphtheria; and suggested that the results of treatment with the hyposulphite, as an agent capable of neutralizing the toxæmic principle in the disease, in the cases which he had detailed, afforded encouragement to further trial of that medicine.

A discussion ensued, in which Drs. Moore, H. Kennedy, Lyons, Hibbert (of the United States), Professor Haughton, and other gentlemen took part. At its conclusion,

Dr. T. MORE MADDEN read a paper on

INSANITY AND CRIMINAL RESPONSIBILITY.

A commentary on a remarkable case of attempted murder and suicide, committed under the influence of a disordered state of mind, in which the individual, who, to outward appearances, was sane, and was earning his living in a situation, suddenly attempted these crimes, and but

for the exertions of a medical gentleman, would have been tried and punished for them. A very remarkable document, in a psychological point of view, written immediately before this attempt, was afterwards found, in which he assigned his reasons for it. Dr. T. M. Madden read a portion of this very curious paper, containing the clearest proof of insanity. In the course of his observations on the case, Dr. T. M. Madden pointed out that if this individual had succeeded in this attempt, he would have been tried for murder, and very probably would have been hanged. He proposed that for legal purposes, insanity should be divided only into general and partial. He argued against the term, moral insanity, and proposed the recognition of what German psychologists term the state of "half freedom,"—a state intermediate between sanity and insanity. Dr. T. Madden then proceeded to explain the present condition of the English law in reference to so-called criminal insanity, quoting from the decisions of the judges and their charges to juries from 1720 to the present year, and contrasted with it the laws of other countries, with reference to insanity. The consequences of the laws that are still enforced in England are, that persons undoubtedly mad may be, and often have been, hanged for crimes committed in that state. Dr. Madden proceeded to illustrate this opinion by reference to various cases between 1812 and 1866, in which madmen were either sentenced to death or actually executed. From these cases he argued the necessity for a revision of the laws relating to insanity, and proposed that this might be simply and effectually accomplished by a short act providing that no lunatic should be dealt with or punished as a person of sane mind; and, secondly, that assessors in lunacy should be appointed, who in all cases in which the question of mental capacity arose, should advise the courts of law on all professional points.

The Rev. Professor HAUGHTON read a paper on the

GEOMETRICAL FORMS ASSUMED BY GALL STONES,

which he attributed to their mutual pressure.

From a measurement of seventy-two angles, he found them reducible to seven groups:—

I.	90° 28¼′	(18 angles.)
II.	70° 59′	(19 angles.)
III.	106° 21′	(7 angles.)
IV.	116° 26′	(7 angles.)
V.	59° 9′	(6 angles.)
VI.	99° 4′	(7 angles.)
VII.	80° 15′	(8 angles.)

Dr. Haughton referred the angles I. II. III. to the cube, tetrahedron, and octahedron inscribable in a sphere; and considered angles IV. V. reducible to the rhombic dodecahedron, or form of cell of the bee; the remaining angles VI. VII. he was unable to explain. The mathematically exact angles of the geometrical figures referred to are:—

1. Cube	90°
2. Tetrahedron	70° 31′.7
3. Octahedron	109° 28′.3
4. Rhombic dodecahedron	120°
5. Do. do.	60°

DEATH FROM EATING DISEASED MUTTON.—An inquest was held on Saturday, near Thirsk, on the body of Henry Stringer, aged four years. The child had been living with George Dale, a labourer. A few days ago Dale had a neck of mutton presented to him by a farmer, a portion of which was boiled by Dale's wife, and she and deceased, her own children, and others, partook of it; also of the broth. Soon after the party manifested dangerous symptoms, the little boy Stringer, particularly. It appeared that the mutton had been unsound. Medical assistance was called in, but the child died on Thursday last. The verdict of the jury was that death was caused by irritant poison, by eating animal food. Three of Dale's children were also taken ill, and they are not yet out of danger.

Foreign Medical Literature.

OF CLUB-FOOT: PERIOD OF OPERATION: TREATMENT

(SURGICAL AND MECHANICAL).

By M. GIRALDES.

Translated from *La Presse Médicale Belge* for THE MEDICAL PRESS AND CIRCULAR, by

Dr. JOSEPH DUGGAN,

EX-SENIOR SCHOLAR IN THERAPEUTICS AND PATHOLOGY, QUEEN'S COLLEGE, GALWAY.

YOU have seen this morning a fine collection of club-foot—five in the ward St. Côme, and two in the ward St. Pauline. The first are of the species of club-foot called varus, and did not differ from each other, except in some slight characteristics. These deformities are very common, so it is of the utmost importance that you should know what means ought to be adopted to remedy them. Physicians, for the most part, pay little attention to this branch of the science, leaving the invalids to themselves, and, thanks to this negligence, the deformity goes on increasing, and, save by surgical interference, the foot remains almost useless, at least very doubtful in its results. It happens then by reason of this incertitude, the unhappy individuals bear an infirmity which, in certain states of society, is for them a source of grief and *ennui*. Lord Byron was club-footed, and that deformity rendered his life unhappy; and also Walter Scott was similarly afflicted, but bore more buoyantly his inconveniences, and did not in the least bear any animosity to Nature. Finally, we add that the existence of such a malformation must seriously impede or fetter the choice of a career.

Before explaining the treatment, we go to examine—1st, in what the deformity consists; 2ndly, at what period it will be convenient to operate.

There are, you know, four species of club-foot, based upon the position which the movements impress to the foot. *a.* If there is exaggeration in the sense of flexion, the heel is directed downwards and rests alone on the ground. This is talus. *b.* When the foot is in forced extension, like that of digitigrades, the fatty cushions of the plantar surface of the toes alone resting on the ground, it is called equinus. The lateral deviations are:—*c.* Sometimes outwardly, the foot resting on its internal border—valgus. *d.* Sometimes inwardly, the foot resting on its external border—which is varus. Those four species of club-foot may be either very light or very well marked; and between the two extremes an indeterminate number of varieties may occur.

To-day I purpose speaking to you on the species of club-foot called varus. In this species the dorsal surface of the foot is turned outwardly; the external border beneath rests upon the ground, either in its whole extent or in part—a frequent phenomenon; the heel is elevated; the internal border of the f ot describes a hyperbolic curve; the anterior part of the foot is of less dimensions than in the normal state—a character which points out the congeniality of the conformation. Here, among the infants in the ward St. Côme, the affected foot is shorter and squarer than the sound one. In these defective conditions all the movements operate in the medio-tarsal articulation, and around the two centres of rotation corresponding the one to the tibio-tarsal axis, the other partly to the articulation of the calcaneum with the cuboid, and partly with that of the astragalus with the scaphoid.

All the twisting is produced in the anterior part; the foot is rolled upon itself; its faces become almost perpendicular to the ground, upon which it rests only on the external border, and oftentimes the corresponding face, rarely the calcaneum. This abnormal position occasions the development of mucous bursa, chiefly where there is constant pressure; bursa, which are frequently the centres of in-

flammations, fungosities, and even pale white tumours. I dwell specially on this point, because that the appliances put in use do not at all oppose but indifferently this twisting movement.

These defects of conformation, which have occupied us for some time, and the action of the muscles moving the foot in divers ways, gives place to a multiplicity of modifications, consequently it is useful to recall the order of ossification of the bones of the foot. The first which ossified is the calcaneum; the second, the astragalus; the third, the cuboid; the fourth and fifth, the cuneiforms; the sixth, the scaphoid. Towards the sixth month of intra-uterine life the points of ossification are visible, but the bones are still cartilaginous. If, then, muscular forces are brought to bear upon them, they will undergo changes of form and position.

In congenital varus, for example, the head of the astragalus will be turned towards the internal side, the anterior tuberosity of the calcaneum lengthened, also the cuboid; the metatarsals will be atrophied. It is a result from the deformities produced by modifications of the bones of the side of the foot, and then to the action of different muscles, principally the soleus and the tibials. The first draws the heel upwards. The anterior tibial (which is attached to the tubercle of the first cuneiform) and the posterior tibial, which is inserted into the base of the same cuneiform and to the tuberosity of the scaphoid, have in general, by identical actions and by their contraction, a tendency to carry the foot inwards. In consequence of the malformation which changed their direction, the muscular forces act perpendicularly, which renders their action more energetic, and increases the deformity. Also adding to this, the antagonistic muscles, partly atrophied, have not the power to oppose them. From these considerations two important indications are derived—1st, to subtract the forces which placed the foot in its abnormial position; 2nd, to correct those, in replacing the organs in their natural position.

What is the period most favourable for remedying the deformity?

The deformity is increased with age, and it is reasonable to conclude that it is necessary to cut short its development by attending to it as soon as possible; but at birth the organs which enter into the composition of the foot are very small, so the operations which the infirmity requires must be very difficult of execution. Those motives have induced many surgeons to postpone the time for operation to a later period. In this hospital they waited a year or two, and I am the first who had there inaugurated the treatment of club-foot, by operating immediately after birth. We have said that to combat these vices of conformation, it is necessary to destroy the antagonisms which aggravate and displace the organs from their natural position. Thence the section of the tendo-Achilles and of the tibial tendons, and the application of special apparatus. As a rule, we ought to commence by dividing the tibial tendons, the posterior first; that section produces the club-foot (equinus), which soon heals. You have seen me here very frequently commence by dividing the tendo-Achilles. It is then better to leave persistent the action of the tibial muscles; it permits remedying the deformity of the foot by lowering the heel.

On the other hand, the incision of the posterior tibial tendon is not entirely free from danger, on account of its intimate relation with the artery of the same name. Oftentimes the artery has been wounded, giving rise to the formation of a diffuse aneurism, &c.

If, however, after having cut the tendo-Achilles, the bandages or the apparatus are insufficient to counteract the deformity, we divide the tibial tendons. Even though the tendons are divided, it is necessary to place the parts in their true physiological position, for this we must have recourse to mechanical means; they vary with the age of the patients. If operating on new-born infants, complicated appliances are defective.

It would be much better to employ simple splints, more or less bent, according to the proposed designs, wadded to prevent contusions, and consequently abrasions, which, in spite of all possible care, are oftentimes produced. That is, above all, when the splints do not descend just to the inferior part of the foot, but press on the middle part, that these accidents are to be feared. For the most part, the employment of that means is easy, for it does not require the aid of a skilled mechanic to make an apparatus so simple.

Furthermore, if the deviation has not completely disappeared, we must have recourse to the ordinary mechanical means, of which the number and form are varied to infinity. The notion of employing these mechanisms is not of modern date. Already Ambrose Paré made use of a kind of leather garter.* Arcius had invented an apparatus which very nearly resembles ours, and approaches nearly to the sandal of Scarpa.†

Most of our apparatuses are composed of two side pieces corresponding with the lateral faces of the leg, on which they are kept by the aid of a leg splint; below these are fastened to the sides of a sandal, fixed on the foot by buckles. They present two kinds of movements, one lateral, the other of flexion and extension, corresponding to the tibio-tarsal articulation—useless movements, since they do not pass exactly in the two centres of movement which we have pointed out. Moreover, those appliances are very cumbersome, and do not half fulfil that which we desire to obtain.

M. Lebellequie has invented an apparatus composed of many segments articulated together.

Of all those mechanisms, that which appears to me to satisfy most advantageously the required conditions, is evidently that of Mr. W. Adams.

In conclusion, with all those appliances, we tried, by the aid of leather straps, to draw the foot outwardly, but often we hide the deformity without correcting it. Almost all are easily displaced and difficult to manage, requiring frequent visits from the orthopædist. So, to fill up the desiderata of the science, and to place those appliances within the reach of every person, some new instruments are yet indispensable. Orthopædic mechanists have need to be guided by the directions of surgeons in performing what alone is necessary, rather than fabricating machines only useful to place in a glass case to attract the public.

BOUMEVILLE.

(Extrait du Movement Médical)

Turloughmore, county Galway.

* To replace varus or valgus club-feet in their normal position, Ambrose Paré recommends small boots, properly constructed, about the thickness of a coin, made of soft leather, and opening before and under the foot, in order that they can open better to admit the foot, and will be laced and fastened conveniently. (Ambrose Paré t. xi. Ed. Malgaigne.)

† In the apparatus of Scarpa, the point d'appui is a spring bent outwards, joined to a plate bent upon itself, which surrounds the ankle; the agents of redressment are two leather straps, one fixed upon the end of the foot and the other upon the heel; the ends are buckled to the external spring, which keeps the foot outwards. (Laugier, Dict. vol. xxx.)

RELIGIOUS ENTHUSIASM.—Incredible as it may appear, a body consisting of thirty Irish gentlemen have refused to receive a sum amounting to several thousand pounds for the support of a county infirmary. The case is this: the late Mr. J. Grattan thirteen years ago left a sum of £4500 to the Queen's County Infirmary, which sum has not since been applied. Mrs. Grattan Bellew, owner of the Grattan estates, now offers to pay up the money with arrears of interest, and to add £1000 of her own for the erection of an hospital or ward for convalescents and incurables of all religious denominations, upon condition that the hospital shall be placed under the care of the Sisters of Charity, with every safeguard against interference with the religion of the patients, and with free access to the clergy of all persuasions. The Governors of the Infirmary, thirty-one Protestants and three Catholics, met to consider this proposal, and it was negatived without a division.

ABSTRACT OF

METEOROLOGICAL AND MEDICAL OBSERVATIONS TAKEN AT THE MILITARY HOSPITAL, NICE,

FROM THE 10TH TO 20TH MARCH, 1866.

By Dr. CABROL,

CHIEF PHYSICIAN TO THE HOSPITAL.

Translated by R. CROTHERS, M.D., Nice.

In our last bulletin we remarked as surprising the amount of rain, more than (ten centimètres) four inches, fallen at Nice in a very few days; the same thing has again occurred, the rain having commenced anew on the 16th and continued almost without intermission, being very heavy on the night of the 18th. According to the indications furnished by the rain-gauge, this fall of rain also amounts to ten centimètres (four inches.) The ground being already saturated by the heavy rain in the early days of the month, the waters of the Paillon increased from the beginning and attained its maximum on the morning of the 19th; it has since gradually fallen, but remains muddy, and discolours the sea for a considerable distance towards the east. During these rains the barometric pressure has always been above 0·750 (29 5-10ths), but on the 14th it fell suddenly from 752 to 742 (from 29 7-10ths to 29 2-10ths). This considerable fall indicated atmospheric disturbance, and we expected to perceive the effects of it in Nice or its vicinity. However, the 14th was one of the finest days of the month; but in the evening there was a very high wind for some hours, the mistral having blown violently and raised clouds of dust; doubtless the effects of a distant tempest, as indicated by the sudden fall of the barometer. Moreover, these rapid changes have been the rule in these ten days, the barometer having varied from 0·765 to 0·742, then from 0·742 to 0·754, indicating weather exceedingly variable even for this season of the year. Except on the 14th, the wind has generally blown gently, most frequently from the S.E. in the early days, and from N.E., and even North; in the latter the sea has been rough, but not so much so as in the preceding decade.

The mean temperature has been 51, the lowest 34 on the night of the 13th; that which is most deserving of notice is the excessive amount of humidity (91) on the 19th, after the rain, and also the very considerable amount of ozone present in the air for some days, the test papers having several times shown the maximum of violet colour indicating the 21st degree of the scale of Janus.

To sum up. The ten days just passed may be divided into two periods—one, up to the 14th, was very fine; the other, marked by variable winds, clouds, and rain, continues even to the present: this coincides with what is observed elsewhere. We hear of cold, of heavy rains, of snow, even in the south; of hoar frosts and thick fogs in some places; whilst in part of Provence the cold has been so intense as to destroy the flowers. Vegetation here has not suffered; on the contrary, it has benefited by the rains, which have conferred the further advantage of increasing the subterranean reservoirs destined to supply our springs during the summer.

As to the influence of this weather upon health, there are few invalids who have not suffered more or less; but to this state of atmosphere, exempt from snow, from frost, and from fog, we cannot attribute any fresh outbreak of serious diseases; they are confined to those generally observed under the influence of a humid air and soil, such as returns of rheumatic pains, sore throats, asthmas, catarrhal and bronchial, also neuralgic affections, &c.

Medical practitioners may be permitted to assert that these simple irritations which have appeared during the last ten days would elsewhere have been serious diseases, and consequently, the longer we observe the climate of Nice, the more convinced we are that it is, upon the whole, a country very favourable to invalids and persons suffering from chronic complaints.

ACUTE PROGRESSIVE PARALYSIS.

DR. PELLEGRINO LEVI describes a case which he observed in the wards of M. Pidoux, of acute progressive paralysis. The patient was a young man, aged 22, a notary's clerk, of strong constitution, and hitherto of excellent health. For two or three months he had a general feeling of weariness, with heaviness of the head, and remarkable drowsiness in the evening. Suddenly the weariness and debility made rapid progress, and in five or six days paralysis was developed. When Dr. Levi first saw him, he could not move the lower limbs, but retained some sensation in them. The application of the induced current produced a painful feeling and very active contraction. The patient did not suffer during sleep; but, when his position was changed, he complained of severe pain. He had tingling sensation in his toes; but there were no cramps, nor contractions, nor vibrations of the muscular fibres. The upper limbs were beginning to be attacked, and the muscles lying along the spine were paralysed; those of the neck and head were unaffected. His speech was slightly impeded; the intellect was sound; the respiration, circulation, and temperature, were normal. He had had obstinate constipation during several days. Micturition was easy; the urine was alkaline. In a week, the paralysis of the upper limbs became complete; and the diaphragm and other respiratory muscles were affected. There were oppression, dysphagia, constant sleeplessness, change of countenance; and the patient died asphyxiated, having preserved his intellectual faculties to the last moment. On post-mortem examination, there was merely found congestion of the meninges and of the grey substance of the brain, and of the lungs and kidneys; this could be sufficiently explained by the asphyxia. Not the slightest alteration could be detected by microscopic examination in the nervous system.

Dr. Levi records other nearly similar instances from the writings of Ollivier d'Angers, Cruveilhier, O. Landry, Kussmaul, Liégard, Duchenne, Pidoux, &c. The history of the disease and autopsy of the celebrated Cuvier presents a very close analogy with that of the patient whose case is above related. From a consideration of all the facts, Dr. Levi has traced a general view of the symptoms of the disease denominated by M. Landry acute ascending paralysis, and which he proposes to name centripetal or acute extenso-progressive paralysis. The case related shows the main characters of the disease. There is a premonitory period lasting from a few hours to several weeks, the characterestic symptoms of which are tingling of the toes and fingers, and weakness of the limbs, especially the legs. This weakness is transformed into paralysis, which attacks in rapid succession the limbs, the trunk, the diaphragm, and the pharynx, thus producing dysphagia, dyspnœa, and ultimately death by asphyxia. Sensibility is preserved in the paralysed muscles, which generally contract under electricity; reflex movement is lost; there is no spasm, contraction, muscular tremors, nor spontaneous pain. Speech is impeded; the intellectual faculties are preserved: the patient is anxious, and sleepless. There is obstinate constipation, while micturition is easy. Death occurs from the third to the twentieth day. In very rare cases, recovery takes place; but much more slowly than the progress of the disease—the muscles last attacked being the first to resume their functions.—*Archives Générales de Méd.*, and *Gazette Méd. de Paris.*

PAPULAR ERYTHEMATOUS ERUPTION FOLLOWING VACCINATION: CONVULSIONS AND DEATH.

ON November 6th, 1865, Dr. Coutagne vaccinated several children from a pustule on the arm of a healthy child. The vaccination went through its course normally in all, except in a female infant, aged three and a half months, apparently in good health and in the best possible sanitary condition. The pustules were at first developed regularly in this child but, on the fifth day, there appeared an erythematous redness over great part of the body and the limbs, without marked febrile reaction. This erythema lasted five or six days, and then disappeared. On the twelfth or thirteenth

day after the vaccination, the pustules were desiccating, and the child appeared well. Dr. Coutagne had taken the precaution of confining it to the house, in order to avoid cold. On November 20th, the fourteenth day after vaccination, Dr. Coutagne was called to see the child, on the bod of which several dark spots had appeared since the previous evening. He found on the neck, arms, and legs, a score of papular spots, some slightly acuminated, like small boils; others flattened like patches of urticaria, with an engorged base, occupying the entire thickness of the skin. In some parts, especially the anterior and upper parts of the thighs, two or three of the acuminated papules were grouped together on a common base. Most of the spots had a reddish brown colour, which was most marked on the largest and flattest—those on neck and lower part of the face. These projected slightly, were somewhat rugous on the surface, and resembled patches of urticaria that had been blackened by nitrate of silver. There had been no appreciable *malaise*, but the child had been restless during the night, had cried repeatedly, and had refused the breast several times, but was at length induced to take it. There was no fever; the abdomen was not tense, and did not seem painful. Some simple medicine, and injections, were prescribed. In the evening there was no sensible change. The next morning the child seemed a little better; the skin was not hot; but some conical papules had become developed in the feet, hands, and ears, and the colour of those already present had become deeper. In the afternoon fever and much agitation set in. In the evening the symptoms were aggravated: the child cried continually, and moved its limbs almost incessantly. The eruption was more developed; the number of papules was double of that which existed on the previous day. There were none on the chest, abdomen, or loins. At midnight the restlessness increased; convulsions soon set in, and one paroxysm followed another without cessation until the morning. Calomel, antispasmodics, cutaneous revulsion, were all tried without effect: the convulsions continued, and the child died on the morning of the third day of the eruption and the sixteenth after vaccination.

In commenting on this case, Dr. Coutagne observes that the occurrence of erythema in the course of vaccination is not rare; but that this does not explain the occurrence of the eruptive disease which proved fatal in the case related. It may have been, that there was a mere coincidence; and that the second eruption was altogether independent of the former.—*Gazette Médicale de Lyon.*

FATTY LIVER IN CHILDREN.

In 222 children affected with adipose infiltration or with fatty degeneration of the liver, Drs. Steiner and Neureutter found that in 131 the age was from one to four years. Among the pathological conditions in the course of which fatty liver appears, the most frequent is tuberculosis; and the fact that this state in children is most frequently manifested as disease of the lymphatic glands and not of the lungs, negatives the supposition that the excessive deposit of fatty matter in the liver in connection with tuberculosis is due to deficient oxidation of hydrocarbons. Drs. Steiner and Neureutter consider rather—and in this they agree to some extent with Frerichs—that the origin of fatty liver is to be sought rather in the change in the constitution of the blood induced by the tuberculous disease, and that the liver may be fatty from the commencement of the tuberculous process. Next in order to tuberculosis in connexion with fatty liver, is enteritis; which is not, however, to be regarded always as a cause. It may be preceded by the fatty disease; or, in many cases, the two diseases are very probably due to a common cause. The exanthemata may also be followed by fatty liver; and the connection between these is only to be found in the changes of the blood. Fatty liver is also observed in connexion with diseases of the bones in children, such as tuberculous caries and rickets. It is an error to ascribe the condition of the liver to the use of cod-liver oil in such cases; inasmuch as it is met with in children who have never taken oil, in as advanced a state as in those who have used oil for a year. Cases also of bronchitis, pneumonia, pleuropneumonia, and heart disease, sometimes occur in which fatty deposit in the liver is met with. Of the causes indirectly affecting the liver, diet holds a principal place; inasmuch as the children have either a diet very rich in fat, or (especially among the poor) one deficient in fat but rich in hydrocarbons; and the mischievous influence of this diet is increasad by the deficient metamorphoses resulting from want of exercise and from impure air. The authors draw a distinction between adipose infiltration and true fatty degeneration; and observes that the former condition appears to be more frequent in children than the latter, inasmuch as it was met with in 188 cases out of the 222 examined. They hence conclude, that in by far the greater number of cases, fatty liver is not to be regarded as a result of malnutrition of the hepatic cells, but as the result of causes acting from without.—*Jahrbuch der Kinderkrankheiten.*

CHANGES IN THE ADIPOSE CELLULAR TISSUE IN AMYLOID DEGENERATION.

The adipose tissue, says M. Hayem, in cases of more or less complete amyloid degeneration, becomes firmer and harder than in the normal state, and has a whitish appearance. The small arteries visible to the naked eye are thickened, as in the other organs which have undergone degeneration. By the microscope, the amyloid matter is seen to be deposited in the cellular fibres of these arteries, and on the external surface or in the substance of the capillaries. In some rare instances, the adipose vesicles themselves are infiltrated with amyloid matter, which is apparently deposited in the substance of the envelope, around the nucleus, which remains visible. The fat contained in the vesicles, or the crystals of margarine are pushed to a point opposite the place of deposit of the amyloid matter, or even seem to be surrounded by it. At the same time, an increaed number of nuclei are frequently found in the connective tissue. M. Hayem has observed the changes in the adipose vesicles generally in the abundant adipose tissue enveloping the kidneys and suprarenal capsules, in that lying on some of the folds of the mesentery, and in the fatty appendices of the epiploon. In such cases there was very advanced degeneration of several organs, especially of the kidneys and suprarenal capsules, and also of the digestive canal.—*Gazette Méd. de Paris.*

Fire-Damp.—Mr. G. F. Ansell exhibited in one of the committee-rooms of the House of Lords last week an apparatus of very simple construction, whereby a sudden outburst or gradual accumulation of gas in a mine would give almost immediate warning of its presence. The instrument exhibited was formed, in the first place, of a glass flask six inches in height and two in diameter. Its top was tightly covered by a piece of common red tile, and from its bottom went a narrow tube, which, being bent upwards, rose to double the height of the flask itself. Mercury was lying in the bottom of the flask, and, of course, to the same level in the tube also. In the upper part of the narrow tube were the projecting ends of two isolated wires, connected with a small galvanic battery. This forms the whole apparatus, and we may suppose that the flask is placed in a part of the mine where some men are at work, while the wires could be extended to the top of the pit, and there be connected with a battery and bell. If, while the men were working, a small or large quantity of gas were suddenly disturbed, some portion of it would percolate through the tile and gather in the flask with remarkable rapidity. There it would press the common air upon the mercury and induce it to rise in the narrow tube until it reached the wires Immediately the mercury touched them the galvanic current would be complete, and the bell would be set ringing. This warning would be given in less than two seconds from the time the gas made its appearance. And another instrument, designed upon the same principle, would give warning of a gradual accumulation of gas when it had become dangerous. Mr. Ansell also shows an instrument a little larger than a watch, and constituted upon the principle of the common barometer, which the mine viewer could take in his hand; and if in the course of his passage through the mine he came upon any place where the atmosphere was charged with even one per cent. of gas, the instrument would register it.

The Demand for Garlic.—If Mr. Worms has been of little use as a curer of rinderpest, he has, nevertheless, done the garlic-merchants of Covent Garden a useful turn. We are informed that—thanks to his *specific* cure—there has been such a run on the garlic market, as to send up the price of that article from 3d. to 2s. per pound.

ST. PANCRAS WORKHOUSE.

An inquest was held last week upon the child who was "laid out" before its death, and the following, among other evidence, was adduced:—The Coroner recalled Dr. Ringer, the physician of the University College Hospital, who made the post-mortem, and asked him if he considered the treatment the child had received had caused its death. Dr. Ringer replied that the child was in such a wretched condition that its death was inevitable, but he thought it unquestionable that the bandaging the child up as described must have accelerated its death. At the suggestion of Mr. Ernest Hart, who was present to watch the case in the public interest, the Coroner asked if a child or any patient in witness's hospital would be left without being seen by the medical officer from Monday to Thursday, to which the witness replied in the negative, saying that every patient would be seen every day, and the Coroner emphatically added that in no hospital in the country would a patient be open to such treatment as this child received in the workhouse. Dr. Ringer then added that he believed the child had all the attention the medical officer of the workhouse could give it, for an hospital doctor did not have a tithe of the patients to attend to that the medical officer of St. Pancras Workhouse had. Some of the jury expressed their doubts of this, and Mr. Butt, the medical officer, offered himself for examination. He said he was a duly qualified M.R.C.S., and that having visited the nursery on Monday, he did not find it necessary to go in again until the following Saturday, as he relied upon the superintendent telling him if any of the inmates required his attention, and she told him all were going on well. In reply to questions put by Mr. Hart, through the Coroner, important facts were elicited. The witness said there were at the present time 240 sick persons in the infirmary; 430 aged and infirm women, 212 infirm and aged men, 42 insane men, and 90 insane women, making a total of 1014 persons in the doctor's hands, in addition to 32 lying-in cases, which made a total of 1042 under the medical officer's immediate care, and his only staff was another qualified practitioner. There were, in all, it was elicited, about 2000 persons in the workhouse, and, in addition to those under the doctor's immediate care, there were sure to be other cases. Dr. Ringer said a medical officer of an hospital would have no more than 60 or 70 cases under him at one time. The jury, on hearing this statement, said it was most important the public should know these facts, and some remarks were made to the effect that the Poor-law Board should not sanction such a state of things. Mr. Hart informed the Court that the Poor-law Board had no power in the matter, which a guardian present confirmed by saying. "We don't ask the Poor-law Board to sanction what we do." The Coroner said a medical officer could not be expected to attend to so many cases, and he could not be expected to see the child as it ought to be seen—every day. Mr. Butt said he might add, that he did see the ward three times in the course of a week. He saw the ward on Monday, Saturday, and Sunday. Mrs. Sansom, the superintendent, was examined, and she gave the evidence already published—namely, that she did not call the doctor. In cross-examination she said she thought the rule to call the doctor to a dying person or child was generally carried out. She candidly confessed that she was over-worked, as were all the officers, and her case was a sample, she having 156 people to look after, and not a single paid nurse under her. The jury returned a verdict to the effect that the child died of inanition, and appended the following special resolutions:—"The jury are of opinion that great blame is to be attributed to the workhouse attendants for tying up the jaws of the deceased and treating her as dead for some time before she had wholly expired; that they are further of opinion that there is not a sufficient number of paid medical attendants and nurses to perform the duties of so large an establishment as St. Pancras Workhouse; and they beg to express their approval of the course taken by Mr. Hillocks in bringing the matter before the public."

Reviews.

ATLAS OF PORTRAITS OF DISEASES OF THE SKIN. Edited by the New Sydenham Society. Fifth Fasiculus.

The fame of this Atlas—so far as it has gone—is now so well an established fact, that our readers will not require us to give any opinion thereon, or to show any reasons why this publication should not be regarded as one of the best results of the New Sydenham Society.

Already eleven portraits have appeared; and we are now called on to say a few words regarding the twelfth, thirteenth, and fourteenth, which form the Fifth Fasiculus of this remarkable work.

Plate XII—Pityriasis Versicolor—is, like all the rest, well coloured, and represents a fully-developed typical case of that disease in an adult male. It is particularly well shown over the abdominal muscles and on the biceps of each arm.

Plate XIII — Pemphigus— represents that disease fully developed in a child; the parts affected being—the face from the nose downwards, the neck, shoulders, chest, and the upper third of the left arm.

Plate XIV—Psoriasis Vulgaris vel Inveterata—is perhaps the best of the three. It represents that disease in three different stages, and the scales are remarkably well executed.

These plates fully support the reputation acquired by the merits of the preceding ones; and we look forward with pleasure to seeing a further issue of this series. Meanwhile we congratulate the editors and the artists on the success of their labours.

SYMPTOMS AND TREATMENT OF THE CATTLE PLAGUE, WITH A SKETCH OF ITS HISTORY AND PROGRESS. By Arthur Wynne Foot, M.D. Dub., &c., &c. Dublin: MacGlashan and Gill. 1866.

Dr. Foot is well known to the profession as a good anatomist and an accurate observer. He was one of three medical gentlemen recently sent from Dublin to England by the Irish government, for the purpose of studying the Cattle Plague; and we are glad to see that he *has* studied it.

Chapter I. is devoted to discussing the symptoms of the plague during life; and here the author very properly observes "that all the symptoms are not necessarily present in every case. There are some more constantly met with than others, and there are some which are rather rare and exceptional. A beast may die of the plague, although during the course of its illness it did not present what is, perhaps, one of the most usual symptoms in the generality of cases; for instance, purging may be absent in an animal which, in other respects, presents all the appearances during life and after death which are characteristic of the disease." The *early* symptoms are clearly pointed out, especially that state in the beast which in some degree answers to our "malaise." The muco-purulent discharge from the eyes, and the pathological appearances of the mucous membrane generally, are pointed out with care; as are the condition of the bowels, the state of the breathing, the effusion of air under the skin, the skin eruption, the incubation and duration of the disease, its symptoms in sheep and goats, and the circumstances under which it becomes more or less modified.

Chapter II., on "Appearances after Death," is very important. We have here described, in terms which any well educated man can understand, the general appearances, the appearances in the four stomachs, in the intestinal canal, in the lungs, heart, blood, mouth, muscular system, and skin eruption.

Chapter III. deals with "Treatment and Preventive Measures." Here Dr. Foot says, with sad truth, "the prospect is gloomy in the extreme." Notwithstanding all this, how-

ever, we have given in a small compass the means used in Russia, Poland, Austria, Prussia, and Scotland, as well as the means, political and medical, adopted during the similar visitations of the 18th century. The hygienic precautions recommended for adoption by the farmer as anticipatory to, or in the event of, another attack, are peculiarly worthy of perusal by the class for which they are intended; and we have much pleasure in giving them our most earnest commendation. Of course among these the questions of inoculation and vaccination are duly discussed.

Chapter IV. to the student of medical history, is perhaps the most interesting, as it treats of the "History of the Disease," from which now, as a century ago, Ireland has been very remarkably exempted.

Dr. Foot is of opinion that the plague is "a specific disease, belonging to the class of contagious fevers." He knows of no remedy for it, and concludes his book with these words: "However mortifying it may be to the scientific mind of the present day, the fact is yet unpleasantly true, and may certainly now be received as established, that, as a general rule, treatment of any kind is worse than useless; and should the cattle plague reach this country, and the instant and unceremonious slaughter of all infected beasts be not effectively carried out, it is difficult to see how such a visitation can result otherwise than in the extermination of the horned stock, and in the agricultural ruin of Ireland."

The absence of a table of contents, and of an index, is a want which doubtless Dr. Foot will supply in his second edition; for we have no fear of its nonappearance. No country gentleman or intelligent farmer should want this book at the present time. We commend it strongly to these classes, as well as to medical men, magistrates, and police officers.

ON WAKEFULNESS. With an Introductory Chapter on the Physiology of Sleep. By Wm. A. Hammond, M.D., Fellow of the College of Physicians of Philadelphia, &c. Pp. 93. Philadelphia: Lippincott & Co. 1866.

The substance of this monograph has already appeared in an essay on Sleep and Insomnia, published in the *New York Medical Journal* last year. Dr. Hammond is so well known as an accomplished physiologist as well as a practical physician, that any contribution coming from his pen deserves the most thoughtful attention; and the subject he has chosen in this small volume is quite of sufficient importance to bring before the notice of the profession. The cause of sleep, according to Dr. Hammond, is the circulation of a less quantity of blood through the cerebral tissues than in the waking state—an opinion which is not held by most medical and physiological writers. But Dr. Hammond not only adduces the opinions of some authorities who agree with him in his views, but he relates some experiments performed by him on the lower animals, and which show that the *immediate* cause of sleep is a diminution of the quantity of blood circulating in the vessels of the brain, and that the *exciting* cause is the necessity which exists that the loss of substance the brain has undergone, during its state of greatest activity, should be restored. On this view it is shown why the recumbent position, in cases of insomnia, is less favourable to sleep than the sitting, because the former causes congestion of the brain; and the tendency to sleep after meals is explained by the diminished supply of blood to the brain owing to the increased activity of the circulation in the stomach. The treatment of wakefulness must be guided by the application of the above principles; and among the few drugs which Dr. Hammond recommends, bromide of potassium holds the most important place. Although the opinions offered as to the causes of sleep and wakefulness may appear somewhat paradoxical to some readers, they are argued out with great ability by Dr. Hammond, and fully deserve to be put to the test of further experiment and observation.

PROSTITUTION MEDICALLY CONSIDERED, WITH SOME OF ITS SOCIAL ASPECTS. By Dr. Drysdale. Pp. 41. London: Hardwicke. 1866.

IS THE PLEASURE WORTH THE PENALTY? A Common-sense View of the Leading Vice of the Age. By Henry Butter. Pp. 16. London: Caudwell.

These two pamphlets refer to the same subject; but the authors respectively view it in very different lights. Dr. Drysdale regards it in a philosophical and medical spirit, showing by the evidence of facts that the health of the prostitute is not so bad, nor her moral condition so low, as many persons maintain; and that although she is undoubtedly subject to syphilitic diseases, yet she escapes many other affections to which females are liable. Among the causes of prostitution one of the chief is poverty, the low wages received by many women making them prefer that kind of life to other less lucrative but more laborious occupations. Dr. Drysdale then shows that the fearful effects of syphilitic diseases in the male subject are very considerably obviated in those countries where prostitution is placed under state supervision; and without recommending the adoption of the restrictive system prevalent on the Continent, he thinks that greater efforts ought to be made in this country to cure or prevent the diseases caused by prostitution.

Mr. Butter's pamphlet discusses the question in a totally different sense; and he points out the moral and physical degradation of prostitutes as well as of those who encourage them, as an argument for early marriages. He draws a fearful picture of the evils entailed by prostitution, not only upon the parties themselves but upon their posterity; and he argues that marriage, although it may be accompanied with trials and struggles, especially to the young who enter into this tie, is the only remedy for the great vice of the age.

THE BATAVIAN SOCIETY.

The prize List of the Batavian Society for Experimental Philosophy at Rotterdam, contains, as usual, subjects peculiar to the Netherlands:—the management of polders; water-raising machines; an apparatus for measuring the rate of a river current; the movement of silt, and plans for irrigation. Among the purely scientific questions is an elaborate one on crystallography; the effect of pressure on electrolysis and whether boilers burst by a development of hydrogen gas, or by transition of the water to the spheroidal state? Others are: an examination whether some parts of the sun's surface have a higher temperature than others, or not; and in case of an affirmative, whether it is always the same parts? It is important for those occupied with the study of electricity to acquaint themselves with the principal phenomena produced in telegraphic wires by storms or the aurora borealis: many of these phenomena are known but to a few individuals although it is much to be desired that they might be widely published and their consequences deduced: the Society therefore, asks for an historico-critical notice of the principal observations made with reference to currents produced in telegraphic wires by the aurora or by storms. Another question refers to researches made in the Royal Institution:—Dr. Tyndall believes he can deduce with certainty, from his experiments, that the vapour of water exerts on radiant heat an absorbing effect much more powerful than dry atmospheric air. Prof. Magnus, on the contrary, feels himself justified in concluding from his experiments that this difference of absorption does not exist. The Society, therefore, asks for decisive experiments to settle the argument. The following will perhaps interest spectroscopists:—It has been proved recently that certain bodies, under different temperatures, produce different spectra. Are there yet other differences in the molecular state, which occasion different spectra of the same body? Required, an examination of this question, particularly with reference to the magnetic state. The answers to the questions, which may be written in Dutch,

French, English, German, or Latin, are to be sent to the Secretary of the Society before the 1st of February, 1867. The prize is a gold medal of the weight of thirty ducats, or the value in money.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 4, 1866.

THE AMENDMENT OF THE MEDICAL ACT.

The Profession will be rejoiced to learn that there is at length some probability that the present most defective Act, relating to the practice of Medicine and Surgery, will be amended. It has been stated, and we believe correctly, that Sir George Grey has prepared a measure with this object, and Dr. Burrows, the President of the Medical Council, has been put in communication with the Counsel of the Home Secretary's Office, in reference to drafting an amended Medical Bill.

Every Member of the Medical Profession is so thoroughly well aware of the short comings of the existing Act, and such universal dissatisfaction has been expressed in reference to its operation, that it is almost needless for us to do more than to announce the intelligence that an amended measure is in contemplation; and it is only our duty to acknowledge the indefatigable exertions of Dr. Burrows, which have chiefly led to this desirable result. The President of the Council is known to have exhibited the greatest energy and perseverance in inducing the Home Secretary to move in the matter, and the greater merit is due to the former gentleman, from the magnitude of the obstacles he must have had to surmount.

The very preamble of the Act, as it now exists, is a delusion, for it states that the object of the measure is to enable persons requiring Medical aid to distinguish qualified from unqualified practitioners; and this object the Act certainly does not accomplish, for quackery and illegal practice are as rife as ever; and, by a strange anomaly, those who are without the pale of the operations of the Act are better protected than those who are within it. The only protection which the Act really affords, is the publication of a Register, which the public neither buys nor reads, and which is therefore utterly worthless in attaining the end for which it professes to be printed. Any impudent pretender may set himself up as a Medical practitioner, and hundreds are doing so every year, and as long as they do not pretend *to be on the Register*, the law cannot meddle with their proceedings; and even in the most flagrant cases of assumption of Medical titles, experience has shown that the present powers of the law are entirely nugatory.

The amended measure will, therefore, begin by setting out that "the Medical Act *has been found ineffectual* to enable persons requiring medical aid to ascertain who are qualified practitioners;" and as every medical man will at once perceive, the chief object of the amended Act will be to abolish the present obnoxious XLth clause. Although this clause is probably well known to all, yet it is necessary to reprint it, in order to exhibit the contrast between it and the amended clause agreed upon and recommended by the Medical Council. The clause, as it at present stands, is as follows:—

"Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Bachelor of Medicine, Surgeon, General Practitioner, or Apothecary, or any name, title, addition, or description implying that he is registered under this Act, or that he is recognised by law as a Physician, or Surgeon, or Licentiate in Medicine and Surgery, or a Practitioner in Medicine, or an Apothecary, shall, upon a summary conviction for any such offence, pay a sum not exceeding £20."

The amended clause is as follows:—

"Any person practising Medicine or Surgery, or being engaged in the treatment of diseases or injuries, not being registered under this Act, who shall take or make use of any of the titles or designations enumerated in Schedule A to this Act, or that of Physician, Surgeon, Doctor, Professor of Medicine, Professor of Surgery, or any other title, name, or designation used by or used to distinguish duly-qualified Practitioners in Medicine or Surgery, shall, upon a summary conviction, be liable to a penalty not exceeding twenty pounds for each offence."

We need scarcely point out to all Medical practitioners in the United Kingdom, the urgent necessity of strengthening the hands of the Medical Council in every possible manner, with a view to carrying this amendment, and no time should be lost, especially at the present period when there is a brief recess from Parliamentary sittings, in impressing upon members of both Houses of Parliament the urgent necessity, in the interests of the public as well as of the Profession, of passing the amended measure. Recent experience has too abundantly shown how people, in all classes of life, are robbed, cheated, and we might almost say slaughtered, by persons pretending to the possession of Medical knowledge, and all this happens from the want of that very protection which the Medical Act professes to afford.

It may possibly be thought that the success of the amended Act is somewhat jeopardized by the uncertain tenure of office of the present Ministry; but this consideration, whether well or ill founded, ought to have no weight with the Profession, nor ought it to discourage any one from using the most strenuous exertions with members of Parliament, because the Medical Act is not at all a party measure, and whatever ministers may happen to be in office, the claims we possess are equally strong, and the objects for which we strive are identified with the interests of the whole community.

Methylated Spirit.—Dr. Lankester lately held an inquest on the body of a man whose death was caused by excessive drinking of a mixture of spirit of wine five and a half per cent. over proof, and of wood naphtha, which, as a medical assistant, he was in the habit of purchasing at the cheap rate of three halfpence for three quarterns; in addition to which he took large quantities of opium. A verdict was returned in accordance with the medical evidence, of pulmonary apoplexy and effusion of serum on the brain.

THE NECESSITY OF AMENDING OUR SANITARY LAWS.

The battle between local Government and centralization in sanitary matters may be now said to have fairly begun, and the victory already appears likely to be achieved by the latter. The local authorities, indeed, have so long had their own way that it is no easy matter to convince them that they are incompetent to the tasks they have undertaken, and in the fulness of their arrogance they find a difficulty in understanding how their proceedings should meet with the censure of the general public. The gross ignorance of many local Guardians, or Trustees, or whatever other name may be used to designate the Bumbledom which has so long mismanaged our sanitary affairs, has for many years brought down the contempt of all scientific and humane men; but it has always, until very lately, found support with the multitude, who care for little except the diminution of the rates, and so long as this object is accomplished, the welfare of the poor or the health of the community are matters which weigh as dust in the balance.

The laws of health are now gradually becoming understood, and experience teaches us that they cannot be violated with impunity; but, nevertheless, it must be admitted that their interpretation often requires the application of science, and that some of the operations of nature in the production and the removal of disease are difficult of explanation. It is, therefore, the more necessary for local boards to avail themselves of the services of men who have made it their special duty to investigate the physical sciences in their bearings upon public health, and to extend to such men their cheerful co-operation and their consistent support. If gentlemen elected as Medical Officers of Health are not competent to perform their duties, they ought of course to be removed, and their place supplied by others; but in the collisions which we have known to arise between these officers and the local Boards we find that the instances of disagreement are precisely in cases where the Medical Officers have been the most honourable, the most scientific, and the most conscientious.

In condemning, as we do most emphatically, the mismanagement displayed by most of the local boards, we have no desire to comprehend in one indiscriminate censure all the individuals who compose those assemblies. On the contrary, we know that many of them are highly honourable and accomplished men, but in general they bear but a small proportion to the noisy and ignorant demagogues around them, to whom the management of affairs is too often virtually intrusted; and it is very probable that in many instances, where flagrant jobs have been perpetrated or gross injustice committed by their colleagues, the respectable minority have protested, but in vain, against the course pursued.

The whole subject of our system of sanitary legislation has lately been taken up by the Metropolitan Counties Branch of the British Medical Association, and is still under discussion by that body. An attempt is being made to obtain the co-operation of the other Branches of the Association with a view to impress upon the public, the Government, and the Legislature the recognition of a few leading points which are considered to be of the highest importance. Among these points it is proposed that a speedy and inexpensive appeal should be provided from the decisions of local authorities, that the appointment of Medical Officers of Health and of Inspectors of Nuisances should be made compulsory, instead of permissive, as it is at present in the provinces, and that the appointment and dismissal of Medical Officers of Health should be subject to the approval of some central authority. With a view of improving the sanitary condition of unhealthy localities, it is proposed to make it compulsory to remove persons labouring under contagious diseases into local refuges; and it is urged that the *early* removal of such persons should also be compulsory on unions and parishes.

In the above propositions, which we have sketched in bare outline, there is nothing unreasonable, and they contain the germs of much improvement in the sanitary condition of our country. They must commend themselves to the approval of all intelligent persons; and however much they may be opposed by local interests, we do not despair, in the present tone of public feeling, of seeing them adopted.

ON NURSING THE SICK.

In one of our more recent numbers we called the attention of the profession to the practical turn things are taking in some respects in Ireland, as evidenced by the movement set on foot of late with regard to Imbeciles and Idiots. An announcement in our penultimate number further called the attention of the profession to a much required improvement in a very vital part of the routine of everyday life—the nursing of the sick—by informing our readers that a lady of known benevolence and influence had interested herself in the matter; and that in one of the Dublin Hospitals—that founded by Dr. Steevens---we may shortly expect to find a revolution in the time-honoured system to which Ireland has, for the most part, been long accustomed.

It needs no argument in the columns of this journal to prove what we all admit---that to the nurse in the sick chamber are largely confided the issues of life and death; that in some of our most grave diseases she, in fact, holds the balance, so far as any human power can do so; and yet, while we all stand up for reform in Medical education and professional status, how little have we done to secure in one large and influential class of the community a constant and unfailing supply of educated and faithful nurses, such as may be readily found in London and in many other parts of England?

In Ireland there is a great deal of what our trans-Atlantic cousins call "tall talk" on every conceivable subject, and especially on religious matters, with which

we at once admit the efficient nursing of the sick is intimately connected.

In Dublin, at any rate, and in other large Irish towns, we believe, the Roman Catholic portion of the community have an organization ready to hand in the shape of conventual orders and sisterhoods. These are turned to account in caring for the sick, especially in Dublin; and, from our own experience of the result, we say advisedly the benefit of organization and method is great, as compared with the separate and convulsive efforts of individuals, however gifted and influential.

How these sisterhoods work is so widely known, and so fully appreciated by those who have profited by their honourable and gratuitous services, that we need not enlarge on them here. We are not identified in religious persuasion with the ladies who nurse the sick in St Vincent's, in the Mater Misericordiæ, and in Jervis-street Hospitals; but we cannot withhold our admiration of that unrequited toil and of that true charity which exhibits itself—not in discussing abstract doctrines or knotty theological questions, however useful these may be, and often are in their proper places; but—in the well-known words of Dr. WATSON, the Chrysostom of our profession—in dispensing its peculiar benefits, "without stint or scruple, to men of every country and party, and rank, and religion, and to men of no religion at all." There is, in our opinion, little to be desired in this direction as to the mode in which the work is done. We only wish the extent of it were greater; and we greatly regret that the services of these benevolent ladies could not be made available in the hospitals just named for the care of those affected with fevers.

This large class of diseases urgently requires good trained nursing; and why it should not receive it does not clearly appear, save in the case of Jervis street Hospital, in the charter of which a special provision exists for excluding patients affected with fever from its wards.

As to the others, some have very incorrectly, but perhaps not unnaturally, drawn the conclusion that all this taste for nursing on the part of amateurs, or of the "religious," was a mere sentiment, which was found practically useless when put to the test of attending on cases of contagious or infectious disease. But the immediate object of these remarks is to suggest to the minds of a large class of our readers the importance of inaugurating in Ireland a well advised system for training nurses, and the means of carrying out such a system among the class most plainly requiring it—Irish "Protestants of all denominations."

We have already stated our conviction that good nursing of the sick is intimately connected with religious principle; and this, to some extent, explains how it is that Ireland is behind the sister country in the matter now under consideration.

We confess that our co-religionists—for we do not now write of our Roman Catholic fellow-countrymen—are second to none in individual efforts, in doctrinal discussions, and every thing else of that sort; but what we want, and urgently want, is the establishment of "Protestant" nursing sisterhoods, which have this grand advantage over unorganized work and spasmodic effort—that they tend to merge all personal action and avoid individual prominence, while the actuating principle is a sense of duty, not a hope of praise. To many the very name of a "Sisterhood" is fraught with horror, and is suggestive of mistrust. To such we would say that a Nursing Sisterhood is not necessarily founded on any objectionable model; that several and varying plans may be well tried side by side, and that, provided the work be done and well done, men of different religious views may fairly please themselves as to the mode of doing it. We have no sympathy whatever with that large and unreasoning class who talk of their "opinions," and "views," and "doctrines," and at the same time not only do no good work themselves, but look with ill-concealed suspicion on those who do.

Their "opinions," and "views," and "doctrines," are not only not entitled to any consideration, but they should create in the mind of every Christian man a spirit of rational inquiry as to whether theories leading to no practical results are not only worthless, but false.

In England at this time there are at least twenty-six Anglican Nursing Sisterhoods more or less after the Kaiserwörth type. In some of these, as at King's College Hospital, the nurses belong to a religious order, and are under their own spiritual heads, the hospital in which they serve being administered by a separate and secular governing body. In others the nurses are of a religious order; and their head administers the hospital to which they belong. In others, again, the institution is quite secular; while in a few the Society is religious, but composed of persons of different persuasions.

We are quite sure that all these systems could be fairly tried here, not only in our hospitals but in supplying district or parochial nurses for the sick poor, and special nurses for the sick in private houses.

The name of Miss NIGHTINGALE is so identified with the reformation which we now advocate, that it is sufficient to attract attention to the project even among those most prejudiced against "suspicious innovations." A well known Irishman, the late eminent Dr. TODD, of London, had much to do with this matter, as regards King's College Hospital, where he had the influential support of the present Archbishop of DUBLIN, then Dean of WESTMINSTER, and Professor of Divinity in King's College.

It is fortunate that we have a man of his Grace's experience resident among us, as we should, doubtless, obtain the support of his influence and position for any well-advised measure, having for its object the improvement of nursing the sick.

We have now said sufficient to suggest to our readers the due consideration to which this important subject is entitled, and we shall be glad to receive any practical suggestions in favour of it.

Provincial Intelligence.

BIRMINGHAM.

Birmingham, March, 1866.

One of the most laudable movements lately initiated in this town, is that for the erection of a Sanatorium for the reception of convalescent patients from all the hospitals. The scheme originated with some members of the local committee of the Cotton Relief Fund. Birmingham subscribed generously in aid of the distressed operatives of the north during the cotton famine, and raised some £15,000 for their aid; of this sum there remains a large surplus untouched, and applicable with the consent of the donors to any charitable object. A convalescent institution has been proposed, and has met with the warmest support. On the first mention of the proposal, Mr. Muntz promised a donation of £1000, to be increased to £2000 provided that the subscriptions handed over from the Cotton Fund surplus reached £4000. Miss Ryland offered the land for the site of the Institution, or, in the event of another locality being selected, the sum of £2000. With such a beginning success could not be far distant, and of the £12,000 required for the accomplishment of the plan, some £8000 have already been obtained. The benefits likely to accrue to the poor of Birmingham from the erection of such an asylum can scarcely be overrated, and the assistance that will be given to the hospitals will of necessity be great.

Every medical man in the habit of visiting the wards of a large hospital must feel that many of the inmates would be restored to health, not only much more quickly but also much more perfectly, if the pure fresh breezes of our country districts could be called in to aid the work of the physician. The scrofulous subject, admitted with an acute disease, would no longer, from the want of a comfortable home, remain in the wards of our hospitals till the fatal seeds of pulmonary mischief have too certainly been developed, but transferred to the Sanatorium would, in the enjoyment of the health-giving air, regain vigour for many a long day's work. An institution of this kind on a small scale has been supported by the generous aid of Miss Ryland for about two years past, and has afforded to the General Hospital a means of bestowing invaluable treatment to many of its convalescent inmates. A refuge of the same nature, to which the inmates of all the infirmaries, and even the patients of private practitioners, might be admitted, would render an immense service to the suffering poor, and enable the hospitals to dispense their aid to a greater number with greater efficiency. We may here allude to another proposition of almost equal importance, which will be submitted to the Poor-law Guardians at an early meeting. It has been suggested from time to time that the work of the Parish Medical Officers would be rendered much more effective by relieving them of the necessity of dispensing their own medicines to their patients. According to the present plan each district officer is required to provide drugs for the pauper patients of his district. This is found, and in our opinion will ever be found, a very unsatisfactory arrangement; it is therefore proposed that a Parish Dispensary be organised, in which all the prescriptions of the Parish Medical Officers should be compounded. It is to be hoped that this plan will be carried into effect, for we conceive it to contain elements of no small advantage to the poor. To mention no others, it will certainly enable the Medical Officers to devote much more time and attention to the medical examination of their patients, and will exempt them from a troublesome portion of their onerous and ill-requited duties. At both the Hospitals Dr. Richardson's method of producing local anæsthesia has been frequently applied. Mr. Wilders was the first to introduce it here, and at the Queen's Hospital he has used it in several minor operations with the most satisfactory results. On Wednesday last Mr. Gamgee removed a fatty tumour of considerable size from a man's shoulder, local anæsthesia being produced by Mr. Wilders; the operation was painless, and produced the most favourable impression of Dr. Richardson's important discovery. In the extraction of teeth the process has been found to answer extremely well, complete insensibility having been in all cases obtained. The opinion here is that in all minor operations at least, the danger of chloroform can henceforth be avoided by the use of this highly efficacious invention.

I may here cite a case which was received lately at the General Hospital, as illustrative of the severe injuries from which, occasionally, good recoveries are made. A man was admitted with an abdominal wound of some inches in length, produced by a stab; through the abdominal walls protruded about three feet of strangulated intestine. The gut could not be returned through the aperture, the wound was enlarged and the intestines returned to the abdominal cavity. Strange to say, the man has made a perfect recovery, not a single bad symptom making its appearance throughout the case.

The meetings of the Midland Medical Society have, during the past month, been supplied with very interesting papers. Dr. Russell contributed an able essay on "Syphilitic Affections of the Nervous Centres," and pointed out at some length the means by which they were to be distinguished from the other diseases of these organs. He dwelt on the anomalous symptoms presented in these specific cases, as affording in most instances a clue to their diagnosis and treatment. Dr. Earle read a paper on "The Induction of Premature Labour," and laid before the members a careful *resumé* of the various modes adopted to this end. The author stated that, in the greater number of cases the operation was required for a moderate contraction of the pelvic brim, and that in such the eighth month was, in his opinion, sufficiently early for its performance. At the last meeting, Mr. Gamgee discussed the treatment of "Stricture of the Urethra," and gave a historical sketch of the many methods which have been advanced for the treatment of this affection. Mr. Holt's immediate treatment was frequently referred to in the discussion, and was especially advocated by the President (Mr. Furneaux Jordan). Several very interesting pathological specimens were also exhibited by Dr. Steel—viz., two specimens of encephaloid cancer of the breast, removed in the General Hospital, and also a recurrent fibroid tumour of a large size, removed from the neck. The spinal column of a patient who died from fracture of the sixth and seventh cervical vertebræ, was also shown by Dr. Steel. The man lived some twenty hours after admission, the breathing was diaphragmatic, and there was complete paralysis of the lower, but only partial paralysis of the upper extremities.

Professor Handcock will commence his course of lectures at the Royal College of Surgeons about June next.

MEDICAL FEES IN SCOTLAND.

The subject of professional charges has again been brought before the public in connexion with a case which came before the Sheriff Court at Falkirk a few days ago. Dr. Cuthill, of Denny, brought an action against the trustees of the late Michael Benny, Esq., of Ingievar, for the recovery of professional fees for attendance on the deceased, and the Sheriff-substitute found for the pursuer with expenses. Against this decision the trustees appealed, and the defence set up was that the charge of five shillings a visit was much too high, and unwarranted by the customary charges of other medical men in the district. The pursuer, in support of his claim, adduced a number of medical men practising in his neighbourhood, who gave evidence to the effect that they considered the charges made were reasonable and fair. Moreover, the late Mr. Benny was notoriously wealthy, and in the receipt of an income of £3000 a year. Last week Sheriff Moir dismissed the appeal, and in a note expressed regret that such a trifling matter should have formed the subject of litigation.

Now in this case, and in many similar cases, the want of an authoritative scale of charges which might be referred to, was much felt, and it would be a wise thing for the medical men in every district in Scotland to draw up some regulations on the subject. In Edinburgh the want of a proper table of fees is greatly to be regretted, and we venture to say that in no other city in the three Kingdoms is there more dissatisfaction amongst the public regarding the way in which the medical practitioners render their accounts. The practice which prevails here of sending in a note of the number of visits without stating the charge, is undoubtedly most absurd, and there is, we know, a growing dislike to it on the part of the patients. Why should not doctors manage the business part of their profession on business principles? There would surely be nothing *infra dig.* in that! And why should the Edinburgh practitioners deem it unworthy of the dignity of the profession to name the sum which they think a fair remuneration for their services, when the late Dr. Fergusson, the Physician to the Queen, was in the habit of doing this Surely anything that he did they may condescend with perfect grace to do! Strangers especially who come to Edinburgh for advice, feel the extremely awkward position in which they are placed by the present system, and we think it is time that some movement was made to have the whole matter considered and put upon a more satisfactory and sensible footing.

THE BURIAL OF POOR PERSONS.

Under the Vestry Act for many years in Ireland sums were granted for the interment of persons whose relatives were shown to be unable to afford the expense. That act was abolished two years ago, and no provision was made for the purpose under any other act. Great inconvenience arose, and in one instance in Dublin a body was retained during five hot summer days in the house where the relatives of the deceased resided. It was afterwards buried at the expense of the Union, the police having represented the matter as a nuisance. An act, however, has been introduced by Sir H. Bruce, Sir C. O'Loghlen, and Mr. Dawson, "to enable Boards of Guardians to bury poor persons who may not during life have been relieved out of the poor-rates." The only condition is, that it must be certified that the relatives are unable to bear the expense of interment by a Guardian of the Electoral Division.

NEW CONVALESCENT HOME FOR EDINBURGH.

About a year ago an offer was made by a gentleman, who did not wish his name to be made public, to the managers of the Royal Infirmary, to erect a Convalescent Home for the benefit of patients who, after having undergone treatment in the Hospital, required a change of air to restore them to health. This offer was of course gladly accepted, but some difficulty was experienced in procuring a suitable site for the building. Attempts were made to get a fen near to the Royal Infirmary, but these were unsuccessful, and subsequently it was agreed to erect the Home at Corstorphine, on a piece of ground belonging to Sir William Dick Cunyngham. The situation is all that could be desired as regards exposure and elevation, but it will be at an inconvenient distance from the city, and will cost the physicians and surgeons much time if they require to visit their patients frequently. The Home is intended to accommodate 44 inmates, and consists of a centre block of three storeys, from which wings extend east and west, of two storeys in height. The style of architecture is simple and inexpensive; nevertheless, the whole cost of the building will be close upon £12,000, and all this is to be borne by the generous donor of the gift.

NEW COLLEGE OF SCIENCE IN IRELAND.

The following minute has been recently sanctioned by the Right Honourable the Lords of the Committee of Council on Education:—

"My Lords consider the minute of the 21st September, 1865, by which her Majesty's Government have decided to convert the Museum of Irish Industry into a College of Science for Ireland. As the sphere of action of this college on the basis broadly sketched out in this minute will be somewhat new and beyond the limits hitherto placed on the action of the Science and Art Department in respect of the encouragement of science, my Lords have appointed a commission to advise them on the subject. The following noblemen and gentlemen have consented to act on this commission:—

"The Right Hon. the Earl of Rosse, K.P., D.C.L., F.R.S., &c.; the Right Hon. the Lord Talbot de Malahide, F.R.S., &c.; Dr. Carpenter, M.D., F.R.S.; the Rev. B. M. Cowie, B.M.; John Fowler, Esq., President of the Institute of Civil Engineers; Professor Frankland, Ph.D., F.R.S; W. H. Gregory, Esq., M.P.; Colonel Harness, C.B., R.E.; Professor Hofman, Ph.D., F.R.S.; Professor Huxley, F.R.S.; Professor Jukes, F.R.S.; Sir Robert Kane, F.R.S.; Myles O'Reilly, Esq., M.P.; Professor Lyon Playfair, C.B., LL.D., F.R.S.; Lieutenant-General Sabine, R.A., D.C.L., President of the Royal Society; Warrington W. Smyth, Esq., M.A., F.R.S.; Professor Sullivan, Ph.D.; Professor Tyndall, D.C.L., F.R.S.; Captain Donnelly, R.E., who will also act as secretary.

"My Lords consider that it is desirable that the College should, on its establishment, commence with a clear and defined object, a well considered course of study, and a staff of professors. They therefore request the commission to consider these subjects, and report generally on the scope of the instruction to be given, the examinations for testing it, and the certificates to successful students."

M. C. Robin announces, in a paper to the French Academy of Sciences, that he has discovered that the ray is an electric fish, though less so than the various species of the torpedo.

LUNACY ACTS (SCOTLAND) AMENDMENT BILL.

The Lord Advocate has introduced to the House of Commons a Bill to amend the acts relating to lunacy in Scotland, and to make further provision for the care and treatment of lunatics, of which the following are the most important clauses:—

4. It shall not be lawful for the medical superintendent, ordinary medical attendant, or assistant medical officer of any asylum, to grant a certificate of insanity for the reception of any lunatic, not a pauper lunatic, into such asylum, except the certificate of emergency authorised by section fourteen of the third recited Act.

5. Section thirty-six of the first recited Act is hereby repealed; and, in lieu thereof, be it enacted, That if after the reception of any lunatic into any asylum or house it appears that any order or medical certificate upon which he was received is in any respect incorrect or defective, such order or medical certificate may be amended by the person who has granted the same at any time within *twenty-one days* after the reception of such lunatic: Provided, nevertheless, that no such amendment shall have any force or effect unless the same shall receive the sanction of the Board; and, failing such amendment, it shall be lawful for the Board to report such failure to the Sheriff, who shall, if satisfied that the original order or medical certificates are in any respect incorrect or defective, and of the failure to amend them, recall such original order.

6. Orders to remain in force, although patient absent from asylum, for fourteen days if the patient has escaped, and for three months if the patient is under the care of officers of the asylum.

7. The powers conferred by the Sheriff's order for the reception and detention of any lunatic in any asylum or house shall cease and determine with the notice of discharge of such lunatic given by the superintendent of such asylum or house to the board; and in no case shall the Sheriff's order remain in force longer than the *first day of January* first occurring after the expiry of *three years* from the date on which it was granted, or than the *first day of January* in each succeeding year, unless the superintendent or medical attendant of the asylum or house in which the lunatic is detained shall, on each of the said *first days of January*, or within fourteen clear days immediately preceding, grant and transmit to the board a certificate, on soul and conscience, according to the form of Schedule A hereunto annexed, that the detention of the lunatic is necessary and proper, either for his own welfare or the safety of the public.

8. Every pauper lunatic who is discharged on probation from any asylum or house shall remain subject to inspection by the Commissioners during the period of probation; and it shall not be lawful for the Parochial Board to take any such pauper lunatic off the poor's roll, or to alter the conditions on which probationary discharge was granted, without the sanction of the Board, during the period of probation; and every inspector of the poor who shall infringe these provisions shall be liable in a penalty not exceeding *ten pounds*.

9. It shall be lawful for any Parochial Board, by a minute at a duly constituted meeting, to direct that any pauper lunatic (not being a lunatic committed as a dangerous lunatic under the fifteenth section of the third recited Act) with whose maintenance it is chargeable, and who is detained in any asylum or house, shall be discharged or removed therefrom; and if a copy of such minute, certified to be a true copy by the chairman for the time of such Parochial Board, be produced to and left with the superintendent of such asylum, he shall, within *seven days* from the production of such minute, discharge such lunatic, or cause or suffer such lunatic to be discharged: Provided always that, on the written representation of such superintendent that such lunatic is dangerous to himself or the public, or in any other way not a fit person to be discharged, it shall be lawful for the Board to prohibit the discharge of any such lunatic; and any inspector of the poor removing any pauper lunatic from an asylum or house against the written representation of the superintendent of such asylum or house, without the sanction of the Board, shall be liable in a penalty not exceeding *ten pounds*.

12. Section forty-one of the first recited Act is hereby repealed; and in lieu thereof no person shall receive or keep any person as a lunatic for gain, without the order of the Sheriff or the sanction of the Board; and any person who shall receive into his house any such person, or any person alleged to be a lunatic, shall, within *fourteen clear days* thereafter, make application for such order or sanction: Provided always, that when the lunatic is a pauper lunatic such application shall be made by the inspector of the poor; and it shall be lawful in such case for the Sheriff to grant his order on one medical certificate; and every lunatic shall be visited, as often as the Board shall regulate, by a medical person, who shall enter in a book to be kept in such house the date of each visit, and the condition of the mental and bodily health of the lunatic at each such visit; and any medical person who shall make any such entry without having visited the patient within *seven days* of making such entry, or who shall knowingly make any false entry in such book, shall be liable in a penalty not exceeding *ten pounds* for each offence; and it shall be in the power of the Board to order such inspection and visitation of every such house from time to time as to them shall seem proper, and to lay down and enforce such rules and regulations for the care and treatment of the lunatic as they may deem fit; and every person detaining or aiding in detaining any such lunatic, or any person who on inquiry is found to be a lunatic without the order of the Sheriff or the sanction of the Board, or after such order or sanction has been withdrawn, shall be liable in a penalty not exceeding *twenty pounds*.

15. It shall be lawful for the superintendent of any asylum, with the previous assent in writing of one of the Commissioners, which assent shall not be given without written application by the patient, to entertain and keep in such asylum, as a boarder, any person who is desirous of submitting himself to treatment, but whose mental condition is not such as to render it legal to grant certificates of insanity in his case: Provided always, that every such boarder shall be produced to the Commissioners at each of their visits to such asylum, that no such boarder shall be detained for more than *three days* after having given notice of his intention or desire to leave such asylum, unless on certificates of insanity and an order by the Sheriff being obtained, in which case neither of the certificates shall be granted by any medical person connected with the asylum, or having any immediate or pecuniary interest in it, and that notices of admission, discharge, and death with respect to all such boarders shall be made to the Board in the same manner as in the cases of lunatics.

20. It shall be lawful for the Sheriff to authorise the discharge of a dangerous lunatic from any asylum, on certificates being granted by two medical persons, approved of by the Procurator-Fiscal, that such lunatic may be discharged without risk or injury to the public or the lunatic.

21. It shall be lawful for the Board to enforce the rules and regulations which they shall make from time to time in relation to the books or minutes to be kept or made in asylums or houses, and the returns of entries therefrom to be made to the Board by the superintendents of such asylums or houses, by imposing a penalty for each infringment or violation thereof, not exceeding *ten pounds*.

Magdalen College, Oxford.—There will be an election at this college in April next to a Demyship in Natural Science of the value (room rent and tuition included) of £75 per annum, and tenable for five years from the day of election. The examination will commence on April 17th. Particulars relating to the examination may be obtained by applying to the president or senior tutor.

Notes on Current Topics.

CONVERSAZIONE OF THE OBSTETRICAL SOCIETY OF LONDON.

This very flourishing Society held a Conversazione on Wednesday last at the College of Physicians, which was very numerously attended. The object of the meeting, the preparations for which have occupied the attention of the Society for several months, was to collect and exhibit a series of Obstetrical instruments, of all ages and of all European countries, and to invite, for their display and inspection, the presence of distinguished foreign obstetric practitioners. The invitations were very cordially received and responded to, and contributions were sent from Russia, Sweden, Denmark, Germany, France, and Italy, as well as from home sources, covering the tables of the large library of the College in Pall-mall; and a goodly number of foreigners appeared among the company. The collection of instruments was arranged in such order as to represent historically the modifications in construction adopted in different times and countries, and they were also grouped according to their use, as perforators, cephalotribes, &c, in one group; forceps, vectes, &c., in another. Among the principal objects of interest were the original forceps of Chamberlen, the original Cephalotribe of Bandelocque, and a variety of curious antique obstetric instruments, the sphygmograph and sphygmographic diagrams, exhibited by Drs. Sanderson and Anstie; Dr. Richardson's apparatus for producing local anæsthesia, and, as is usual at these gatherings, there was a very interesting display of microscopes, photographs, micro-spectroscopes, &c., and the walls were adorned by some excellent paintings, and the staircases were lined with beautiful exotic plants. It should not be omitted to state that the refreshments were both excellent in quality and abundant in supply, and the whole of the proceedings gave the greatest satisfaction to the crowded assembly.

MEDICAL AND GENERAL SCIENCE IN INDIA.

We are happy to welcome the appearance of the *Indian Medical Gazette*, two numbers of which we have received, and which is a "Monthly Record of Medicine, Surgery, Obstetrics, Jurisprudence, and the Collateral Sciences, and of General Medical Intelligence, Indian and European." In the introductory address published at the commencement of the first number, the editors express their sense of the great difficulties involved in their new undertaking, and they point to the great number of periodicals which have sprung up and declined in India, as a proof of the discouragement under which they labour. Nevertheless, medical science in India, as elsewhere, is rapidly advancing, and the treatment of diseases is now placed on a much more scientific basis than it formerly possessed; malarious diseases, for instance, are no longer treated by the administration of poisonous doses of calomel and exhausting bleedings, and we are happy to learn that the mortality from those affections has been most materially reduced. The immense resources of India, its abundant animal and vegetable products, its teeming population, and the high and deserved reputation of its medical practitioners, all render it most desirable that the accumulated stores of experience should be recorded for the benefit of the rest of the world and of posterity, and the numbers of the *Indian Gazette* which have reached us appear to promise a new era of medical progress in the East. In one of the editorial articles in the second number on "Science in India," it is suggested that an association should be formed embracing all the local literary and scientific societies scattered over the great continent of Hindoostan, and incorporated into a General Association for the Advancement of Science, founded upon the model of that already existing in Great Britain.

PROPOSED SANATORIUM FOR BIRMINGHAM.

From a report forwarded to us in the *Birmingham Daily Post*, we find that it has been proposed to establish in the neighbourhood of that town an institution for the reception of convalescent patients, and that the suggestion has already been responded to in a most liberal manner. The origin of this sanatorium is derived from the surplus funds which have come to Birmingham from the contributions received on account of the cotton famine, and it should be mentioned to the honour of Birmingham that no less than £15,000 were contributed by that town to the relief of the distress in the cotton districts. At a meeting lately held for the purpose of carrying out the plan of the proposed sanatorium, the objects of the founders were explained, and numerous donations were announced. As is usual when works of benevolence are in contemplation, the members of our own profession took an active part in the proceedings, and in particular, Dr. Fleming and Mr. Pemberton strongly advocated the necessity of such an institution. In the course of his speech Dr. Fleming thus described the object of the sanatorium, the success of which has our best wishes:—

"Many persons (he said) on leaving our hospitals, though cured of their complaints, were so weak, that a return to their homes and ordinary employments was most hazardous. They were subject to continual relapses, and were obliged to return frequently to the wards of the hospital, and finally, becoming victims to chronic ill-health, were driven by sad necessity to the workhouse. Those physicians who, like himself, had visited the same wards for many years, soon became familiar with the faces of this class of patients. Indeed it could not be too plainly stated, that, for the most part, the dwellers in large and populous towns, who had suffered from serious diseases, required a short residence in the country for the full establishment of their health; but many were by reason of their poverty prevented from enjoying the advantage. The sanatorium would supply this want. Scientific medicine recognises, and has always recognised, the very natural division of remedial agents into two classes, the medicinal and hygienic—the former embracing medicine proper, and the latter including the normal conditions of health, pure air, good food, exercise, sleep, and amusement, which, variously modified, become most powerful agents in the treatment of disease. Both these modes of treatment had their proper place in the cure of all diseases, and in all stages of disease from the earliest beginning to complete recovery; but during convalescence and in many chronic ailments the hygienic remedies acquired for obvious reasons, relatively, a higher degree of importance than the medicinal, and it was for the more efficient application of the hygienic treatment of disease and of convalescence that it was proposed to establish the Sanatorium, and that in a situation which would enable them to command for the patients abundance of pure air, with ample and cheerful exercise. But while in the treatment of convalescence they assigned the first place to these hygienic means, it must not for a moment be supposed that they undervalued the importance of medicine, which, on the contrary, they recognized most fully, assigning to it, however, its true relative value.

It was the feeblest of feeble fallacies which jumped to the conclusion that, because of two modes of treatment one was proved to be good, the other must of necessity be useless or bad. Both in fact did, and they intended that in their Sanatorium—as in all other like institutions—both should conspire to give renewed health and strength to the patients."

METROPOLITAN SANITARY ASSOCIATION OF LONDON.

DEPUTATION TO THE PRIVY COUNCIL.

On Wednesday, March 14th, a Council of this Society formed a deputation, consisting of Mr. Shaw, Mr. Arthur Hall, Mr. Layard, M.P., Mr. Rendle, Dr. Sanderson, Dr. Hardwicke, Mr. Dresser Rogers, &c., was introduced by Mr. T. Chambers, Q.C., M.P., to Earl Granville at the office of the Privy Council. Mr. Chambers having briefly stated the objects of the deputation, Mr. Shaw then addressed his Lordship on certain resolutions of the Council which referred to amendments of the Metropolis Local Management Act, of which the following is a summary:—

1. That Parishes be required to provide a decent and suitable building for the reception of dead bodies, as under the Burial Act, and that so soon as such buildings shall be provided, it shall be unlawful to keep a dead body in any inhabited house when the Medical Officer certifies it to be injurious to health, and the parties so keeping it to be liable to penalty. Parishes to be authorized to defray the expense of removal.

2. That whenever a Coroner shall find a body on which an inquest is to be held, in a room or house wholly unfit on sanitary grounds for such purpose, he shall have power to order its removal to the Mortuary Chamber of the District.

3. That the time for making orders or notices for intended buildings (under 18 and 19 Vict., c. 120, s. 76), to be in all cases within twenty-one days after notice, and that no drains be covered in till twenty-four hours' notice has been given to the Surveyor of the Vestry. The Vestry to have power to withhold sanction to any intended building or alterations, unless it is satisfied in respect of there being a sufficient space about the building when completed to secure a free circulation of air, and also in regard to the proper ventilation thereof.

4. When structural alterations of drains or other like works have been made by a vestry under the powers of the Metropolis Local Management Acts, if the owners cannot be found or cannot be made to pay the expenses (see 18 and 19 Vic., c. 120, s. 81, and 25 and 26 Vic., c. 10, s. 64), the magistrate to be authorized to give the vestry power to receive and compel payment to itself of the rents, till the amount due shall be liquidated.

5. That the power to compel a supply of water to houses, should not be limited to those, to which it can be done for 3d. a week (25 and 26 Vic., c. 102, s. 67), as thereby houses of a rent of above £20 per annum, or thereabouts, are excluded according to the present rate of charge of the Water Companies. That power be given to the local authorities to compel the Water Companies to supply water to pumps or taps in courts and streets at a definite rate of charge. Such taps to be so made as to prevent waste, and the Companies to be obliged to keep a constant supply of water. The Vestry, or Magistrate, on their application, to have power to order a pump or well to be disused if the water be injurious.

6. That some such powers as those given to the Commissioners of sewers in the city of London, by s. 10 of the City of London Sewers Act, 1851 (14 and 15 Vic., c. 91), with respect to a large class of lodging-houses not coming under the common Lodging-houses Act, should be extended to the metropolis generally, and vested in Vestries and District Boards.

7. That it would strengthen the hands of those members of Vestries, who are desirous of carrying forward necessary sanitary reforms, if the Privy Council had power, upon the complaint of any twenty-six ratepayers in a parish, not only to make inquiries into the sanitary condition thereof, or of any particular part of it, but also to give notice to the Vestry to cause such alterations to be made or steps to be taken as the Vestry has power to do under the existing acts, and in default of the Privy Council, to have the power to cause the same to be done, and to issue their precept to the Vestry to raise the amount of expense out of the rates in like manner as the Metropolitan Board of Works now do.

8. That it is desirable that express power should be given to enable the Medical Officers to inspect workrooms, in the Metropolis, and (under certain limits) that power should exist to compel their ventilation, and to prevent their being overcrowded—some analogy for such powers already existing in the Bakehouse Regulation Act.

FEVER IN LONDON.

A conference of the Metropolitan Sanitary Association was held on Thursday last at Adam-street, Adelphi, when a paper on this subject was read by Mr. Wm. Rendle, one of the Vice-Presidents of the Association of Medical Officers of Health. Martin Ware, Esq, took the chair in the absence of Mr. McCullagh Torrens, M.P., who subsequently attended. The paper referred to the increasing prevalence of the disease, and the fact that it always referred to sanitary defects, remediable with a little trouble, typhus being no more nor less than a consequence of foul air chiefly from overcrowding. The wretched state of most of the dwellings of the poor was a source of much contagion, and the high rent paid for them, being far above their real value, deterred persons from erecting new and wholesome buildings, which probably would not fetch more rent. It was shown that the great majority of those attacked were between 15 and 45, 1720 in 2497 cases. That the chief supply to the fever hospital came from among the poorest, and that the age at which people began to work and provide is especially the age of fever. That those relieved by the guardians supply the largest number of fever cases, 3324 out of 3610, thus making it paramountly a poor-law question. It appears that about 200,000 cases of fever had occurred in London during the last fourteen years, the deaths being about one in eight. Cases were cited, showing how the disease spreads for want of very plain and simple precautions, all of which come legitimately within the scope of the powers of the local authorities. The different metropolitan boards were very deficient of inspectors; but several are now increasing their staff and appointing better men; there is, therefore, correspondingly more real work to be done. It was stated that 10,000 in a parish, and hundreds of thousands in London, are lodged in such miserable dwellings as to be literally, as it were, waiting for fever. The liberty of the subject and the inviolability of home appeared to be pleaded successfully against all great efforts to amend the dwellings of the working classes, but was of no avail against railways and the like, which, at least, in some instances, would dispossess thousands without the least chance of paying shareholders. In a deputation to Mr. Peabody's trustees it was urged, why not take some of the worst places, build cheap and wholesome habitations for the poor, so that we in all these localities might imitate you. The answer was, in most of these places there is a complication, and many interests we cannot buy, nor can we get a law which will enable us to deal with such matters. The franchise now discussed is said to be a trust and not a right; if so, the trustees are allowing hundreds of thousands to live in filth, vice, disease and wretchedness, and to be preyed upon by those who make a profit of all this wrong. The trustees must recognise their trust, as the franchise must be recognised as a right for every one, and not as a trust for a few who are, as it appears in this case, trustees for themselves only. It was suggested that, at any reasonable cost, healthier and better homes should be provided for the poor, and that houses should be regis-

tered when inhabited by many families; local hospitals should be provided for infectious diseases, so that the infected might be promptly removed from overcrowded close places; the prompt emptying and cleansing of infected houses, and allowing a time to elapse so as to make it safe to inhabit them again; better nursing and a better mode of supplying prepared sustenance for the poor; prompt information of infected or disease-producing houses by the poor-law officers; alterations of the poor laws or by-laws to meet those difficulties, it being more than any other a poor-law question; that many of the laws now permissive should be obligatory; and when it is the duty of the local authority to do certain sanitary work and neglects it, power of central authority to do it and charge the local authority.

The meeting was addressed by Mr. Bosanquet, Mr. Dresser Rogers, Mr. Lord, Mr. Beggs, Mr. Webber, Mr. B. Shaw, Mr. McCullagh Torrens, M.P., Mr. H. W. Rumsey, Dr. Hardwicke, Dr. Sanderson, Dr. Acland, F.R.S., and the Chairman; after which, a desire having been expressed to have the paper printed and widely circulated, the conference adjourned.

Parliamentary Intelligence.

HOUSE OF LORDS—March 22.

Lord Westmeath drew attention to the frequency of street accidents, and condemned the conduct of the Home Secretary, who, he said, had taken no steps to prevent the loss of life and bodily injuries which were daily occurring.

Lord Granville admitted the necessity of some steps being taken to lessen the number of accidents which occurred in the crowded streets of the metropolis, but pointed out the difficulties which presented themselves to all the plans that had hitherto been suggested. The Government were most anxious to act efficiently, and there were no grounds for the attack upon the Home Secretary.

The subject was then allowed to drop.

March 23.

The Lord Chancellor, in moving the first reading of a Bill to amend the law relating to capital punishment, said that a few years ago Her Majesty appointed a Commission to inquire into this very difficult subject. The Commissioners had made their report, and he now proposed to lay on the table a Bill for carrying their recommendations, with some modifications, into effect. He intended to move the second reading of the Bill on April 17.

The Bill was read a first time.

Their Lordships adjourned until April 12.

HOUSE OF COMMONS.—March 22.

In answer to a question by Lord H. Lennox,

The Chancellor of the Exchequer said there was no correspondence between the Government and the trustees of the British Museum, and no decision had been taken as to filling up the post of principal librarian under the same conditions as it was recently held by Mr. Panizzi. In the view of the Government, the first step to be taken was to submit to that House the vote which they had given notice of their intention to propose for the erection of a building at Kensington; and they could take no other step of a definite character until the House had decided on that.

In answer to a question by Mr. Neate as to the report of the River Commission,

Mr. T. J. Baring said the report was now in the press, and would be presented to Parliament before the recess. That report related to the River Thames, to which the hon. member's question alluded.

The Labouring Classes Dwellings Bill, which enables Government to advance money on interest for the erection of suitable dwellings for the artisan and labouring classes, passed through Committee.

Mr. G. Hardy asked the Secretary for the Home Department what was the purport of the Orders in Council which were about to be issued on the subject of the cattle plague.

Sir G. Grey said that the purport of the new Order was the revocation of all the existing orders, with the view to the modification of the whole of the existing regulations with regard to the plague. Many of the conditions contained in the existing orders would at the same time be re-enacted, as for example those having reference to the appointment of inspectors, who would be required to give notice of the appearance of the disease in any particular district, and to see that the premises in which diseased cattle had been, were properly disinfected. It was desirable that a good many regulations of that description now in force should be renewed, and the new order would contain provisions with regard to the proclamation of infected districts and the prohibition at certain times of all markets and fairs, except those held under the licence of the Privy Council. With respect to the removal of cattle, it was intended to extend the provisions of the existing Act until April 16, and to substitute a regulation authorising the removal of cattle by railway or by highway under certain licences, some of which would be left to be granted by the local authorities, and others would be provided for in the schedule. It was intended that the substance of this Order, or the greater part of it, should not come into operation until April 16; but part of it would come into operation immediately, and it would be in the possession of the Courts of Quarter Sessions in the week after next.

The House adjourned until Monday, April 9.

ARMY MEDICAL EXAMINATION.

CHELSEA HOSPITAL.

March, 1866.

Surgery.—Mr. Prescott Hewett.

1. Epulis; morbid anatomy, diagnosis, prognosis, and treatment.

2. Diagnosis, prognosis, and treatment of laceration of the kidney from a blow or fall.

3. Enlarged synovial cysts of the popliteal space; their diagnosis and treatment.

4. The diseases of the sacro-iliac joint; their diagnosis and treatment.

5. Hæmatocele; morbid anatomy, diagnosis, prognosis and treatment.

Anatomy and Physiology.—Mr. Busk.

1. Describe the medulla oblongata, arranging your answer according to the following order of subjects:—

a. General form, dimensions, and relations to the surrounding parts.

b. The bloodvessels by which it is supplied, and their mode of distribution.

c. The minute structure, noticing especially the disposition of the white and grey substance in the different parts of the medulla.

d. The connexion of the various parts with the cerebrum, pons, cerebellum, and spinal cord.

e. The nerves arising from the medulla, tracing them to their ultimate origins.

2. Explain the mechanism of inspiration and expiration, and the nature of the process by which the interchange of gaseous constituents between the blood and the air is effected.

3. Describe the dissection required to expose the external circumflex artery of the thigh from its origin to the termination of its branches, noticing in their proper order the parts brought into view in the dissection.

4. Describe in their proper order the parts brought into view when the trapezius muscle is removed.

5. Describe the structure of the eye regarded simply as a dioptric instrument, and in doing so explain the mode in which the images of external objects are formed on the retina.

Medicine.—Dr. Parkes.

1. Enumerate the different forms of paralysis depending on disease of the brain and spinal cord, and describe the causes and post-mortem appearances.

Give the symptoms of hemiplegia caused by acute softening of the brain.

2. What are the chief causes of pericarditis? Give the physical signs fully. Describe the effects on the heart produced by universal firm adhesions.

3. Give fully the treatment of the two following diseases, including the possible complications: typhoid or enteric fever, scarlet fever.

4. What are the chief causes and symptoms of peritonitis?

5. Under what circumstances are the preparations of zinc, bismuth, and silver employed in medicine? What are the principal pharmacopœial preparations of these metals and their doses?

6. How would you detect and remove a retained placenta after delivery?

NATURAL HISTORY.—DR. HOOKER.

(Optional.)

1. Give the essential distinctive characters of the classes of vertebrata.

2. What is meant by the term "alternation of generation?" Give instances of animals in which it occurs.

3. Give the distinguishing characters of the class Insecta, and name a genus belonging to each of its principal orders.

4. Give an account of the metamorphoses of insects.

5. Describe the structure and functions of the stomata in plants.

6. Give an account of the different kinds of placentation in plants.

7. Describe the different parts of the vegetable ovule and seed.

8. Give the essential characters of the natural orders Leguminosæ, Graminæ, Musci.

9. Explain the theory of the production of dew.

10. Where do trade winds blow? What is their direction, and how do you explain their occurrence?

11. Explain the action of the different kinds of lever, and illustrate them by examples taken from the articulations of the human body.

12. Explain the terms sedimentary, metamorphic, volcanic, tertiary, secondary, palæozoic, as applied to rocks.

13. In what strata is coal usually found, and what is supposed to be its origin?

14. What is meant by the glacial epoch in geology, and what was its general influence on the surface of Great Britain?

EPIDEMIOLOGICAL SOCIETY.

THE President (Dr. Milroy) and Council of this Society invite the attention of members to the three following questions, relating to the provision for the reception and treatment of poor in the event of an outbreak of cholera in this country, what kind of accommodation should be proffered as most calculated for the benefit of the patients and least likely to endanger public health:—

I. Can persons suffering from cholera be admitted into the ordinary wards of general hospitals or infirmaries without danger to the health of other patients?

II. Can cholera patients be admitted into special wards, set apart for the disease, in general hospitals and infirmaries, without undue risk of the extension of the malady to the other inmates of the institution and their ordinary attendants?

III. Do you deem it necessary that special hospitals should be provided for the reception of persons attacked with cholera? and that such persons should not, on any conditions, be admitted into general hospitals or infirmaries?

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

ON Saturday, March 18th, the adjourned meeting of this Society discussed the paper of Mr. Beggs, "On the Dwellings for the People of the Metropolis." The chair was taken by Mr. Rendle, and the addresses on the question were by Mr. Liddell and Mr. Beggs. A resolution was then passed, that the standing committees should take the subject into their consideration with reference to any improvements that might be suggested in their amendment of the Metropolis Local Government Act.

RETROSPECT OF THE MEDICAL JOURNALS.

MARCH 31.

THE *Lancet* draws attention to the proposed amendment to the Medical Act which has been so inefficacious. Sir George Grey has communicated with Dr. Burrows, and the latter is now engaged with the Law Adviser to the Home Office in framing a Bill which shall have the effect of preventing quackery. The legal community are very careful in all legal enactments affecting their body to exclude any from the practice of their profession unless those properly qualified. Let us hope that they will not grudge us the same privileges. Our contemporary regrets the action of the Medical Council at its last session in that they refused to register the degree of Bachelor of Surgery of the University of London.

The operations of the Nightingale Fund are reviewed. It may be remembered that the munificent fund subscribed by the people of Great Britain, nearly £50,000, was allocated by Miss Nightingale for the purpose of training nurses. It seems that very little good has been done for the very large outlay, the principal portion of the sum being absorbed by salaries, &c. The average cost of each of the nurses so trained has been £88, and most of them have been absorbed by the institutions in which they received their education. The *Pall-mall Gazette* has directed a good share of public attention to the lavish expenditure of a fund originally intended for a charitable object.

The verdict of the coroner's jury in the case of the child laid out for burial at St. Pancras Infirmary was as follows:—"The jury are of opinion that great blame is to be attributed to the workhouse attendants for tying up the jaws of the deceased and treating her as dead for some time before she had wholly expired. They are further of opinion that there is not a sufficient number of paid medical attendants and nurses to perform the duties of so large an establishment as St. Pancras Workhouse; and the jury beg to express their approval of the course taken by Mr. Hillocks in bringing the matter before the public."

In reference to this very subject Dr. Aldis writes to the *Lancet* that in 1850 he contributed a paper to that journal, entitled "The danger of tying up the lower jaw immediately after supposed death." He was asked for a death certificate for an infant who was brought to him with the jaw tied up, and supposed to be dead. This happened on a Friday. The bandage was removed and the child lived until the following Monday.

Dr. Watson's address on the occasion of his being elected for the fifth time President of the College of Physicians, was delivered in his usual lucid and learned style. He dwelt principally on the losses by death which the College had sustained during the year, and he spoke in the most kindly manner on the respective merits of Drs. Southey, Ferguson, and others, whose loss the public as well as the profession has to mourn.

A person has been nearly poisoned by castor seeds. "The unfortunate man lies in a very lamentable condition; his recovery is extremely doubtful. It is not commonly known that the seeds from which castor oil is extracted contain in the embryo a very active poison, and that a few of them are sufficient to produce violent purging and death."

Mr. Henry Lee, in his lectures on syphilitic inoculation in 1865, gives the results of some experiments carried out by himself. In his next lecture, we are promised his views on the subject of syphilisation. We are still at sea with regard to this very intricate question involving the nature of the syphilitic virus.

The *British Medical Journal* again draws attention to the injury to their cause inflicted by the Naval Medical Officers. It reviews the contents of Dr. Brown's pamphlet, entitled "Comments on the Recommendations of the Committee." Dr. Brown has made one great mistake; he proposed a scale of pay and regrets that it was not adopted; but our contemporary shows that the recom-

mendations of the Committee proposed to grant even a higher scale than that of Dr. Brown.

"A Prussian ministerial journal contains an article which asserts that the trichina disease is nothing but a revolutionary proceeding, got up by the enemies of the government. This, no doubt, on account of (politician) Virchow's name being connected with the trichina.

"Dr. Fiedler says that the trichinæ may find their way into the muscles through the current of the blood is proved by the facts: that he has frequently found trichinæ in coagulæ of the right auricle and ventricle; and that at times, even in the most distant muscles, trichinæ are found not exceeding in size these found in the abdomen.

"Professor Klob says that the use of raw meat in Prussia and Saxony has become of late years very common. The workmen have no means of cooking, or will not take the trouble to cook their meat; and consequently find that raw pork, minced, &c., is the most convenient food.

"Dr. Thudichum states that a preparation from the biceps of a child, aged five and a half years, which died on the seventy-ninth day, was found to contain fifty-eight trichinæ. The preparation being estimated to weigh one-fifth of a grain, one grain of such muscle would contain on an average one hundred trichinæ. Dr. Thudichum calculates that an adult victim to trichiniasis may have as many as twenty-eight millions, if his entire muscular system be affected in the ratio as the child's biceps just mentioned; and that although their individual length is but about five millimètres (0·2 inch), the whole length of these twenty-eight millions put together would extend to ninety miles."

A new method for the dissemination of syphilis has been brought to light; it puts us in mind of the aphorism promulgated by a late eminent writer on this disease, that married men and clergymen always contracted the disease from water-closets:—"The *Gazette Médicale de Lyon* reports another instance of syphilis communicated to a patient through catheterism of the Eustachian tube; and by the aid of the same specialist who has already become famous in Paris in this way as a distributor of syphilis. The fact of his repeated offences has been authenticated by Ricord and the highest surgical authorities in Paris, or such gross carelessness as is indicated in the proceeding would have been hardly credible."

The *Medical Times and Gazette* has a leader on the subject of the equalization of the metropolitan poor-rates, a scheme which it deprecates.

It also refers to Dr. Bence Jones' communication made last week to the Royal Institution. He has discovered a substance which has never been even thought of—a substance in the different tissues of living animals resembling quinine; as yet he has been unable to isolate it, but he has demonstrated it by the well-known effects of this body in refracting light. It has been found in the crystalline lens:—"The demonstration of its presence in the crystalline lens gave ground for hope that substances might be found hereafter to remedy perverted nutrition of the non-vascular tissues—as cataract, and even the deposits of gout in cartilages. Then, what a glimpse these investigations afford of the possible *modus operandi* of quinine in the cure of ague! We call quinine a "specific"—a term which indicates our notions—or want of notions—of its action, and nothing more. But is it not possible that ague may depend on the absence of a natural quinine-like substance from the tissues? that quinine may supply this want—(thus, by-the-bye, showing the futility of all attempts to distinguish between food and physic),—and that arsenic, on the other hand, may act within the body as it does without, by preserving certain matters from decomposition?"

Dr. Mauson having dissected the bodies of many lunatics, has found, that with very few exceptions, the internal carotid arteries are dilated, even to the extent of being aneurismal, at their origin from the common carotid. He has likewise observed that the vessel is invariably atheromatous.

TRICHINOSIS.

Professor Delpech of the Paris Faculty of Medicine, and Professor Reynal of the Imperial Veterinary School at Alfort, who were charged with a mission to study the above-named disease in Germany, both in human beings and other mammals, have just presented to the Minister of Agriculture, Commerce, and Public Works a report of the results of their investigations at Huy (Belgium), Hanover, Magdeburg, Berlin, Halle, Dresden, Leipsic, and Mayence. To render their investigations more complete, they solicited and obtained the coöperation of most of the eminent German Physicians, who had made the disease in question their especial study. The chief practical facts ascertained are as follows:—The epidemic trichinosis lately prevalent in Germany has now almost entirely disappeared. The mortality was everywhere slight, except at Hadersleben. At Zwickau, Seltendorf, and Sommerfeld, there were 88 patients, not one of whom died. In every case the disease was caused by eating imperfectly cooked pork containing trichines, a case of rather frequent occurrence in Germany. In Hanover, in 21 months, out of 25,000 pigs 11 were found full of trichines, 16 out of 14,000 in Brunswick, and four out of 700 in Blakenburg. The animals while living show no signs of their presence, nor can they be detected in the meat with an ordinary magnifying-glass, but a powerful microscope renders them distinctly visible. The utility of a misroscopie inspection of pig's flesh by competent observers is so evident that many of the German governments have rendered it obligatory, and MM. Delpech and Reynal would not hesitate to recommend it in any country contaminated with trichinosis, but they think it unnecessary in France, where no case of the disease has yet been noticed. In Germany the hospitals receive many patients suffering from this affection; during last year there were thirteen at Magdeburg, of whom only one died. Post-mortem examinations have also shown, among persons who died from other diseases, numerous cases of old trichinosis cured by the encystment of the parasites. The proportion of these at Leipsic has been about six per hundred. In places where the complaint prevails, the rats which infest slaughterhouses are found to have it, as proved by Leisering at Dresden, Adam at Augsburg, and Roll at Vienna. Since their return, MM. Delpech and Reynal have examined many of these animals as well as pigs without finding a trace of trichines. Consequently, there is no reason in France for any person to refrain from eating hogs' flesh, especially when so thoroughly cooked as is usual among the French. In Germany, on the contrary, many of the peasantry eat it almost raw or only smoked. The most timid may safely eat the heart, kidneys, brain, and fat of pigs, as those parts never contain trichines. MM. Delpech and Reynal assert, as an undoubted fact, that a temperature of 75 deg. C. (167 Fah.) is sufficient to kill trichines. Meat thoroughly salted is also perfectly safe. Smoke-dried sausages, which have been kept a long time, are considered free from danger, but the wisest plan is to give them a good boiling. The authors of the report attribute the spread of the disease among pigs to the fact that they are foul feeders and will eat any offal, such as the dead bodies of rats and other animals, which are now known to be liable to trichinosis. Great care ought therefore to be taken to keep such things out of their reach. MM. Delpech and Reynal likewise advise all experimenters never to throw away trichinized flesh, but to burn it as soon as their examination is completed; for a fragment of it carelessly exposed might be eaten by a rat, the rat devoured by a pig, and this last become the cause of fatal accidents. They recommend farmers to be very cautious in feeding their pigs, to avoid giving them offal flesh without first boiling it; to destroy rats and other small carnivorous animals; and never leave human or other excrements in places where pigs can go. The Government has deemed it expedient to publish at once the above abstract of MM. Delpech and Reynal's report, which it has also submitted to the consideration of the Consultative Committee of Public Health.—*Galignani.*

LITERARY PIRACY.

The *Philadelphia Medical Reporter* exposes, in its issue for February 17th, the following shameless fraud :—

"There was issued from the press of Lindsay and Blekiston of this city, during the last quarter of 1864, a *brochure* entitled 'Glaucoma: its Symptoms, Diagnosis, and Treatment, by Peter Dirck Keyser, M.D.,' with copyright secured to this latter individual. This *brochure* was sent to us, and received, as its contents really merit, a favourable notice, in our first of January number, 1865. Unfortunately, at that time we had not seen a *brochure* published in London, by John Churchill and Sons, entitled: 'Glaucoma, and its Cure by Iridectomy, being four lectures, delivered at the Middlesex Hospital, by J. Soelberg Wells, Ophthalmic Surgeon to and Lecturer on Ophthalmic Surgery at the Hospital.'

"In April, 1865, Keyser's *brochure* was noticed by the *Boston Medical and Surgical Journal*, and attention called to the fact that it was '*copied word for word from Dr. Wells' pamphlet*, not only not adding anything, but leaving out some important portions, and all the plates in *explanation of the operation of iridectomy*.' This notice in the *Boston Journal* escaped our attention, until, on receipt of Dr. Wells' lectures, and comparing them with Keyser's pamphlet, all the facts became apparent, and nothing remains but to arraign the latter before the profession, as guilty of the most flagrant literary theft.

"Dr. Keyser has the impudence to say in his preface, that 'the substance of this work is from *my notes* taken while attending the clinic lectures of Professor Von Graefe, during the winter of 1863 and 1864, in Berlin, and I have *compiled* and *published them*, thinking that they would not only be of interest, but of advantage to the medical profession in this country.' This preface is dated *September*, 1864. It is from beginning to end a most 'graceless assumption of truth,' for the substance, *nay, the whole of this work is copied verbatim et literatim*, from Dr. Wells' lectures, the preface of which bears date *April*, 1864.

"A more unmitigated fraud has never been perpetrated upon the medical profession of this country; and while we apologize, with the *Boston Journal*, to the profession of England and to Dr. Wells, for the insult and injury done, we ask every physician who owns the book, to blot out the preface, and the name of Peter Dirck Keyser, M.D., from the title page, and insert in its place J. Soelberg Wells."

ALLEGED POISONING BY MISTAKE.

Lewes, March 21.—Richard Noakes, a chemist and druggist at Brighton, was indicted for the manslaughter of one Samuel Boys in August last, by the administration of aconite by mistake. Mr. Boys, the deceased, was an old gentleman of the age of 80, who resided at Lansdown-terrace, Brighton, and suffered from disease of the heart. He had been attended by a Dr. Dill, who had prescribed for him 30 drops of henbane, to be taken occasionally, with a view to his relief. It was admitted that on this occasion the prisoner himself had filled the bottles, which were sent to the house of the deceased, and given to his servant; and there was no doubt that they found their way to the medicine chest of Mr. Boys. On the night of Sunday, the 20th of August, he felt an attack of his disorder, and said he would take a dose of the henbane, which he then accordingly did take, measuring it out himself in a "drop glass," as it is called, which measures the number of drops. The dose, it will be borne in mind, was thirty drops (which was written on the outside of the bottle), and there was no reason to believe that it had been exceeded. Upon swallowing it, however, he observed that it "felt hot." About a quarter of an hour afterwards he said his limbs had become benumbed. After this he felt sickness. He became alarmed and looked at the bottle, having a suspicion that there was some mistake; but on looking at it and seeing it marked "henbane," he said, "it's all right." He was extremely ill all night, and early in the morning desired that the bottle should be sent to Mr. Noakes to see if it was right, retaining, however, a portion of it in the house. Not long afterwards he became drowsy, and in the course of the hour he died. The attention of the medical men was directed to the contents of the bottle in question, and they were satisfied from its pungent taste that it was aconite. A post-mortem examination, however, disclosed the seat of the cause of death was the heart. The jury returned a verdict of not guilty.

The summing up of Chief Justice Erle will explain the law of the case, as to responsibility, &c. "He put it to the jury whether they deemed it a case in which they could call upon the prisoner for his defence, or whether they would not rather say that it was a case in which the evidence was not sufficiently clear to warrant them in finding a party guilty of felony. They could not commit in such a case unless clearly and firmly satisfied that there had been a culpable degree of negligence, and that it had caused death. Now, as to the first point, there was no judge who would go further than he would in demanding from a chemist a great degree of care in sending out the powerful and dangerous drugs in which he dealt. But this was the case of a chemist put out of his ordinary course and not allowed by his customer to use his own ordinary precautions, but desired to send the medicines in bottles which the customer chose to send for them. Moreover, it was the case of a chemist whose customer had dealt with him for several years in aconite, and had only ent once or twice for henbane. No doubt the bottle in which he aconite was sent had upon it a label bearing on it the word "henbane," and then, in smaller letters, "30 drops," and it might be said that the prisoner ought to have read those words. But without saying that there might not have been evidence in a civil action, he should certainly pause before he concurred in a conviction for felony on that ground. Then, as to the second point—the cause of death,—the jury must be satisfied, before they convicted, that the death was caused by the alleged negligence. But one of the medical witnesses for the prosecution stated that he could not say that the aconite had anything to do with the death, though it might have accelerated it; the other stated that it had not. Under these circumstances, could the jury safely convict of felony?"—The jury, after a few moments' consultation, returned a verdict of "Not Guilty," which was received with some applause.

PREMATURE INTERMENT.

A petition has been presented to the French senate "pointing out the danger of hasty interments, and suggesting the measures requisite to avoid terrible consequences." The petitioner demands a space of twenty-four hours. A debate followed, in which Cardinal Donnet, Archbishop of Bordeaux took a leading part. He said he had the very best reasons for believing that the victims of hasty interments were more numerous than people supposed. In the village where he was stationed as assistant-curate in the first period of his sacerdotal life he saved two persons from being buried alive. He gave other cases and then related the following:—"In 1826, on a sultry day, in a church excessively crowded, a young priest, in the act of preaching, was seized with giddiness. His words became indistinct, he lost the power of speech, and sank down on the floor. He was carried home. All was thought to be over. Some hours afterwards preparations were made for the interment. His eyesight was gone; but he could hear, and what reached his ears was not calculated to reassure him. The doctor came, examined him, pronounced him dead; and after the usual inquiries as to his age and the place of his birth, &c., gave permission for his interment next morning. The venerable bishop in whose cathedral the young priest was preaching when he was seized with the fit came to his bedside to recite the *De Profundis*. The body was measured for the coffin. Night came on, and inexpressible was the anguish of the living being in such a situation. At last, amid the voices murmuring around him, he distinguished that of one whom he had known from infancy. That voice produced a marvellous effect and a superhuman effort. Of what followed I need say no more than that the seemingly dead man stood next day in the same pulpit. That young priest, gentlemen, is the same young man who is now speaking before you, and who, forty years after that event, implores those in authority, not merely to watch vigilantly over the careful execution of the legal orders with regard to interments, but to enact fresh ones in order to prevent the recurrence of irreparable misfortunes."

In Silliman's *American Journal of Sciences and Arts*, for January, is an interesting paper, "On the Crystalline Nature of Glass," by Dr. C. M. Wetherill. By carefully attacking glass, of every variety, with hydrofluoric acid, he finds, upon microscopic examination, the presence of crystals, which vary with the different kinds of glass. The detection of the crystalline nature of glass demonstrates that we are yet unacquainted with the true nature of this complex substance.

A POETICAL PRESIDENT.

At the centenary meeting of the Medical Society of the State of New Jersey, Dr. Coles, the President, celebrated the hundredth anniversary of the Society by an address in verse, which occupies three or four columns of the *Philadelphia Medical Reporter—Fiat exemplum.* Here is Dr. Coles's rhyming of a skin dissection :—

When that, the dermal, covering is cut through,
And its interior structure brought to view,
Pause if you will, and let your aided sight
Peruse the wonders of creative might.
Admire the skill that can in one combine
A sensibility and a touch so fine—
Making the skin throughout the purpose serve
Of one ubiquitous, great surface nerve,
That finest needle, would it entrance gain,
Must pierce the sense and stab the soul with pain,—
Where camping armies of papillæ wait,
Manning each fortress, guarding every gate,
Armed at all points, and vigilant as fear,
To sound the alarm, when danger hovers near,
And yet, despite the nicety of sense,
Formed for coarse uses and for rough defence.

THE HEALTH OF THE CITY OF DUBLIN.

The following is the report of the health of Dublin for the four weeks ending March 24, by E. D. Mapother, M.D., medical officer of health :—During the past four weeks the deaths recorded by the Registrar-General have numbered 660 against 611 during the preceding month, and 619 during the corresponding period last year. The death-rate was therefore 1 in 386, while it was in other cities as fellows :—London and suburbs, 1 in 414 ; Central London, 1 in 440 ; Liverpool, 1 in 238 ; Glasgow, 1 in 382. In the seven dispensary districts of the city the rates of mortality were :—Summer-hill, 1 in 528 ; Coleraine-street, 1 in 486 ; Blackhall-street, 1 in 202 (or excluding workhouse deaths 1 in 415) ; Meath-street, 1 in 244 (or excluding workhouse deaths 1 in 515); High-street, 1 in 393 ; Peter-street, 1 in 408 ; and Grand Canal-street, 1 in 830. Zymotic diseases caused 108 deaths, against 130 during the last month, and 104 during March, 1865. Of this class fever, against which preventive measures are most successful, produced 40 deaths, against 50 and 47 during the preceding and corresponding months. 283 cases were admitted into the Hardwicke and Cork-street Fever Hospitals, especially from the following neighbourhoods :—Francis-street, New-street, Tighe-street, George's-quay, North King-street, and Dispensary-lane. 242 cases were admitted during last month, and 311 during March, 1865. Diarrhœa caused 17 deaths ; consumption was fatal in 86 cases, and bronchitis in 158. This latter disease has raised the comparative death rate, having caused but 109 deaths during the preceding month, the average temperature having been then three degrees higher and the rainfall more than one-third less. Whooping-cough caused 19 deaths, and diphtheria 5. The Inspector of Nuisances and his assistants visited 323 houses complained of at the City Hall, or in which it was ascertained by the list furnished by the Registrar-General and the fever hospitals, that preventible diseases had arisen ; 86 nightly lodging-houses, 22 bake-houses, 125 slaughter-houses, and 3 knackers' yards. The sanitary sergeants of the police inspected 914 houses set in tenements, in which 6,018 sanitary defects such as broken roofs, window sashes wanting, or replaced by boards, general filth, and want of house drains, from which the yards became dangerous nuisances, were discovered. The owners of many of these houses have as yet successfully resisted our bye-laws. These officers have also visited 832 houses, and found that 2,324 defects before noticed have been remedied. The principal neighbourhoods inspected for the first time were Watling-street, Kilmainham, Clanbrasil-street, Brides'-alley, Spring-garden, Beaver-street, Church-street, and Back-lane, and for the second time Meath-street, James's-street, Mercer-street, Cuffe-street, Barrack-street, George's-quay, Townsend-street, Great Britain-street, and Tighe-street. The need of legislative regulation of places where various industrial occupations are conducted, is shown by several cases submitted to you.

Medical News.

Royal College of Physicians of London.—At a general meeting of the Fellows held on the 26th ult., Thomas Watson, M.D.Cantab., D.C.L.Oxon., was unanimously re-elected the President of the College for the ensuing year. At the same meeting, the following gentlemen, having undergone the necessary examination, were duly admitted Members of the College :—

Fox, William Tilbury, M.D.Lond., Sackville-street.
Liveing, Robert, M.D.Cantab., Harley-street.
Parson, Edward, M.D.Lond., York-street, Portman-square.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 22nd ult. :—

Basan, Horace, Castle-street East, Berners-street, W.
Finch, John Edward Montague, Salisbury.
Loane, Joseph, Dock-street, E.
Roberts, Thomas Edward, Gibraltar.

The following gentlemen also on the same day passed their first examination :—

Clag, George Langsford, Queen's College, Birmingham.
Hay, Richard Francis, London Hospital.
Howse, Frederic, Charing-cross, Hospital.

Portugal.—The Government is taking sanitary precautions against the cholera.

Harveian Society of London.—The next meeting of this Society will be held on Thursday, April 5th, at 8 p.m., when a paper will be read by Mr. Haynes Walton "On Detachments of the Retina ; their causes and treatment, with specimens."

Small-pox among Sheep.—It is stated that there is no foundation for the report of small-pox among sheep having been brought from Denmark, as since 1862 Denmark has been entirely free from the disease.

Capital Punishment.—At the last meeting of the Society for the Abolition of Capital Punishment, Mr. Serjeant Woolrych read a paper on the subject, and several gentlemen took a part in the discussion of this most important question.

Union Chargeability.—The Act for the better distribution of the charge for the relief of the poor in unions came into operation on Tuesday week. Unions under local acts may avail themselves of the new law, which is to be cited as "The Union Chargeability Act, 1865."

The City of London Hospital for Diseases of the Chest.—On the 21st ult. the eighteenth anniversary festival of this valuable charity was held at the London Tavern. The total amount of donations received was £2560, and of annual subscriptions, £1561.

Testimonial to a Surgeon.—A valuable microscope has been presented to James Tily, Esq., of Walkern, Herts, surgeon, in recognition of his professional talent during a three years' stay at Hitchin, and for the high esteem in which he was held by his patients.

The late Death in a Train.—It is said that the coroner of Doncaster, Mr. John Lister, surgeon, has placed himself in communication with Sir George Grey to ascertain whether it was legal to remove the body from the station and permit it to go on to its destination.

Bath United Hospital.—The funds of this institution have just been augmented by a legacy of £300, under the will of Miss Maria Renton Tufnell of Bath, who has also directed that her furniture, linen, plate, china, glass, and other effects be sold and the proceeds handed over to the same medical charity. This benevolent lady bequeathed legacies to other institutions not strictly medical, and all to be paid free of legacy duty.

Dr. Sieveking's Croonian lectures on the Localisation of Disease, are continued at the College of Physicians.

Notices to Correspondents.

Dr. Moore's Clinical Lecture on Paralysis after Diphtheria shall appear in our next.

Inquirer.—The existence of human bones has not yet been proved in those localities where the flint implements are found, or at least the statements as to their existence have not yet been adequately confirmed.

A Stranger in London.—The Museum of the College of Surgeons of England is open on Mondays, Tuesdays, Wednesdays, and Thursdays, from 12 till 4.

Philos.—The practice has been adopted in some quarters, but we cannot take upon ourselves to recommend it.

A Union Surgeon.—The assistant must be qualified.

The Harveian Society.—The notice has been received.

Mr. Griffin's letter is inserted.

Dr. E.—The newspaper has been received.

Dr B.—The subject is noticed in another part of our Journal.

McDougal's Powder.—In a letter published in the columns of the *Staffordshire Advertiser*, Dr. Berry King calls attention to the fact that Dr. Angus Smith, although he denies being in any way concerned in the sale of the above powder, is a co-patentee with Mr. McDougal in its manufacture. Dr. Berry King questions the disinfecting efficacy of the McDougal powder, and considers that the only real disinfectant is oxygen, and that a substance which contains the most oxygen is the best disinfectant. Such a substance is found in Condy's disinfecting fluid, which contains permanganate of potash.

A. J.—Robbins' patent oxygenesis is a mixture of peroxide of barium and bichromate of potash. This mixture liberates oxygen on adding any diluted acid.

Contributors are requested in all cases to forward their communications direct addressed to the Editor of the special department of the Journal in which they reside. Considerable delays have arisen in consequence of matter from England being forwarded to the Editor of the Irish or Scotch Departments, it being necessary to reforward them to London, for revision before publication.

☞ *Original Communications, Hospital Reports, Society Proceedings, and other matter of considerable length, should reach our Office not later than* FRIDAY EVENING *for insertion in the following Wednesday's issue. No exception to this rule can be made. Important information—Telegraphic News, and other matter occupying only a short space—can be received up to Monday evening.*

Authors' corrected proofs must in all cases be returned to the Office not later than 10 *o'clock on* MONDAY MORNING, *and no alterations can be attended to after that date.*

Medical Diary of the Week.

WEDNESDAY, APRIL 4.

MIDDLESEX HOSPITAL.—Operations, 1 p,m.
ST. MARY'S HOSPITAL.—Operations, 1½ p.m.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ p.m.
ST. THOMAS'S HOSPITAL.—Operations, 1½ p.m.
GREAT NORTHERN HOSPITAL.—Operations, 2 p.m.
UNIVERSITY COLLEGE HOSPITAL.—Operations 2 p.m.
LONDON HOSPITAL.—Operations, 2 p.m.
MICROSCOPICAL SOCIETY.—8 p.m.
METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—4 p.m.
ROYAL COLLEGE OF PHYSICIANS.—5 p.m. Dr. B. W. Richardson: "Physical Researches in Pathology and Therapeutics."
OBSTETRICAL SOCIETY OF LONDON.—7 p.m. Meeting of Council.—8 p.m. Dr. Battye, "On certain Uterine Affections in their relation to Phthisis."—Mr. Robt. Ellis, "On a New Mode of Inducing Anæsthesia by Compound Vapours."—Dr. Greenhalgh, "On a Case of Obstructive Dysmenorrhœa."
HUNTERIAN SOCIETY.—7½ p.m. Meeting of Council.—8 p.m. Dr. J.R. Bennett, "On certain Derangements of the Nervous System occasioned by Shock, especialy in reference to Railway Accidents."

THURSDAY, APRIL 5.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 p.m.
ST. GEORGE'S HOSPITAL.—Operations, 1 p.m.
LONDON SURGICAL HOME.—Operations, 2 p.m.
WEST LONDON HOSPITAL.—Operations, 2 p.m.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 2 p.m.
HARVEIAN SOCIETY OF LONDON.—8 p.m. Mr. Haynes Walton, "On Detachments of the Retina, their Causes and Treatment; with Specimens."
NATURAL HISTORY SOCIETY OF DUBLIN.—8¼ p.m. Dr. A. Macalister, "On a few Remarkable Muscles in Monkeys."

FRIDAY, APRIL 6.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ p.m.
ARCHÆOLOGICAL INSTITUTE OF GREAT BRITAIN AND IRELAND.—4 p.m.
ROYAL COLLEGE OF PHYSICIANS.—5 p.m. Dr. B. W. Richardson: "Physical Researches in Pathology and Therapeutics."
WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—8 p.m. Mr. J. R. Lane, "On some Points connected with the Pathology of Syphilis."

SATURDAY, APRIL 7.

ST. THOMAS'S HOSPITAL.—Operations, 9½ a.m.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ p.m.
KING'S COLLEGE HOSPITAL.—Operations, 1½ p.m.
ROYAL FREE HOSPITAL.—Operations, 1½ p.m.
CHARING-CROSS HOSPITAL.—Operations, 2 p.m.

ADVANCED PAYMENTS.

SUBSCRIBERS are reminded that their subscriptions in all cases must be paid within two months of the date of the order to secure the advantage of the lower rate of £1 1s. 8d. per annum, and that any subscription delayed beyond that period will be charged on the credit scale of £1 2s. 6d. per annum.

MEDICAL APPOINTMENTS.

ENGLISH.

BRACEY, W. A., M.R.C.S.Eng., has been appointed Surgeon to the Birmingham and Midland Eye Hospital.
DIVERS, Professor E., from Queen's Hospital, Birmingham, has been appointed to the Chair of Natural Philosophy at Charing Cross Hospital.
DOLMAGE, Inspector-General, has been appointed Consulting Surgeon to the Pimlico and Westminster Institute for Diseases of Women and Children.
MORRIS, J. C., L.F.P.S.Glasg., has been appointed Assistant Medical Officer at the North Wales Counties Lunatic Asylum, Denbigh.
MUCKLOW, Mr. T. C., has been appointed Assistant Dispenser at the Queen's Hospital, Birmingham.
OWEN, Mr. WILLIAM B., has been appointed Surgeon to the Clergy Orphan School, St. John's-wood.
SIMS, Dr. MARION, has been appointed Consulting Surgeon-Accoucheur to the Pimlico and Westminster Institute for Diseases of Women and Children.
THOMASON, R., M.R.C.S.Eng., has been elected Visiting Surgeon to the Hereford Dispensary.
URE, ALEXANDER, F.R.C.S.Eng., has been appointed Consulting Surgeon to the London Infirmary for Epilepsy and Paralysis.

IRISH.

BUDDS, W. T., L.R.C.S.I., has been appointed Apothecary and House Surgeon to the Cork South Charitable Infirmary and County Hospital.
CRAWFORD, W., M.D., has been appointed to the commission of the peace for the county of Waterford.

POOR-LAW MEDICAL SERVICE.—VACANCIES.

Builth Union.—The Abergwessin District; area 68,480; population 3784; salary £42 per annum.

Carlisle Union.—Stanwin District; area 11,730; population 11,677; salary £50 per annum.

Tonbridge Union.—Third District; area 3184; population 1158; salary £30 per annum: the Fifth District; area 4498; population 1411; salary £30 per annum: and the Workhouse, salary £80 per annum.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

CLARENCE.—On February 2, at Aller Cottage, D'Urbans, Natal, the wife of Hyde Clarence, M.D., of a son.
DUNLOP.—On the 29th inst., at Holywood, County Down, the wife of Archibald Dunlop, Esq., M.D., of a son.
ELLIOTT.—On March 21, at North-street, Chichester, the wife of George H. Elliott, M.R.C.S.E., of a son.
GORRINGE.—On February 24, at Colaba, Bombay, the wife of Dr. Gorringe, 4th Royals, of a son.
GRACE.—On March 10, at Chipping Sodbury, Gloucestershire, the wife of A. Grace, M.R.C.S.Eng., of a son.
RYAN.—On March 17, at Upper Leeson-street, Dublin, the wife of M. Ryan, M.D., of a son.
SMYLY.—On the 28th inst., at 8, Merrion-square, North, the wife of Philip Crampton Smyly, Esq., M.D., of a son.
WALKER.—On March 2, at Walsingham, the wife of W. Walker, M.D., of a son.

WOODS—McCAUSLAND.—On March 8, at Birr, Thomas Woods, M.D., to Charlotte Anne, daughter of the Rev. M. McCausland.
BOLTON—ORPEN.—On March 27, at Queenstown Church, by the Rev. John Lombard, A.M., Abraham Irwin Bolton, M.B., Assistant-surgeon, R.N., son of the Rev. Lyndon H. Bolton, Rector of Drumconrath, county Meath, to Geraldine Frances, third daughter of the late T. Hungerford Orpen, Esq., M.D., Queenstown.

ARNOLD, J., L.R.C.P.Edin., of Liverpool, on March 10.
ASBURY, BENSON V., M.R.C.S.Eng., at Enfield-highway, on March 20, aged 44.
ATKINSON, T. P., M.R.C.S.Eng., at Kilham, near Driffield, on March 17, aged 51.
BLACKMORE, EDWARD, M.D., at Nelson, New Zealand, on December 6, aged 66.
BOARD, WALTER, M.R.C.S.Eng., at the Rectory, Burnham, on March 9, aged 55.
BULLEN, DENIS B., M.D., at Ashton Lawn, Cork, on March 21, aged 64.
CRABBE, BENJAMIN, Surgeon, R.N., at Strabane, county Tyrone, on March 18, aged 32.
DAVIDGE, M., L.R.C.S.Edin., at Clonmellon, county Westmeath, on March 14, aged 40.
DODGSON, THOMAS, M.D., at Skipton, Yorkshire, recently, aged 75.
FAIRBAIRN, WILLIAM H., Surgeon-Major H.M. Army, at 38, Jermyn-street, S.W., on March 23, aged 48.
GALTON, ROBERT C., M.D., at Hadzor, Worcestershire, on March 22, aged 35.
HALL, DAVID J., M.D., at Eastbourne, on March 23, aged 61.
HASTINGS, at Worcester, aged 75, Dame Hannah Hastings, wife of Sir Charles Hastings, M.D., D.C.L., on March 21.
MITCHELSON, WILLIAM, late Staff-Surgeon E.I.C., at 27, Castle-street, Dumfries, on March 25, aged 68.
PARKER, JOHN, M.R.C.S.E., at Wincanton, Somerset, on March 24, aged 59.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

LECTURES
ON THE
NATURE, CAUSES, AND TREATMENT OF DYSPEPSIA.

Delivered at the Queen's Hospital, Birmingham,

By BALTHAZAR W. FOSTER, M.D., F.L.S.,

MEMBER OF THE ROYAL COLLEGE OF PHYSICIANS, LONDON; LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE QUEEN'S HOSPITAL, AND PROFESSOR OF CLINICAL MEDICINE IN QUEEN'S COLLEGE, AND OF THERAPEUTICS AND MATERIA MEDICA IN SYDENHAM COLLEGE, BIRMINGHAM; PHYSICIAN TO THE GENERAL DISPENSARY, BIRMINGHAM.

LECTURE IV.

(Continued from page 272.)

II. The researches of modern physiologists have done much to render our knowledge of the *gastric* stage of digestion more perfect and precise, and in our limited consideration of the functions of the stomach, we shall freely avail ourselves of the results of their labours. The determination of the value of the saliva as a transforming agent and the elucidation of its special action on starch, cleared the way for more correct notions of the action of the gastric fluids. In the oral stage of digestion we have seen the food reduced to a state of minute sub-division, some portions of it more or less changed, but all prepared for the operation of the more active fluids of the stomach and intestines. In the mouth, however, we have not recognized a portion of the alimentary tract in which the absorption of aliment takes place. In the stomach we first distinctly meet with the process of absorption, but here only to a limited extent. Water, alcohol, and some of the materials rendered soluble by its secretions, are we know taken up by its numerous bloodvessels; but this absorption is very different from that which occurs in the small intestine. The great distinguishing character of gastric digestion is the chemical change produced in certain forms of nutriment. This action is chiefly devoted to the conversion of the azotised or albuminous portions of our food into a condition fit for absorption, and possibly further elaboration in the intestinal tract. The oleaginous and starchy matters are but slightly affected by the gastric juice; cell walls are dissolved by its action, and their contents, fat or starch, set free. The secretion of the stomach fluids forms the *vital* part of the process; the *chemical* part consists in the action of these fluids on the food; and a *mechanical* part is added in the movements of the stomach.

These movements have been well studied by Dr. Beaumont in the case of Alexis St. Martin. "They," he observes, "not only produce a constant disturbance or churning of the contents of the stomach, but they compel them at the same time to revolve about the interior point to point, and from one extremity to the other." The cavity of the stomach during its empty state is, by the contraction of the muscular fasciculi of its walls, rendered very small, and on the entry of food the parietes tend to press upon the alimentary mass. The contraction of each muscular band now, however, alternates with relaxation, and thus a very varied movement is produced. This peristalsis has the effect of making the contents of the cavity circulate through its interior in a definite manner, as has been pointed out by Dr. Brinton. The bolus entering by the œsophagus, passes along either the greater or lesser curvature of the stomach, and on reaching the pylorus enters a *central* or return current, to be carried back to the œsophageal opening, and thence a second time along either curve. We have thus a constant circulation kept up by these central and peripheral currents, the circuit of the stomach occupying about three minutes, but as the solution of the food advances the motion becomes quicker. Towards the end of digestion a constriction or kind of hour-glass contraction of the stomach occurs, by which the pyloric extremity is separated from the rest of the cavity. This contraction is the result of the action of the transverse muscular fasciculi, and assists in the expulsion into the duodenum of the digested portions of the food. In addition to the motions above described, we may add that there is a continual agitation *of the stomach and its contents* by the respiratory act. These movements are very important to the due performance of digestion, for by the churning motion the food in its circulation is continually brought into contact with fresh portions of the mucous membrane, and thus thoroughly submitted to the action of the gastric juice. The expulsion into the duodenum of the digested contents is also gradually effected, and we may add that we doubt not that the secretion of the gastric juice itself is materially favoured by these muscular contractions, as that of saliva is by mastication. The pneumogastric nerves are now generally supposed to preside over the muscular coat of the stomach. We can readily understand how an excess or defect of these movements may produce much disturbance. Excessive action, by driving food into the intestinal canal, before its thorough transformation has taken place, not only deprives the system of a great portion of the nutritive value of the ingesta, but also passes into the duodenum undigested matters, and more especially unused gastric juice, to trouble and obstruct its functions. Atony of the muscular coat of the stomach (a condition more commonly recognized), on the other hand by not favouring the free flow of the gastric juice, and by not thoroughly submitting each particle of the food to the secretion, is a frequent cause of dyspepsia. As these conditions are transitory or persistent in their character, accidental or chronic indigestions supervene.

The gastric juice, on which the digestive power of the stomach depends, is a clear limpid fluid, colourless or nearly so, and very slightly viscous. It contains but little solid matter, is always acid in its reaction, and holds in solution a peculiar ferment called *Pepsin*. The analysis of this fluid has excited much attention for a very long period, and is still a subject of dispute. The want of harmony in the results of many able observers may be traced most probably to the different conditions under which the fluid was collected by them. The nature of the acid to which its constant acidity is due has been the chief point of difference, and even at this day there is some difficulty in deciding between the conflicting claims of the Lactic and Hydrochloric acids. We have the high authority of Professor Graham in favour of the latter, and his opinion is also supported by many able observers.* Lactic acid, although constantly found in the stomach, owes its formation, doubtless, to the prolonged action of the salivary diastase on the starch of our food—an action which we have seen usually continues in the stomach.

The Pepsin or *organic ferment* which is the other essential constituent of the gastric juice—for neutralize the acid, or precipitate the pepsin, and you destroy the activity of the secretion—is a peculiar grey substance secreted by the stomach-cells. It is soluble in water, and is by many supposed to be secreted in combination with the acid. The researches of Brücke have disproved this, for he has obtained pepsin neutral from the stomach-cells, and it appears from his experiments that only on its secretion does it unite with the acid. These observations suggest the view that the pepsin and acid are formed separately, and that the latter is poured forth by the mucous membrane generally, while the former is secreted by the stomach glands. Bernard was led to this conclusion by the following striking experiment:—He injected into the jugular vein of a rabbit a solution of lactate of iron, fol-

* *Vide* Carpenter, op cit, p. 81.

lowed by one of ferrocyanide of potassium; three-quarters of an hour afterwards the animal was killed, and there was found in the secretions and the tissues generally no blue coloration, although the two injected salts could be detected. The alkalinity of the blood had prevented the combination of the injected substances, which combined, however, and gave a blue colour on the addition of a drop of acid to any part. On opening the stomach the *gastric follicles were unstained*, showing that they contained no acid; the *mucous membrane*, on the other hand, was *discoloured*.* These two constituents, the hydrochloric acid and the pepsin, exert upon the azotised portion of our food great transforming power. We must remember, however, that these secretions do not continually exist in the stomach, but are only poured forth on the stimulus of the ingesta. During fasting the mucous membrane is coated by another secretion:—the gastric mucus, alkaline in its reaction, and only protective in its quality. The quantity of gastric juice secreted during the twenty-four hours has been variously estimated at from 1-20th to 1-10th of the body weight. These calculations are of little value to us; but the fact that the formation of this secretion has the closest relation to the requirements of the system is most important; and we should ever bear in mind, that only a definite amount of aliment can be converted in a given quantity of the fluid, and that any excess of nutriment beyond that saturated by the gastric secretion becomes a source of digestive difficulty.

You naturally inquire, on what changes in the albuminous portion of our food does gastric digestion depend? Fortunately recent inquiries have done much to enable us to answer this question, and to place before you facts that may be applicable in the treatment of disease. The operation is, as I have said, a species of chemical solution, limited to azotised substances. According to the careful researches of Meissner and others,* the gastric juice forms, from whatever variety of albuminous material submitted to it, two new compounds—*Peptone* and *Parapeptone*. Neither of these is, like the original albumen, precipitable by heat. The peptone is formed in much the larger proportion, and the parapeptone may be thrown down from the solution by neutralizing it with an alkali. Parapeptone is insoluble in water, but is soluble in slightly acid or alkaline fluids. Peptone is soluble in water, but is precipitated by alcohol, tannic acid, and corrosive sublimate.

Gelatinous tissues are reduced in a somewhat similar way, and thus, like the albuminous substances, are rendered more diffusible. Professor Graham has pointed out that albumen has a low diffusive power, and a very high endosmotic equivalent, and the changes spoken of above have, doubtless, for their chief object, the mutation of this property and the promotion of the absorption of the compound.

As albumen and not peptone and parapeptone (most probably converted into peptone in the duodenum) is found in the fluids of the body, these substances are most probably again reconverted by the intervention of the liver, and thus rendered fit for nutrition. The operation of the gastric juice in reducing the food submitted to its action into a homogeneous fluid, chyme, bears a strong resemblance in many ways to the effect produced by a high temperature and strong oxidation. Prolonged boiling and exposure to the action of ozone produce the above-described conversion of albumen. This fact is noteworthy as possibly containing matter for therapeutical application. The changes above described as being produced in the oleaginous and starchy matters submitted to the action of the stomach are also effected by the agency of heat.

The derangements of the functions of the stomach, considered with reference to the gastric juice, may be stated to be those depending either on *modifications in the quality* or *alterations in the quantity* of this secretion. We must remember, however, that these abnormalities may affect either or both of its essential constituents.

The *quality* of the digestive fluid may err by containing too little of the acid principle, or the normal amount of the acid having been secreted, the addition of some foreign element, as we see occurring in uræmia, may neutralize it. Any excess of acid is also injurious, for we learn from the valuable experiments of Brücke* that a weakly acid gastric juice (containing 0·1 per cent. of acid) digested fibrin most rapidly, and that a somewhat stronger fluid (containing 0·2 per cent. of acid) was most potent in the conversion of coagulated albumen. The same series of experiments have taught us that in proportion to the increase of the acidity above these quantities the period required for digestion was prolonged.

We also gain from these facts this useful knowledge for therapeutical application, that in feeble states of the stomach the administration of gluten is preferable to the use of animal albumen, and that the employment of uncooked meat, so eminently useful in certain states, is founded on physiological truth.

There are many modifications in the quality of the gastric juice, especially of the pepsin, of which we are at present most profoundly ignorant, and to which many of the dyspepsias coming under our notice are no doubt due. Advances in animal chemistry will in time, most probably, enable us to fathom these chemical errors, and at the same time place our treatment of them on a more scientific basis.

A *diminished secretion* of gastric juice is frequently met with in anæmia and chlorosis, and is often associated in such cases with an increased secretion of mucus. In persons accustomed to stimulate the stomach by the free use of condiments and alcohol, the quantity of gastric juice is, after a time, much lessened. The ordinary stimulus no longer promotes its flow, and unless some more powerful irritant be made use of, but little fluid is poured out. An increased formation of mucus occurs in these cases also, and by virtue of its alkaline reaction, it of itself necessitates the freer production of the true digestive fluid. In the old a deficiency in its quantity is a frequent cause of dyspepsia, and is owing in many cases no doubt to degenerations in the glandular apparatus; in others, it may be to diminished excitability in the nerves presiding over the function.

Whenever the digestive fluid is defective in quantity, or in its transforming power, the food long delayed in the gastric cavity proves a source of local irritation, and passes into the duodenum unprepared for the action of the intestinal juices, to embarrass the third stage of digestion, and by decomposition to cause intestinal dyspepsia. The *excessive formation* of gastric juice is met with in many cases of stomach disorder of a sympathetic nature; in other instances the excess is chiefly seen in relation to the ingesta. Whence it results (unless the fluid is expelled by vomiting) that fermentative changes in the food arise during stomach digestion, and the passage of the too acid chyme into the duodenum proves a fertile source of digestive trouble.

Experimental inquiry has not yet determined for us satisfactorily the nerves which preside over the secretion of the fluids under consideration. The pneumogastric and sympathetic nerves probably each play a part, and to their neuroses, doubtless, many of the modifications of the fluids may be referred. The influence of mental emotion in checking the digestive act, as we have already seen, strongly points to the nerves supplying the stomach as possessing much power in modifying its secretions. The admixture *with the gastric juice of various fluids* chemically antagonistic, I need hardly tell you, checks its transforming effect upon our food. The regurgitation of bile and pancreatic fluid and a too free passage of saliva into the stomach occasionally produce indigestion in this way.

* "Leçons," 1859, pp. 376, 377.

* Meissner's papers are to be found in "Henle and Pfeuffer's Zeitschrift," band 7, 8, 10, 12, 13, and 14; Funke's, in "Archiv fur Path. Anat.," band 13.

* "Sitzungsbericht der Wein Akad," 1859 and 1861.

MERCER'S HOSPITAL.

CLINICAL LECTURE.

PARALYSIS AFTER DIPHTHERIA.

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GENTLEMEN,—Numerous opportunities have been afforded you during the past session of seeing paralysis in its various phases in the wards of this hospital; but as the following case presents some features of more than ordinary interest, I have thought it expedient that we should examine it in detail on the present occasion. The history of this patient, which has been carefully collected for us by Mr. Henry G. Thompson, is as follows:—Martha L., aged 16, was admitted into Hume's ward on the 20th of March last; her appearance at that date was anæmic and dejected for a girl of her age, and on being asked a question she seemed stupid, and in most instances it had to be repeated before we could obtain an answer. She told us that up till two months before her admission she was a strong healthy girl; she then got a sore throat, as she described it, which lasted over a month. About a week after recovering from this, she was seized with the paralytic phenomena which I shall detail to you, and of course was unable to attend to her ordinary duties.

In the first place, we were struck not so much with her partial loss of voice, as with its "nasal" character, which resembled that met with in persons who have lost their palate; however, a glance sufficed to show us that there was no such solution of continuity to account for it, nor did the throat generally look unhealthy, as far as we could see. However, the impunity with which she allowed the examination to be made led us to observe still more closely, when we found there was complete anæsthesia of the velum, uvula, and arches of the palate, so much so, that she was not conscious of our touching them with the point of a pen, and on pricking her tongue, although she felt it, still she did not complain of it paining her in the least. This partial loss of sensation seemed better marked over the left half of the tongue and towards its base. Taste was impaired, as also was smell, but her hearing seemed unaffected. She complained of a peculiar tingling sensation in her lips, which felt, at times, as if they were asleep, and when she attempted to swallow, particularly solids, they felt as if they stuck at the top of the pharynx. In short, she was only able to get over fluids, which occasionally came back through the nares. There was dilatation of both pupils, especially the right, and her eyesight was so far affected as to prevent her reading. She described a sense of creeping over her fingers and the palms of her hands, which extended up as far as her elbows, and this same sensation she also felt in the lower extremities, as far up as her knees. Over these parts there was no loss of sensation; on the contrary, the muscles were rather flabby, and painful on being handled. She also complained of pain along the course of the spine generally, but especially in the cervico-dorsal region, and when walking she could not hold herself erect, and seemed semi-paraplegic. The menstrual discharge has not re-appeared since her first illness, and the urine is alkaline, sp. gr. 1025, and contains albumen.

Now, I think this case presents some points of unusual interest. As we did not see the "sore throat" this girl suffered from in the first instance, we cannot absolutely pronounce it "diphtheritic," but the rational inference, from the history we got of it, is, that it was of that family. Under any circumstances it was the commencement of this girl's ailment, for as her aunt has told us, before she got the sore throat, "she was healthy and active."

The character of this paralysis is progressive; in the first place, a week elapsed between the time of the patient's apparent recovery from the sore throat and the appearance of the paralysis; then the muscles of the pharynx became affected, afterwards those of the tongue, lips, eyes, and upper extremities, the lower extremities being the last engaged. The anæsthesia of the fauces was most marked, but this is the rule in such cases, the glosso-pharyngeal muscles being so far paralyzed as to give rise to some alarm when the patient attempted to swallow anything solid. But although you saw such well-defined paralysis, both of sensation and motion, of the faucial and pharyngeal muscles, still there was no evidence of the larynx being implicated (which, *cæteris paribus*, is a still more grave affection). She has no cough, and the alteration in her voice is not of the aphonic or metallic character met with in laryngeal disease. No, the voice is essentially "nasal," from the paralytic condition of the uvula interrupting its natural exit.

We next have evidence of the gustatory and olfactory nerves being blunted, in the deterioration of the taste and smell, and the sluggish diluted pupils, with imperfection of vision, indicate that the ciliary nerves have been "hit," so to speak. There is no well-defined paralysis of the upper extremities, but the patient suffers from a sense of formication and numbness in the fingers, palms of the hands and forearms, and you may observe the muscles are soft and painful on being handled; the lower extremities are cold and weak, the muscles are flabby, and when she came into hospital she had comparatively little use of them, the sense of "pricking" or "tingling" being felt as far up as the knees, more especially when she tried to walk. When we turn to the internal functions, we find loss of nervous influence of the pelvic viscera, evidenced in the arrest of the menstrual function and in deficient action of the bladder, the urine being below the normal quantity, having an alkaline reaction and containing albumen; the specific gravity, as I have already mentioned, being 1025—a circumstance I wish you to bear in mind.

Now, although the presence of albumen in the urine in these cases is the rule, and whilst it is an index of the gravity of the disease we have to deal with, still you must not conclude that it involves a uræmic condition of the system; on the contrary, it has been found at the very acme of the affection, when the urine was intensely albuminous, that the quantity of urea excreted in a period of twenty-four hours was about twice as great as that excreted during a similar period when convalescence was established, while the amount of chlorides was also nearly doubled. Under any circumstances, in the case of Lindesay, we have no symptoms of uræmic poisoning, although we have a copious deposit of albumen in the urine; on the contrary, the specific gravity of the urine (1025) alone would almost enable us to say that at least between 300 and 400 grains of urea were excreted in twenty-four hours. I believe I am safe in stating that there is no acute disease more frequently followed by paralytic symptoms than this diphtheritic or croupy throat. Rogers found in 210 cases of diphtheria, which occurred in the Hôpital des Enfans, that paralytic symptoms followed in thirty-one cases, and he concluded that the proportion would have been one-third or one-fourth more but for the removal of some cases and the death of others. The question naturally arises—Under what special type should this form of paralysis be classed? This is a question not easily answered; I am inclined to regard it as a peripheral nervous lesion in the first instance, which, being conveyed from the parts primarily affected (in this case the pharyngeal nerves) to the cerebro-spinal system, results in reflex paralysis.

And now, gentlemen, as regards the prognosis of such cases, provided there is no evidence of pulmonary or cardiac paralysis, I should call it "favourable," and neither of these phases, I am happy to say, exist in the case before us.

With respect to the treatment of this form of paralysis tonics, as iron, nitrate of silver, sulphurous remedies, and

electricity, have been generally recommended. But I will recapitulate for you what our patient has been taking since her admission—viz., one-twentieth of a grain of strychnine, with one grain and a half of sulphate of iron three times a day. A liniment of compound camphor, with chloroform, is applied daily along the spine, and we purpose to superadd electricity. Her diet is liberal, good beef-tea, and four ounces of wine. She has now been twelve days under this treatment, with the following results: she can hold herself erect, and walk without drag or ataxy; her eyesight is so far improved that she can read for her amusement; the senses of smell and taste are returning; the albumen is gradually disappearing from the urine; in fine, all the paralytic phenomena, with the exception of difficulty of deglutition, are steadily vanishing; and I do not despair of this yielding to our treatment within a reasonable time.

CLINICAL RECORDS ILLUSTRATIVE OF THE DISEASES OF CHILDREN.

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IV.

TYPHOID FEVER: WITH CASES, AND POST-MORTEM APPEARANCES.

The diagnosis of typhoid fever in young children is often a matter of extreme difficulty, for unless the distinctive rose-coloured spots make their appearance, we cannot rely upon any other symptom as being conclusively pathognomonic. Neither the tenderness of the belly alone, nor the gurgling in the right iliac fossa, nor the diarrhœa, nor the tongue affords any certain or reliable information as to the particular kind of fever we have to deal with. No doubt the association of all these symptoms in a child suffering from fever would be sufficient to lead us to conclude that the disease was enteric; but then it is comparatively rare to find them all present in a complete group, and not unfrequently a patient passes through all the stages of typhoid fever without ever showing more than one or two of the signs we have enumerated. It is a prevalent idea that in doubtful cases the occurrence of diarrhœa is distinctive of the typhoid character of the fever, but nothing can be more fallacious; for we have seen many instances of that disease in children, in whom from the beginning of the disease till convalescence was established there never was any looseness of the bowels at all.

Then, as to the gurgling in the right iliac region, we remember how a distinguished French physician, lately deceased, was accustomed to point out to his pupils at La Charité the great importance of this sign in the diagnosis of enteric fever. But during the late epidemic of typhus in this city, we have over and over again detected both gurgling and tenderness on the right side of the belly in patients whose skin was mottled all over with the mulberry rash. The fact of the tenderness having been confined to one side shows that it was not merely a part of the general hyperæsthesia usually so well marked in the typhus of early life.

The daily observation of the temperature of the body promises to be of some assistance in the recognition of the various febrile diseases; but unfortunately the range of temperature in the early stages of typhus and typhoid fevers is not so markedly different as to yield any very precise information.

It is only, therefore, by a very careful study of all the features of each particular case, that the true nature of the fever can be correctly diagnosed, and it ought to be remembered that the appearance of the rose-coloured spots, which generally come out at the beginning of the second week, is the only sign which, by itself, affords positive proof of the presence of typhoid fever. The sparseness of the eruption, and its absence from the face and hands, will generally be sufficient to distinguish it from the rash of typhus, which, in the early stages, presents no great difference in colour from the rose spots of typhoid.

The characters of enteric fever seem to vary as much in different epidemics as do those of typhus or scarlet fever. Thus in an epidemic which prevailed a few years ago amongst young people in a country district in Scotland, a large number of the patients who came under my care had hæmorrhage, sometimes to an alarming extent, from the mucous membrane of the nose, mouth, stomach, or bowels, whereas in the Edinburgh Children's Hospital such an occurrence is very rare. Indeed, during the period of my residence there as House-Surgeon, in only one case of typhoid fever was there a discharge of blood, whilst amongst the typhus patients epistaxis was frequently observed.

In the case just alluded to there was a considerable quantity of blood passed from the bowels on several occasions, and this was followed by a crop of purpura spots on the abdomen and thighs.

In enteric fever the period of convalescence is usually much more protracted and irregular than in typhus, and children who have suffered from it frequently continue in a state of great mental and bodily weakness for many weeks.

Treatment.—The treatment of typhoid and other forms of continued fever, as practised at the Children's Hospital, is, as a rule, extremely simple. Every patient gets a mixture of acidi hydrochlorici diluti, simple syrup, and water, according to this prescription:—

℞ Acidi hydrochlor. dil. ʒi.
Syrupi simp. ʒi.
Aquæ ad. ʒiii. M.

Sg. A dessertspoonful every four hours. Occasionally, if a stimulant is indicated, a drachm of the spt. eth. nit. is added. This mixture is very pleasant to the taste, and possesses tonic and refrigerant properties; besides it is easily taken, and indeed often greedily demanded by very young children. It was Dr. Chambers, of London, we think, who first introduced the practice of giving acids in fever.

If diarrhœa exists then nothing will be found more useful than the administration of a few grains of Dover's powder, which, besides allaying the irritability of the bowels, also soothes and comforts the patient. In cases where the looseness is very persistent, it will be necessary to combine with the Dover's powder a grain or half a grain of the acetate of lead. When hæmorrhage occurs enemata of starch and laudanum will be found to be of much benefit but occasionally more active remedies are required. The nitrate of silver given in quarter or half-grain doses, along with some preparation of opium, is often attended with much benefit. It is usually prescribed in the form of pill to adults, but in young children it may be given in solution:—

℞ Pulv. argenti nit. gr. iii.—gr. vi.
Mucilaginis,
Syrupi simp. aa. ʒss.
Aquæ distill. ad. ʒiii. M.

Sg. A dessertspoonful when necessary.

In one case which was under my care in private practice, the hæmorrhage, which poured forth in large quantities from the stomach and bowels, was only arrested by the administration of small lumps of ice.

When the breath and the evacuations smell badly, the chlorate of potass dissolved in milk or water and given as a drink acts very beneficially.

If there is much tenderness of the belly warm light poultices of linseed meal or turpentine stupes are useful in allaying the pain, while an enema of castor-oil and a few drops of the tincture of asafœtida will be of use in re-

moving the tympanitis, which frequently proves very troublesome and distressing to the patient.

The body should be sponged with vinegar and tepid water at least once a day, as it promotes the action of the skin, and is both agreeable and refreshing.

With regard to the very important subject of diet, we have merely to say that the patients are allowed sweet milk *ad libitum*, with small quantities of beef-tea occasionally, and this is all the food that is necessary. During convalescence, however, eggs are sometimes given, generally beat up in the form of flip. Solid food, such as beef, &c., is often productive of much evil by being given too soon, and is a frequent cause of diarrhœa and feverishness. As to the use of wine and brandy, that is a subject which has caused a great deal of discussion, and concerning which much diversity of opinion still prevails amongst practitioners. Our experience leads us to take up no extreme position either on one side or the other; for while we hold that stimulants are often used much too freely and to the injury of the patient, we must at the same time admit that we have seen typhoid patients saved by the continuous and judicious administration of brandy. The fact is that many cases will do well without a single drop of wine, while others need to be stimulated from the very first. There are some physicians who in every case of fever pour into the patient so great a quantity of wine or brandy that the symptoms are rendered most complex and confused; while others again, even when the patient's powers are flagging, when the tongue is black, and the teeth are covered with sordes, refuse to allow the administration of any stimulant whatever. The exercise of a wise discrimination on the part of the practitioner is therefore required to prevent his falling into error. If the diarrhœa is troublesome, sound port wine will be the most suitable, but in many cases light dry sherry is preferred by the patient. When there is much nervous prostration, indicated by tremor of the tongue and hands, brandy ought to be given.

The following cases illustrate the nature, course, and pathological appearances of typhoid fever as occurring amongst children:—

Case 1.—*Severe attack, diarrhœa, albuminous urine—no rash—protracted convalescence.*—M. S., aged 12. Ill about eight days, having been seized at first with headache, vomiting, looseness of the bowels, and tenderness of belly. When first seen by me on August 22, 1865, the skin was dry and dusky; eyes suffused and wild like; belly tympanitic and tender on pressure; gurgling in right iliac fossa; tongue coated with a yellowish white fur, but red at the tip and margins; pulse 120; a warm bath was given; Dover's powder was prescribed, and a turpentine stupe was applied to the belly.

August 23rd: The stools are still loose, and of a light yellow, pea-soup colour and consistence; still complains of belly; urine is slightly albuminous, and of sp. gr. 1017. A mixture containing the dilute muriatic acid was prescribed (see formula given above). No rose-coloured spots can be detected; pulse 110. Takes beef-tea and milk freely. Dover's powder to be continued if bowels are loose.

24th: Belly still tender and tympanitic; no rash. Tongue loaded at back part, but red at tip; breath offensive; pulse 100.

Towards the evening patient got much worse. The bowels were frequently moved, the stools being passed in bed. She was restless, and kept moving her head about unceasingly. Tongue brown; pulse 130, and feeble. A teaspoonful of wine was ordered every two hours; small doses of the acetate of lead were added to the Dover's powder, and enemata of starch and laudanum to be given.

25th: Has slept little; but the diarrhœa is checked; pulse quick and very compressible; great thirst. The wine to be given every hour. In the evening patient began to chatter incoherently, and moan heavily. Brandy substituted for the wine. A draught of sol. morph. mur. and vini antimon. was given. Linseed-meal poultices applied to belly.

26th: Great prostration; breathing shallow, and stupor considerable. The aromatic spt. of ammon. and spt. of lavander to be given along with the brandy every hour. Got rather better towards night, and had a refreshing sleep. On the 28th she began to vomit the milk, but retained beef-tea. The urine continued slightly albuminous; tenderness of belly diminished; tongue moist and clean at tip; pulse down to about 90, but very weak. Brandy to be given in dessertspoonful doses every four hours. Still very restless, and her speech is very indistinct. Bowels natural. On September 3rd a bedsore formed over the sacrum, and caused her a good deal of annoyance. Stupor continues, and she is very deaf.

September 5th: Liquid greenish matter trickles away from the bowels, and sometimes mixed with it are some dark flakes resembling tealeaves. Enemata of plain water ordered. There are some pustules and petechiæ on legs. Quinine was prescribed. Fever quite away, but the intellect is very dull.

In this childish and feeble condition she remained till about the beginning of the month of November, when she began to gather strength. She then rapidly improved both in mental vigour and bodily strength, and by the 15th she was quite better.

Case 2.—*Severe Attack.—Copious eruption of rose-coloured spots.—Very little diarrhœa.*—M. C., æt. 9, was seized on the 22nd February, 1866, with shiverings and other febrile symptoms. When first seen on February 27th, the tongue was loaded, rough and claggy on the dorsum, with margins red. There was gurgling in right iliac region, and a little pain on deep pressure; pulse 132; respiration 40; temperature in axilla 102 2-5° Fahr. The muriatic acid mixture was prescribed. On the 2nd of March one or two spots were observed on the belly, of a pink or rose-coloured hue. Bowels rather loose, but not often moved. Eyes suffused; vomiting her beef-tea. To have Dover's powder at bedtime.

March 3rd: More rose-coloured spots to-day on body. Tongue raw and fissured horizontally. The spots continued to come out in successive crops till the 5th, after which no more appeared. They remained out for about a week, and then gradually became fainter, and finally disappeared. She got very deaf and stupid about the 7th of March, and the tongue was then red and raw, and covered on its tip with numerous minute elevations, resembling sudamina. The pulse was 120, and the heat of the body 103 1-5° Fahr. After this, patient went on well till the 14th, when she had severe rigors, got blue in the face, and much prostrated. Mucous râles were heard over the chest, but there was no effusion. Warm drinks were given, and port wine negus, which had the effect of restoring her. During the continuance of these rigors, which came on about the same hour on three successive mornings, the thermometer placed in the axilla stood at the very low figure of 96, 95, and on one morning at 94 degrees; and rose again in the evening 8, 9, and on one occasion 10 degrees above the morning temperature. After this she rapidly improved, and made a good recovery.

Case 3.—*Typhoid fever proving fatal about the* 12*th day. Post-mortem appearances.*—M. S., æt. 4, had been ill about six days, but had only been confined to bed for three days, with headache and pain in the belly. On the 16th of January, 1866, the tongue was coated and very rough on the dorsum, and had the appearance and colour of a piece of tripe. There was also a dry streak of a reddish colour down its centre. The face was flushed, eyes suffused, lips parched. No tenderness of belly and no gurgling. A brother of hers had died from cancrum oris about two weeks previously, and the house they lived in was in one of the worst localities of the city, being dark, damp, and badly ventilated. The muriatic acid mixture was prescribed along with chlorate of potass as a drink. The pulse was 132; respirations 36 in the minute; temperature, 104 2-5° Fahr. On the 17th a few dusky-looking spots were observed on the sides of the thorax and belly, but

it was difficult to say whether they were really true typhoid spots. She was restless, and often started up in bed crying for her mother. On the 19th the pulse was about 140 and weak, and she was ordered to have a dessertspoonful of wine every three hours. The belly was distended and tympanitic, but was not at all tender on pressure. The bowels were now loose, the stools having a pale greenish-yellow colour. Dover's powder and acetate of lead were prescribed, four grains of the former and one of the latter to be given every two hours till the diarrhœa was checked. Lime water was also administered amongst milk. This treatment sufficed to stop the bowel complaint, but she suddenly on the morning of the 21st became livid in the face, the breathing was short and gasping, the eyes swollen, pupils contracted, pulse 170 and very feeble; temperature in the axilla, 104 1-5° Some dulness on percussion was detected over the left lung posteriorly, but patient was so extremely exhausted that no minute or satisfactory examination of the chest could be made. She was quite sensible, and answered any question that was put to her. She got gradually weaker, however, and died at seven p.m. Just before death a considerable quantity of bloody fluid escaped from the mouth and nose, while at the same time a quantity of liquid fæcal matter was discharged from the bowels. Two hours before death I found the heat of the body to be 104 2-5°.

Sectio twenty hours after death.—Rigor mortis well marked. Hypostatic congestion extensive. The left lung was engorged at its base, and there was a small quantity of clear fluid in the left pleura cavity. Right lung natural. The pericardium was distended, and contained about an ounce and a half of straw-coloured fluid, but the heart itself was natural. Liver slightly enlarged. Spleen large and pulpy, its capsule having a shrivelled appearance. There was a little clear fluid in the cavity of the peritoneum. The left kidney was larger than the right, but both appeared to be healthy. Along the course of the small intestine there were pinky spots on the surface of the bowel. On opening the bowels Peyer's patches were seen to be raised and prominent, of a greyish colour, and roughened on their surface. At the situation of the glands the bowel had a bright pink appearance. This prominence and roughness of the Peyerian patches was best marked, however, in the neighbourhood of the ilio-cœcal valve, where the gland structure projected about three lines above the surface of the mucous membrane. The glandular surface did not appear to be ulcerated, but when pressure was made by the finger upon it the rough portions broke down and were easily scraped away. The rectum was slightly inflamed, and the cœcum was of an unusually dark colour. A few small lumps of hardened fæces were washed out of the intestines, and that was all they contained.

The stomach, on being opened, was found to contain some grumous matter, and its lining membrane had several pinky patches on it. At the pyloric orifice a quantity of dirty-looking gelatinous mucus was adherent. The mesenteric glands were inflamed and slightly enlarged.

Case 4.—In which death occurred about the twenty-fifth day.—Post-mortem appearances.—J. W., æt. 10, when first seen by me on the 4th of August, 1866, had been ill for nine or ten days, her illness having commenced with rigors and headache. The skin was hot and dry, tongue loaded, but red at tip, eyes suffused, pulse small and quick. No eruption could be detected. The acidi muriatici diluti was prescribed, and the patient went on favourably till the 10th, when tenderness of the belly and diarrhœa came on, and the girl became very weak. Notwithstanding the free use of brandy and ammonia she gradually sank and died on the 19th of August, having complained of pain in the belly till the last.

Sectio.—On opening the abdomen the bowels were seen to be much inflamed, and were glued together and to the peritoneum. In the pelvis a large quantity of curdy-like lymph was deposited, and surrounded the bladder to the depth of more than one inch. Near the ilio-cœcal valve the glandular structures were found to be ulcerated, the ulcers being ragged and irregular in appearance. The spleen was very dark in colour, but not enlarged. The mesenteric glands were indurated, and much above the normal size.

Case 5.—Hæmorrhage from nose and bowels—purpura—recovery.—J. B., æt. 8. When seen on 22nd December, 1864, had quick pulse, tongue loaded with a yellowish fur, but red at tip and edges. There was headache and a good deal of tenderness on pressure over the right iliac region. Bowels rather loose. He was put upon the muriatic acid mixture. It was stated that patient had bled freely from the nose a few days before.

On the 28th patient was progressing favourably, the tongue was cleaning, bowels acting naturally, but he was very weak and tremulous, so that brandy was given, to the extent of four ounces in the twenty-four hours. On the 31st December he was not so well, and passed a large quantity of blood from the bowels. Some Dover's powder and gallic acid prescribed, but as this failed to check the hæmorrhage a mixture containing the nitrate of silver and tincture of opium was ordered. This had a beneficial effect, and, although extremely prostrated, patient passed no more blood, but gradually regained his strength. Convalescence was tedious, and during the course of it he had to be attended to with scrupulous care. It is worthy of notice that five days after the hæmorrhage from the bowels occurred a crop of purpura spots made their appearance on the abdomen, but soon disappeared again, under the use of the syrup of the phosphate of iron.

We have notes of many other cases, but these are sufficient to give some idea of the various symptoms and usual pathological lesions of enteric fever.

In Case 1, the urine was found to be slightly albuminous, but this is by no means rare in typhoid fever, and need not be regarded as a complication of any serious importance. The formation of a bed-sore is a much more troublesome thing to have to deal with, and, as in this case, it is frequently a source of much suffering to the patient, and entails upon the nurse a great amount of careful watching and attention. Fever patients have all a tendency to lie on the back, and care should be taken to move them every now and again on to the side, so that the skin and textures over the sacrum may not be too long subjected to pressure. From the constant diarrhœa which sometimes exists, the hips are apt to get chafed and irritable, so that the utmost attention should be paid to keeping the parts scrupulously dry and clean. It ought likewise to be kept in mind, that in a patient who has had a tedious convalescence, and may be greatly emaciated, such a trifling source of irritation as a wrinkle or a hard seam of the sheet may be sufficient to cause ulceration of the skin, and should therefore be avoided. For, although this may appear to be a small matter and unworthy of notice, it is nevertheless true, and prevention in the case of bed-sores is very much better than cure. In Case 1, there was no eruption, but the attack was, notwithstanding, a severe one, and for long the poor child was perfectly, stupid and could not even give expression to her wishes.

In the second case recorded there was a very copious eruption of the characteristic rose spots, more copious, indeed, than I ever before saw. The spots made their appearance just about the eighth day of the fever, on the sides of the abdomen, and continued to come out in successive crops till the twelfth day, after which no more were noticed. They remained quite distinct till about the twentieth day when they began to fade, losing their bright hue gradually, and finally disappearing altogether. The extraordinary fluctuations of the temperature, as ascertained by Aitkin's thermometer, which preceded convalescence, are worthy of remark. On one morning during a rigor the mercury stood at 94° Fahr., and rose again in the evening to 104°. This great fall of temperature indicated a need of stimulants and warm drinks, and the subsequent rise to 104° showed that great care was necessary during the course of convalescence. In the observa-

tions, which I have made on the temperature of the body during fever (see *Edin. Med. Journal* for March, 1866), I found that, as a rule, the heat of the body, as ascertained by placing the thermometer in the axilla, was always under the normal standard at some period during recovery; and this fact would seem to indicate the operation of the law of compensation; the heat during the continuance of the febrile state being so much above the natural range, and then, as if to counterbalance this falling for a time during convalescence to some degrees below the standard of health.

In Case 3, death took place about the twelfth day of the fever, and I would call attention to the fact, that a brother of this patient's died a fortnight previously from cancrum oris. Whether the horrible stench which was emitted from the gangrenous slough in his cheek had so poisoned the atmosphere of the small, badly ventilated house, as to induce fever in the person of his sister; or whether, as is most likely, he had also suffered from fever and was afterwards attacked with stomatitis, I could not accurately ascertain. Two hours before death took place, in the case of the girl, I found that the thermometer stood at 104 2-5 degrees, but this high temperature may have been caused by inflammation going on in the chest, evidence of which was discovered after death.

In this case, as also in Case 4, changes were found to have taken place in the Peyerian and mesenteric glands, the latter being enlarged, inflamed, and indurated. In only one of the cases was the spleen enlarged, but in both it was dark and pulpy.

Case 5 is a good example of that form of typhoid fever in which hæmorrhage takes place. In this boy there was apparently a hæmorrhagic diathesis for the time being, for the fever was ushered in and ended by bleeding from the mucous membranes, and there was purpura besides.

DISLOCATION OF THE HEAD OF THE HUMERUS ON THE DORSUM OF THE SCAPULA.

By JOHN HAMILTON,

SURGEON TO THE RICHMOND HOSPITAL.

Cases of this dislocation are so rare, Sir A. Cooper having only seen two cases in thirty-eight years in his extensive hospital and private practice, and M. Malgaigne, with all his research, had up to 1855, when his great work on "Fractures and Dislocations" was published, only been able to collect the records of thirty-four cases, that I am induced to relate an instance of it which I met with a few days ago. On Friday, March 23rd, I was asked to visit a gentleman at Garville-avenue, Rathgar, who had put his shoulder out by a fall from his horse. I found a strong muscular man, about 38 years of age, lying on his back in bed, supporting the left forearm with his right hand. A glance at the left shoulder led to the conclusion, that the shoulder was dislocated, but the deformity was not that with which we are so familiar in the dislocation downward into the axilla, or that forward under the clavicle. The acromion, indeed, appeared prominent, with a flatness below it, as in those dislocations, but this was only in front, it was full behind, constituting a prominence. The elbow, too, was close to the side, and the axis of the humerus went upwards and outwards, external to the situation of the glenoid cavity. The anterior wall of the axilla, formed by the great pectoral muscle, looked flaccid, and felt quite soft and relaxed, and the fingers could be readily passed under the acromion into the vacant space left by the departure of the head of the humerus from the glenoid cavity. The most convincing proof, however, of the nature of the dislocation was the head of the humerus forming a round tumour on the back of the scapula below the spine. Its shape could readily be felt, and the motions of circumduction or rotation given to the arm perceived to be communicated to it.

In the two other dislocations power of motion is confined, the head of the humerus feeling as if locked in its unnatural position. Here, on the contrary, extensive motion could be given to the arm; he also suffered much less pain. I could not help being struck by the great difference in this respect, in a woman whose humerus was dislocated forward on the same day by having been blown down by the wind, and falling on the shoulder. In her, motions given to the arm, or the attempt to put the elbow to the side, from which it was at a considerable distance, and the manœuvres of reduction were all loudly complained of; while in this gentleman the pain was evidently little during the examination or putting the bone into its place. The accident happened an hour and a half before I saw him; his horse having got his foot into a rent and fell forward, pitching the rider over his head, who fell heavily on the left shoulder; from his size and weight the violence must have been great.

The reduction was easy. As he lay on his back I seized the wrist, and with my heel in the axilla, drew steadily downwards and outwards and then inwards towards the centre line of the body. The head of the bone slipped into its socket with an audible snap in less than a minute. I put my heel into the axilla in this case, not for the reasons we resort to it in the dislocation downwards—viz., to use the heel as a fulcrum on which the humerus acts as a lever; or secondly, to push the head of the humerus towards the glenoid cavity, but simply as a counter extending force.

Hospital Reports.

ST. VINCENT'S HOSPITAL.

(Cases under the care of Dr. MAPOTHER.)

Reported by Dr. BELCHER.

The following cases are selected from several to which Dr. Mapother kindly drew my attention during some recent visits to St. Vincent's Hospital.

The first case may be termed one of

HYSTERICAL TETANUS.

It differed from true tetanus in some important particulars, which will appear from the record of the case, but chiefly in these:—

The tonic spasms were local only; and the symptoms supervened *almost immediately* on the occurrence of a slight punctured wound.

With regard to the latter fact, Dr. Mapother reminded me of an analogous, but equally rare case, recorded on the authority of Professor Robinson of Edinburgh, by Dr. Watson, in his "Lectures" (vol. i., p. 573, 4th edit.)

"Professor Robinson of Edinburgh, was once at table when a negro servant lacerated his thumb by the fracture of a China dish. He was seized with convulsions almost instantly, and died with tetanic symptoms in a quarter of an hour. Such rapid progress as this, however (adds Dr. Watson), is quite out of the usual course of the disease"—probably fright had something to do with it.

The details of Dr. Mapother's case are as follow:—

C. B., ætat. 16, by occupation a milliner, a resident in Dublin, and unmarried, was admitted into hospital on the 22nd of March, 1866, under the care of Dr. Mapother. Previous to admission she had worked for ten hours daily; her menstrual functions were in general regular, though obstructed at the above date; and she was perfectly healthy in other respects.

The immediate cause of her admission was the occurrence of a slight punctured wound, which was to be seen between the thumb and first finger of the right hand, and was occasioned by one point of a small pair of scissors. This happened on the 16th March. Within ten minutes after the

occurrence of the accident, she began to experience a gradually extending sensation of stiffness in the biceps muscle of the right arm. On the night of the 19th March, the rigidity extended to the muscles of the neck.

On admission on the 22nd of March she could scarcely walk up stairs to her bed; her body was bent to the right side; her left leg was also affected, and her hip was sore. Her pulse was 120. She was directed to take one-eighth of a grain of extract of belladonna in a pill every four hours; also to have ice applied to the spine and the back of the neck for six hours, and to have a turpentine enema twice. In the evening her pulse had fallen to 68. The pills were continued up to the night of the 23rd. She was also allowed beef-tea and four ounces of wine. On the 24th I saw her a second time. She was then better; was not taking any medicine, and her diet was mainly composed of tea, eggs, and beef-tea. She now has the globus hystericus in the throat, and feels great difficulty in swallowing, though not by any means so much as she felt at the time of her admission. The local treatment of the wound was simply poulticing.

March 28th: On the 26th and 27th she could scarcely swallow anything. She is now a little improved in this respect; but her throat is still much complained of. Pulse 92; tongue clean. She has pain in the arm, but not in the thumb. She also has pain in the abdomen which had suddenly become tympanitic. The wound is now healed. For this symptom turpentine enemata were ordered.

April 4th: This day I saw the patient sitting up by the fire. She still has the globus hystericus with difficulty of swallowing; but she has not had any medical treatment beyond the local application of a liniment composed of linimentum saponis with opium.

The second case was one of

DROPSY FROM BRIGHT'S DISEASE.

C. D., ætat. 45, married, a bread-cart driver, and a resident in Dublin, was admitted to St. Vincent's Hospital on the 9th of March, 1866, under the care of Dr. Mapother. He states that about twenty years ago he fell on his ribs, one of which was broken by the fall; and that a swelling (emphysematous?) of his body and legs resulted. At that time he was treated in Jervis-street Hospital.

Previous to admission to St. Vincent's Hospital on the 9th of March, as before noted, he was stated to have had edema in the lumbar region, in the two legs, and in the face, but he was entirely free from ascites.

He was directed to take a vapour bath nightly, and a tartrate of potash mixture (℥ss. ad. ℥viii.). On the night of his admission he also took one-third of a grain of elaterium in ℈i. of compound jalap powder. At the date of my first visit, 21st of March, he felt better. Before this date his urine had been examined, and the result showed the sp. gr. to be 1015. It deposited abundant mucous casts, and was, moreover, heavily loaded with albumen. He had passed a large quantity in the twenty-four hours, but previous to his admission to hospital he had micturated frequently, passing very small quantities each time, or, as he tersely expressed it, "little and often."

At this date, however (21st of March), he was on a liberal diet of meat and eggs, while the urine had diminished in quantity and also in albumen.

March 24th: I saw him a second time. He has passed about five pints of urine during the preceding twenty-four hours; the albumen is about quarter of the volume of the quantity tested. He loses flesh, and has constant perspirations, though he considers himself to have improved very much since his admission to hospital.

At my next visit, on March 28th, I found that he had left the hospital by his own desire on the previous day, and Dr. Mapother was of opinion that while his symptoms were much relieved, yet that a return to his ordinary daily life would certainly bring them back in an aggravated form. The practical point in this case is the mode in which an incurable disease can be quickly and sensibly relieved by the plan of treatment just described.

The third case is one of

PSORIASIS AGGREGATA, TREATED BY IODIDE OF POTASSIUM, AND THEN BY DONOVAN'S SOLUTION.

Mary K., ætat. 31, unmarried, a native of the county of Meath, was admitted to St. Vincent's Hospital on the 14th of February, 1866, under the care of Dr. Mapother, with a cutaneous affection of ten months' standing.

The eruption was on the skin of the limbs and trunk generally, and was of the kind denominated by Willan, Psoriasis *diffusa;* by Rayer, Ps. *confluens;* by many modern dermatologists, Ps. *vulgaris;* and by Dr. Neligan, Ps. *aggregata* (2nd edition by Dr. Belcher, page 251).

The treatment adopted in this case was very successful, combined, as it was, with the exhibition of liberal diet. On admission Dr. Mapother directed her to take a vapour bath nightly, and one ounce of a mixture of iodide of potassium (℈i. ad. ℥viii.) three times daily. On the 20th of March she showed symptoms of iodism. The iodide of potassium was accordingly stopped, and instead of it she commenced to take three times daily an ounce of a mixture containing ℥ss. of Donovan's solution to ℥viii. of water.

The case was nearly well when I saw it on the 27th of March.

April 4th: This day Dr. Mapother again showed this case to me. It is as successful as any practitioner could desire such a case to be.

SUMMARY OF SCIENCE.

(Specially Edited and Compiled for the Medical Press and Circular).

By CHARLES R. C. TICHBORNE, F.C.S.L.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of the statements made by any of the papers quoted in the compilation.]

Poisonous Effects of Mercuric Methide.—Some excitement has been produced upon the Continent from the publication of an account purporting to be how they poison German assistants in English laboratories. These attacks were the more strange as they were the refrain of a statement made by an English chemist (a Dr. Phipson), who in an uncalled for and unjustifiable paper in *Cosmos*, falls foul of the wrong man, Dr. Frankland. Unfortunately, however, this attack was produced from two lamentable accidents which really took place at St. Bartholomew's Hospital, an account of which is published in their "Reports." The action of mercuric methide possesses some considerable therapeutic interest. The replies of Dr. Frankland and others to Dr. Phipson's attack are published in *Cosmos*. The two cases of poisoning are very curious, and before describing the cases as recorded in the Hospital Reports, we will give a short account of the method by which mercuric methide is prepared. It is from a paper published by Messrs. Frankland and Duppa in the journal of the Chemical Society for December, 1863, also in vol. viii., page 262, of the *Chemical News*.*

A mixture of ten parts by weight of iodide of methyl and one part of acetic ether is treated with sodium amalgam, the flask containing the ingredients being alternately agitated to promote the reaction, and plunged into cold water to moderate the rise in temperature. *To the neck of the flask is attached a small upright Liebig's condenser, to arrest the vapour of iodide of methyl.* When the reaction has terminated the contents of the flask are distilled, and the ethereal distillate, after separation of the water, first agitated with alcoholic potash to remove the acetic ether (which takes no part in the reaction), and afterwards well washed with water. The product now exhibits the boiling point and other properties of mercuric methide. Mercuric methide is a colourless, strongly refracting liquid, having a faint and somewhat mawkish taste. Specific gravity, 3·069; boiling point, between 93°

* On a new method of producing the mercury-compounds of the alcohol rudiculs. By E. Frankland and B. F. Duppa.

and 96° C; vapour density obs. =8·29; calc. = 7·97. It is insoluble in water, very soluble in alcohol and in ether; dissolves phosphorus, caoutchouc, and resins easily, sulphur in small quantity. We may presume that in ignorance of the poisonous qualities of the vapour, all these operations were conducted in the open laboratory, and not under a hood or in a closet. The cases were—C. W., aged 30, admitted into hospital wards 3rd February, 1865. He was a German assistant in the laboratory of St. Bartholomew's Hospital. He died on February 14th. The other case is perhaps of still greater interest. We do not give the particulars, as they will be found in No. — of THE MEDICAL PRESS, page —. Iodide of potassium was largely administered to each of these men, and it seems that after taking the iodide they became rapidly worse. (Can the employing of iodide of potassium in such cases be right? It is certainly not in accordance with a chemical view of the rapid elimination of a mercurial compound.) Melsens, however, makes the following observations upon this subject:—

The first effect of the administration of iodide of potassium in cases of mercurial intoxication, is sometimes to revive and exaggerate the action of the poison. This, however, he adds, is a condition necessary to a perfect cure, and suggests the continuation of the remedy in larger and larger doses.*

Melseus, indeed, administers the iodide in very large doses, and states that it is never followed by any ill effects of its own when perfectly pure.

He states that he has proved the elimination of the mercury in combination with the iodide by the urine, in cases of mercurial palsy, and also the absence of the metal in that excretion after a cure was effected. But Melsens's writings on that subject, are no doubt well known, and we need not refer to the matter further.

The Editor of the *Chemical News* remarks that it is much to be regretted that these interesting cases have been recorded entirely without comment, and it would appear that for aught that has been learned from their sufferings, beyond the symptoms, these unfortunate martyrs to science will have died in vain. There can be no doubt that we have all the symptoms which have occasionally been observed in the case of water-gilders and quicksilver miners, but greatly intensified. It must be remembered that mercuric methide contains 87 per cent. of mercury, and it would seem that the peculiar combination in which it is presented facilitates the absorption of the metal, and enables it, so to speak, to penetrate the system more profoundly. Whether nature makes any spontaneous effort at the elimination of the poison we are not informed.

UPON THE COMPOUNDS OF CHLORIDE OF ZINC WITH THE ALKALOIDS.—M. R. Graefinghoff (*Bulletin de la Société Chimique de Paris*) describes his processes for making these. The salts found are crystallizable. The author gives the following as the composition of them:—Chlorhydrate of chlorozinc toluidine (C_{14} H_9 N+ZnCl.)+HCl. chlorozinc toluidine C_{14} H_9 N+ZnCl.

Chlorhydrate of chlorozinc strychnine (obtained on adding a solution of strychnine in alcohol to an alcoholic solution of chloride of zinc, hydrates oxide of zinc precipitates, and the new salt is procured from the liquor by crystallization. The composition is, according to the author, (C_{42} H_{22} N_2 O_4+ZnCl.)+HCl.

A second compound with strychnine, having the composition (C_{42} H_{22} N_2 O_4+ZnCl.)+HCl.+2 aq., is described.

Combinations of chloride of zinc with morphia.—Two are described—viz., Chlorozinc-morphine, C_{34} H_{19} NO_6+2 ZnCl+4 aq., and a compound C_{34} H_{19} NO_6+2 ZnCl+14 aq.

Combinations of chloride of zinc and quinine.—Chlorohydrate of chlorozinc quinine (C_{40} H_{24} N_2 O_4+ZnCl.)+2HCl.+2 aq.; and chlorohydrate (C_{40} H_{21} N_2 O_4+ZnCl.)+3 HCl.+3 aq.

Two similar salts of chineonine are described. Chloride of zinc has a great tendency to unite with the organic bases, and corresponds in this respect with the chlorides of platinum, palladium, gold, or mercury. If the organic base is volatile, it forms with chloride of zinc a chlorine product which is volatile, and this, in the opinion of the Editor of the Summary, might be made available in procuring conium, nicotine, &c.

ON THE PRESENCE OF LEAD IN TINNED VESSELS.—By a French ministerial instruction of the 11th of June, 1863, it has become necessary to examine all the tinned vessels that are used in the military hospitals of France. The simple method proposed by M. Jemmel is as follows:—Five decigrammes of the metal are treated with an excess of nitric acid diluted with one-third its weight of water, and the whole made to boil. To the filtered liquor, a crystal of iodide of potassium is added. If the liquor only contains 1-1000th of lead it will produce a yellow precipitate, which is very apparent and does not disappear upon the addition of ammonia.—*Journal de Pharmacie et de Chimie.*

ON MANNITE IN THE OLIVE TREE AND SPECULATIONS UPON THE FORMATION OF THE OIL.—Most of our readers had, no doubt, observed in the late Exhibition, some bottles in the Italian department, sent by S. de Luca, Professor of Chemistry at the University of Naples. They contained specimens of mannite procured from different parts of the olive tree. This sugar, called mannite, from its being found in manna, is contained ready formed in many plants, and seems to bear a somewhat similar rôle in vegetable economy to ordinary saccharine or amylacious food in animal physiology. The following part or parts of plants contain mannite at certain seasons of their growth in large quantities:—roots of *aconitum napellus*, celery, *triticum repens*, camella alba, coffee-beans. Ergot of one year contains mannite, but not that of another year's growth, as it is connected with mycose, many fungi. On algæ, also, there is often found an efflorescence of mannite. Mannite is usually prepared from manna which is treated with boiling alcohol, and the alcoholic solution allowed to crystallize. On cooling mannite is deposited. It is purified by re-crystallization, and is very easily obtainable in a high state of purity. Mannite differs from sugar in its power of resistance to heat, as it may be distilled without much decomposition. It does not become syrupy on being spontaneously evaporated; in this respect it differs from sugar also. It also does not exert any action upon polarized light. Mannite is a substance that bears a closer analogy to glycerine than even to sugar. Like glycerine, it forms a nitro-compound (nitro-mannite), which explodes very violently when struck. It is prepared by breaking mannite with strong nitric and sulphuric acid. It forms beautiful fine white acicular crystals, insoluble in water, but soluble in alcohol and ether. It has been proposed to use nitro-mannite for charging percussion caps.*

Professor de Luca has shown that mannite exists in different proportions in every part of the olive tree. This saccharine principle is not always found in the same quantity at all stages of vegetation. At the period of blossoming it accumulates in the flowers and diminishes in the leaves. The fallen flowers having once completed the phenomenon of fecundation no longer contain any mannite; it has likewise been found impossible to obtain the slightest traces of it in the yellow fallen leaves.

Mannite exists in the fruit as long as it continues green, diminishing in proportion as it ripens, and disappears entirely when it becomes perfectly ripe and contains the greatest quantity of oil. In a communication to Mr. Tichborne, Professor de Luca says that these investigations were commenced in the year 1858. Experiments

* See "Memoire sur l'emploi de l'iodure de potassium, pour combatre les affections saturnines et mercurielles." 7 Bruxelles, 1865.

* Nitro-glycerine is used for blasting rocks, and is at the present time being successfully used in making the heavy cuttings for the new Dublin Water Works. Nitro-mannite, if it could be made available for similar purposes, has the advantage of being a solid, whilst the nitro-glycerine is a fluid.

are still going on to determine at what period of vegetation the fatty matter was formed in the olives, and what is, or what are, the materials which have given it birth. The olives at the commencement of their formation contain a green, and traces of a fatty, matter; but, proportionally as the fruit of the olive developes itself and increases, the fatty matter developes itself and increases also.

The chlorophyll, green-colouring matter, which was found in abundance in the leaves and fruits of the olive tree, always accompanies the mannite. The saccharine matter exists in small quantities when the leaves begin to develop themselves; it augments with their progression, diminishes during the flowering of the plant, and when the leaves begin to lose their green tint. It disappears, however, when the leaves are yellow and fall spontaneously from the plant. The leaves of the olive tree are perpetual—that is to say, they do not become detached from the plant until the new green leaves become formed and developed. When the fruits are perfectly ripe, and have lost their green tint, they contain no mannite. When the mannite is exhausted the oil is at its maximum. The decrease of the saccharine and green matter in the olives during the increase of the fatty matter, and the disappearance of these same substances, when the olives contain a maximum of oil, show that there must exist some relation between all these matters, and that if the chlorophyll and mannite are assimilated, it is that they give foundation to some other substances, amongst which must figure the olive oil.

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 13TH, 1866.

Dr. ALDERSON, F.R.S., President.

NOTES AND OBSERVATIONS ON FEVER DURING SERVICE ON BOARD H.M. SCREW CORVETTE, "PYLADES," ON THE WEST COAST OF MEXICO IN THE YEAR 1860. (WITH MAP.)

By JOHN CADDY, M.D., Surgeon, R.N.

(*Communicated by* Dr. HODGKIN.)

AFTER referring to the previous services of the *Pylades* at Calcutta at the time of the Indian mutiny, and the subsequent beneficial change produced on the crew by the climate of Vancouver's Island in 1859, the author gave a statistical statement of the fever cases on board when on the west coast of Mexico in 1860, and drew inferences as to the greater liability of attack in the ratio of greater age, and of the excess in length of the sickness when treated on the coast to that treated in the ship.

The climates and geographical position of Mazatlan, Panama, La Paz, Guaymas, San Blas, &c., and the comparative lengths of their dry and rainy seasons, were then described. The *Pylades* arrived at Mazatlan in January, 1860, and details were given of the first cases of remittent fever which occurred on board as they entered the Mexican tropics. Numerous cases of continued fever followed after the 21st of February, which were considerably added to by the occurrence of duties which involved much solar exposure, and the constant alternate landing of officers and men for duty on shore at San Blas, up to the beginning of June. The number of cases increased during the short passages between Mazatlan, La Paz, and Guaymas up to the end of September; but from that time the men's health improved as the cool season advanced.

The author then described the general symptoms seen in patients when first attacked, and the usual course of those developed as the fever increased. Only one case proved fatal. Black vomit was of rare occurrence, it being unknown in the fevers at the commercial towns of San Blas, Mazatlan, and Guaymas

The author, in describing his treatment, which proved most successful, included fresh breathing-air, personal ablution, close cutting of the hair, full supply of cooling drinks (those made with the mineral acids being preferred), pouring of sea-water on the head, mustard sinapisms and chloroform liniments, and the giving of sesquicarbonate of ammonia in conjunction with chlorate of potash early in the fever, the ammonia having been suggested to the author by a previous West Indian experience in 1845-47, and at Calcutta in 1858. With the cessation of active symptoms, quinine and iron usually and speedily concluded the treatment of the cases. The value of the above treatment, the author said, he had been able to confirm by a subsequent ten months' service in the Gulf of Mexico in 1862, and again among the West Indian Islands in 1863 in H.M. screw frigate *Phaeton*.

Details followed of the total number and length of cases of fever in these later expeditions, and a summary of other diseases, which made up the total of 518 cases of sickness on board the *Pylades* in 1860, concluded the paper.

The PRESIDENT said the disease could not have been grave, or the treatment must have been very good, to have resulted in so great success. There had been no autopsy to confirm any opinion as to the type of the fever.

Mr. GASKOIN thought papers on fever sent by surgeons from remote parts of the world were most welcome contributions. He supposed the fever in Dr. Caddy's cases was remittent, as during recovery it assumed an intermittent type, and there were as complications hemicrania and paralysis. It was not clear to what this fever could have been due. Attention had recently been directed to the effect of "coaling" under an ardent sun as a possible cause of fever. Mr. Gaskoin concluded by saying that a few months ago he saw in St. George's Hospital cases of spotted fever treated by ammonia, and that—whether the ammonia was theoretically wrong or not—the patients thus treated did well.

Dr. CADDY said his object was to bring forward the treatment by ammonia as treatment against that by calomel every four hours. The calomel treatment produced hypercatharsis and retching, and these were supposed to be symptoms of the disease. His treatment by ammonia had been suggested by the valuable researches of Dr. Richardson. He (Dr. Caddy) had observed that cases of tropical fever—the so-called yellow fever being an exaggerated type of tropical fever—terminated sometimes by serous apoplexy. In ammonia a readily absorbable pabulum was supplied to the blood; it stimulated the heart and arteries without exciting the brain.

Dr. HENRY G. WRIGHT asked if the author had noticed any difference in the fevers in different races of men. He (Dr. Wright) had crossed Panama in 1852, whilst the railway was making. There was an hospital for Chinese coolies, who died at an enormous rate. They, however, would not stay in the hospital, but went out into the woods to die. He had asked the doctor (an American) if he had observed any difference in the symptoms when the fever attacked a Chinaman or a native. The only thing was that the Chinese did not suffer from headache, and this might be explained by the fact that a Chinaman always walks about with his head uncovered, unless he can afford the luxury of an umbrella.

Dr. CADDY said he had had no experience of fevers attacking Asiatics.

Dr. WEBSTER said that cases of fever on board ship were milder than cases on shore. This had been remarked in many parts of Europe. He instanced the yellow fever at Lisbon.

Mr. SPENCER WELLS said most naval surgeons would differ from Dr. Webster, as they frequently observed that men newly arrived in places where any disease was epidemic suffered much more severely than the acclimatised inhabitants. Many instances could be referred to where sailors suffered severely from remittent and intermittent fevers soon after arriving in places where the residents were quite unaffected. Then, with regard to the coolies

in Panama, rather than accept the American doctor's explanation of the difference in the symptoms of fever being due to the covering or non-covering of the head, he should think the question one of race and climate. When any endemic, epidemic, or contagious disease appeared for the first time in any of the chief varieties of the human race, the mortality was much greater than when it attacked a race of men who had been protected by a previous attack, or had inherited some protection from forefathers who had suffered.

Dr. WRIGHT said the inhabitants of Panama were chiefly emigrants from the United States.

Dr. POLLOCK considered that the author's cases illustrated a form of gastric remittent fever with which he had formerly been familiar when practising at Rome, and which appeared to him to be dependent on malarious influences less powerful than those which determined the more perfect forms of tertian or quotidian. The Roman fever was characterized by great prolongation (many cases lasting from forty to sixty days), by daily exacerbations without distinct remissions, and by marked irritation of the gastro-intestinal mucous membrane, and hence by vomiting, diarrhœa, and a morbidly clean and red glazed tongue. Above all, there was much intolerance of drugs. He (Dr. Pollock) had lost many cases by an over-active and so-called heroic treatment in the early days of his practice, and had, in the latter years of his residence in Italy, often declared to the friends of the patient that he felt bound to abstain from prescribing. Quinine was tolerated only when the gastric irritative symptoms had manifestly subsided, and the type of fever was much less under the control of anti-periodic remedies than the more defined intermittents. The treatment described by the author (ammonia in effervescence with citric acid) did not appear to Dr. Pollock to be identical with that by uncombined ammonia, which possessed directly stimulating properties little likely to meet the requirements of the case.

Dr. CADDY said that at first he gave the ammonia with lime-juice, but afterwards unmixed. He had observed that the acetate of ammonia purged; the citrate agreed well.

Foreign Medical Literature.

ABSTRACT OF

METEOROLOGICAL AND MEDICAL OBSERVATIONS TAKEN AT THE MILITARY HOSPITAL, NICE,

FROM THE 20TH TO THE 31ST MARCH, 1866.

By Dr. CABROL,
CHIEF PHYSICIAN TO THE HOSPITAL.

Translated by R. CROTHERS, M.D., M.R.C.P.L., Nice.

THE barometer has gradually risen since the 21st, when it was 0·745; it is now 0·765, indicating settled fine weather. This steady rise was not even interrupted by the storm which burst forth on the morning of the 23rd, and also the rain on that and the following day. There was only a momentary fall on the morning of the 25th, which coincided with a sudden gust of wind from the N.W. and with extreme dryness of the air (32°); this day presented the lowest point of relative humidity for the entire month of March. We may remark that the fall of the barometer at Nice indicates more certainly the approach of a sudden gust of wind than rain—a fact already noted on the day of the 14th, as in our last report. In the beginning of this decade the ground was wet, the water of the Paillon was yellowish, the sea rough. For some days past all is changed; the ground is dry, the dust, at times, even annoying, the Paillon has resumed its ordinary volume and colour, the sea (with the exception of slight disturbance on the 23rd) has remained almost perfectly calm. The mean temperature has risen to 55° Fahrenheit—a height to which it had not attained since the commencement of the month. The minimum to-day is 44°, whilst we remarked that it was only 34° in the middle of the month. We have observed the thermometer above 86° in the open air and sunshine, and above 104° under glass. The winds have been moderate but extremely variable; those from S. and especially S.E. were most frequent. The evenings and nights have been clear, calm, beautiful, and free from damp.

En résumé. This last fortnight may be divided into two periods. In the first period damp and rather cold, the winter indeed, the last days of it being rainy, with winds and a large amount of ozone, but exempt from frost and snow. With the second part came fine weather, of which everything promises a continuance.

For some days past vegetation has made rapid progress; open-air amusements, walking parties and excursions of all kinds are common, every one feeling the benefit of the mild temperature, and absence of disagreeable winds. Above all, invalids experience the benign influence of this favourable change of weather. Whilst very lately we observed affections of an inflammatory kind, "des embarras gastriques fébriles,"* bronchitis, pleurisy, and even slight attacks of pneumonia in those who had formerly suffered from this disease in a more rigorous climate, at present we have almost nothing to notice under the head of diseases. The diseases of the early days of this decade were the result of an atmosphere damp and almost cold, as remarked in our last bulletin, and the evident amelioration which we now observe is owing to the happy change of weather and season, so that it only remains to the physician to notice the absence of all fresh attacks of disease and the favourable progress of those formerly contracted.

THE MUTUALLY ANTIDOTAL PROPERTIES OF OPIUM AND BELLADONNA

ARE made the subject of a paper by Dr. Henry S. Downs of New York, published in the Transactions of the State Society of last year. *Eleven* cases are detailed, of which we give a synopsis.

Case 1.—Infant, three and a half months old, had been given about one teaspoonful and a half of a preparation of paregoric nearly one-half stronger than the tinct. opii camph., U.S.P. Narcotism, deglutition difficult, pupils contracted to the size of a small pin's head. Child was only kept aroused from stupor by severe and continued agitation. About six hours after the administration of the dose, ten drops of tinct. belladonna were given, and repeated at intervals of fifteen minutes until forty drops were given, when the pupils were dilated to double, and in one hour to treble the former size. Improvement rapidly followed. (Dr. Downs.)

Case 2.—Woman, æt. 35, had taken one-half ounce of laudanum suicidally. Seen an hour later, partially sensible. *No* emesis could be induced by ipecacuanha, sulphate of zinc, tartar emetic, or mustard. She became insensible, pupils contracted to the size of a pin's point; profound stupor, from which she could not be roused. One drachm of tinct. of belladonna was then given, followed by two grains of the best English extract of belladonna every twenty minutes, until six grains were taken. Soon after the third dose the patient vomited, the ejecta smelling strongly of opium. Sensibility gradually returned, and at the end of eight hours pupils were natural, sight

* Embarras gastrique. This term signifies disorder of digestion, with nausea, vomiting, and often colic and diarrhœa. It is divided into two forms—namely, "l'embarras Stomacal" and "l'embarras Intestinal." The first characterised by headache, loss of appetite, bitterness of the mouth, white or yellowish coating on the tongue, nausea and tenderness of epigastrium. The second form by lassitude, eructations, barborygmi, tension of abdomen, wandering pains in thighs and legs, more particularly in the knees.
R. C.

restored, and consciousness complete. (Mr. Loines and Dr. Jones.)

Case 3.—Woman, had taken one and a half ounces of laudanum. All the symptoms of opium poisoning present. Emetic first, then a reliable tincture of belladonna, thirty drops every half hour, until ninety drops were taken. Rapid recovery and no indications of her having taken belladonna. (Dr. Wm. H. Thompson.)

Case 4.—Soldier, took two ounces of laudanum and smoked one grain of opium. Three hours afterwards was found comatose, pupils contracted, and slightly spasmodic. Forty drops of tinct. belladonna were given at half-hour intervals, until he had taken 120 drops, and then in half an hour twenty drops more, when he began to improve, and entirely recovered in a few hours, with no signs of having taken belladonna remaining. (Same authority.)

Case 5.—Soldier, took over an ounce of laudanum. About an hour afterwards drowsy, face flushed, pulse low, pupils much contracted, hands twitching, tendency to convulsions. One grain of extract of belladonna every half hour until three grains had been given. Two hours after first dose of belladonna, the pupils had dilated, pulse and skin natural, and able shortly after to go on duty. (Dr. Charles D. Hackley.)

Case 6.—Infant, eight weeks old, had been fed on Mrs. Winslow's soothing syrup until complete recovery was impossible, even by the aid of belladonna. (Dr. C. C. Terry.)

Case 7.—Belladonna poisoning occurred in a young woman who used balladonna pessaries for the purpose of allaying the excruciating pains of ovarian dysmenorrhœa. The toxical effects were suddenly developed to delirium. One and a half grains of Magendie's sol. sulph. morphia entirely removed the symptoms of poisoning an hour after delirium appeared. (Same authority.)

Case 8.—Belladonna poisoning from use of belladonna pessaries. Opium used with same good result. (Same authority.)

Case 9.—Child, through mistake, took one teaspoonful of laudanum. An hour later comatose and incapable of being roused. Ten drops of tinct. belladonna every hour until sixty drops were taken, when narcotism subsided and the patient slowly but gradually recovered. (Dr. J. P. Garrish.)

Case 10.—Man, took one ounce of laudanum. When seen, two hours later, feeble pulse, contracted pupils, stertorous breathing, and could not be aroused. Emetic first, and twenty drops tinct. belladonna every hour until about ninety drops were taken, when he began to show signs of consciousness, and by the aid of coffee, stimulants, and the cold douche, was gradually restored. (Dr. Garrish.)

Case 11.—Woman, took ten grains of opium. In one hour was found in semi-comatose state, pupils contracted. Emetic, then twenty drops of tinct. belladonna every hour until sixty drops were taken, when consciousness began to return, and she recovered.—*Philadelphia Med. Reporter.*

TUBERCLE IN THE BRAIN.

Professor Duchek has published, as the first of a series of "Studies of Diseases of the Brain," three cases of tubercle in that organ.

1. *Tubercle in the Pons.*—Besides tuberculosis of various other organs, there was found in a young man a tubercle an inch in diameter in the left half of the pons. The surrounding brain was softened, and there was exudation on the membranes. The symptoms corresponded to the well-known type of the disease. At first, gradually increasing paralysis of the right leg, later of the right arm and left facial nerve, and perhaps of the palpebral branches of the oculo-motor nerve. Sensibility was diminished in the left half of the face, and mastication interfered with thorough paresis of the masseter muscle. Electrical contractility was weaker in the affected muscles than in the corresponding ones of the opposite side. Pains, spasms, and stiffness, preceded the paralysis in the extremities, paresthesia accompanied it. Consciousness remained untroubled throughout the course of the illness; death followed in a year from its probable commencement.

2. *Tubercle in the Corpus Striatum.*—A child, six years of age, was affected with chorea-like movements, at first in the right half of the face, and these soon spread to the neck, shoulder, arm, and leg of the same side. By degrees the affected parts became weaker, and at length wholly paralyzed. Contraction occurred only in the muscles of the nape; sensibility of the skin, and reflex-sensibility, were increased. The perceptive faculties were normal. Micturition very difficult in the daytime, involuntary at night. The intellect was latterly disturbed and clouded. The illness lasted six months. A tubercle, the size of a hazel-nut, was found in the left corpus striatum; and one, the size of a bean, in the upper wall in the fourth ventricle, and many smaller ones in the cortical part of the brain.

Duchek attributes the contraction of the muscles of the nape to the tubercle of the fourth ventricle.

3. *Tubercle in the Cerebral Hemisphere.*—A man, eighteen years of age, who worked very laboriously with the right arm, was suddenly seized with clonic convulsions of it, shortly followed by a like affection of the face and loss of consciousness. At first the convulsions recurred in the same way every fourteen days, later irregularly, even many times a day, but without loss of consciousness. Soon tonic spasms alternated with them. For some months all symptoms of illness disappeared; but then they broke out anew, and seized also on the right foot, appearing for the most part only in one extremity; they also once transiently affected the left foot. Burning pain in the forehead preceded the attacks. Coming on again after a second pause of some months, marked paresis of the right half of the face and of the right extremities was noted. The paroxysms lasted till a short time before death, about two years after the first attack, the patient dying, tuberculous, of marasmus. On post-mortem examination there was found in the left cerebral hemisphere a wedge-shaped tubercle, which, from its broad base at the cortex and attached membranes, extended an inch and a half downwards in the substance of the brain towards the optic thalamus; it was enclosed by a richly vascular membrane; the cerebral substance round it was of a pulpy softness. Elsewhere the brain was healthy.—*Wien. Ztsch.* (*Med. Jahrb.*), *and Brit. and For. Med.-Chir. Rev.*

OINTMENT OF RED OXIDE OF MERCURY.

In the ointment of red oxide of mercury B. P., nitric oxide of mercury is directed to be used. Mr. Squire advocates the use of the precipitated oxide in preference; he assigns, as advantages, that supposing ointments of equal therapeutical value to be used, greater economy is gained by the use of the precipitated oxide, since a less proportion of it will suffice in the same quantity of ointment; that, when nitric oxide is used, the application of the ointment to the skin leaves a quantity of the scales of the salt upon the skin, while, at the same time, a different action is produced to what is sought for when an ointment of red oxide of mercury is employed. Ointment made from precipitated oxide possesses the advantage of a perfectly smooth appearance; and its application is free from the inconvenience of gritty particles and red scales left upon the skin of the patient, as well as possessing superior efficacy.—*Pharm. Jour.*

On the Solubility of Salts in Mixtures of Alcohol and Water. (Gerardin.)—The results obtained by the author are—1. All salts insoluble in alcohol and soluble in water have, in mixtures of alcohol and water at a constant temperature, a solubility decreasing as the proportion of the water in the mixture is diminished. 2. The solubility of these salts is not proportional to the amount of water contained in the mixture, The quantity dissolved is always less than would dissolve in the same amount of water by itself.—*Ann. de Chimie et de Physique.*

MEDICAL GLEANINGS.

(From the British and Foreign Medico-Chirurgical Review.)

A Case of Double Uterus and Vagina. By Dr. Rabe.—A healthy woman, aged 20, was admitted in May, 1865, into the Town Hospital of Dresden, for blennorrhœa and excoriations of the vulva. She had menstruated since sixteen. The external genitals were normal, but the hymen was wanting. The vagina was double, the lower end of each half being provided with a hymen-like fold of mucous membrane. In the summit of each vagina was a small firm vaginal portion of uterus, each possessing a small transverse os. The uterine sound passed freely into the left os uteri, but only slightly into the right, so that it remained doubtful whether the body of the uterus had two distinct cavities.—*Monatsschrift fur Geburtskunde.*

A Case in which the Menses were apparently substituted by Hæmorrhage from the Skin.—The subject of Mr. d'Andrade's case was a stout healthy Parsee lady, aged 18. She had menstruated regularly from thirteen to fifteen and a half, when catamenia became first irregular, then ceased, being replaced by bleeding at the gums and nose, and vomiting of blood. Menstruation returned; no pregnancy. Mr. d'Andrade observed blood to ooze from the healthy skin of the left breast and of the right forearm. The blood exuded showed red and white globules under the microscope. The skin-hæmorrhage recurred every month or two. Subsequently blood oozed from the forehead.—*Trans. of Med. and Phys. Soc., Bombay*, 1862.

Extra-uterine Gravidity. By Dr. Kammerer.—Dr. Kammerer related a case and presented the specimen to the New York Obstetrical Society, of extra-uterine gestation. A woman, aged 30, had been under treatment for chronic metritis. Seven or eight years previously she had a child. She became again pregnant, and a little time subsequently was taken suddenly ill, with symptoms of internal hæmorrhage and peritonitis, and in the course of a few hours died. Several quarts of blood were found in the peritoneal cavity, and on the left ovary a rent revealing the source of the hæmorrhage. On opening the ovary an embryo was discovered about four weeks old.—*New York Medical Journal.*

The above history is very brief, but appears to be precise. If the facts are correct, there can remain no doubt of the possibility of ovarian gestation, which has been strenuously denied.

Forty Cases of Artificial Premature Labour.—Dr. Simon Thomas of Leyden, relates forty cases in which labour was artificially induced. The indications were chiefly contractions of the pelvis; and these were determined less by the histories of previous labours than by accurate measurements expressly made. Thus, in five cases, the patients were primiparæ. The first method employed was to place a bougie for a short time a few inches between the uterus and membranes, changing it every day for a larger one. Labour only came on in ten days, and the forceps was used. In another case Kiwisch's douche was used. Labour followed in five days. The mother died of pyæmia. In other cases the bougie was used, or the douche; generally days elapsed before labour. Afterwards Krause's method, the leaving an elastic catheter in the uterus, was used. The time expended was from six to ninety-two hours, the majority taking from twenty-four to forty-eight hours. Of the thirty-two children born after Krause's method twenty-five lived; of the thirty-two mothers twenty-five had a quite natural puerperal history; four died of pyæmia or endometritis.

On Eclampsia Puerperalis.—Dr. Seydel relates five cases of eclampsia. In all albumen was found in the urine before, during, or shortly after labour, and disappeared wholly or in part during childbed. A commentary is appended, in which he discusses the various theories of the etiology of the disease. Traube's view, that eclampsia puerperalis is produced by increased pressure upon the aorta, inducing œdema of the brain, with secondary anæmia, will, he thinks, account for many, but not for all cases. The theory which (forgetful of British predecessors) he attributes to Hecker, that the cause is the transport of excrementitious matters into the blood in consequence of acute nephritis, he opposes, saying its supports vanish more and more with the advance of clinical observation; for, he observes, the albumen in the urine does not appear by itself without labour, but increases during the act of labour, there having been no albumen during pregnancy; and dissection of persons dead of eclampsia always proves the inadequateness of the kidney affection to account for the acute uræmia. He recalls attention to the view followed by the older obstetricians, and recently favoured again, that the most powerful, perhaps the primary, affection is that of the nervous system. In support of this, Seydel adduces, after Spiegelberg, a group of symptoms manifesting excitation of the sympathetic nervous system; for instance, the dilated sluggish pupils, the spasm of the vessels of the skin which—not indeed without the help of the spasm of the respiratory muscles—causes lividity of the skin; the contraction of the muscular coat of the vessels seen in the paleness of the face, and, after the attacks, the compensating turgor; and, lastly, the remarkable atony of the uterus revealed by hæmorrhages. He thinks the alteration of the nervous system starts from the uterus, and especially its contractile function.—*Monatsschrift fur Geburtskunde*, Oct., 1865.

Cæsarian Section on account of a large Fibroid Tumour of the Uterus.—Professor Breslau's case is of peculiar interest. A woman suffered retention of urine and constipation. A large tumour filled the pelvis, pushing the cervix uteri near to the outlet and forwards. The tumour was uniformly smooth, very hard, and immovable. It appeared impracticable to extirpate it; it rose above the symphysis. Prof. Breslau endeavoured to bring about degeneration by transfixing it with needles. This did no harm and no good. She became pregnant. It was resolved, on consultation, that Cæsarian section offered the only means of safety to mother or child. The cord came down and could not be replaced; the left foot could be reached with great difficulty high up. For a moment the bleeding from the incision through the uterus was profuse. Two sub-peritoneal tumours presented themselves on the uterine surface; another, sub-mucous, showed itself in the wound. The child extracted alive. The uterus being emptied, did not contract regularly; it did not sink towards the pelvis, nor did the sides of the wound close. It remained large, and showed a disposition to invert itself. It was necessary to unite the uterine wound. Death followed twenty-two hours after the operation. *Autopsy.*—Only two fingers could be squeezed in the conjugate diameter. The entire uterus and tumour was removed; it weighed five pounds and three-quarters.—*Mon. f. Geburts.*

A Case of Lithopædion, by Dr. Conant.—This gentleman exhibited to the New York Obstetrical Society an interesting specimen of lithopædion. The specimen was the result of the woman's first pregnancy. So far as was known, gestation was normal, and when labour came on Dr. Prescott of Maine was called. Labour pains subsided. Subsequently she had a very offensive perspiration. She recovered, and a hard tumour could be felt in her side. She subsequently gave birth to three children in successive pregnancies. In June, 1863, thirty-five years after the first pregnancy, she died. A calcified extra-uterine fœtus was found, and connected with it another hard mass, which was considered by those who examined it to be the placenta. The whole fœtus was covered by a calcified membrane.—*New York Medical Journal.*

On the Diagnosis of Twisting of the Cord round the Child's Neck.—Dr. Haake, referring to the frequency with which the child's life is threatened from the coiling of the cord around its neck, thinks it desirable that the existence of this complication should be verified before the head is born.

This may be done, he says, by examining with the finger in the rectum. The finger can be easily carried above the head, so as to feel the umbilical cord and its pulsation. This gives a valuable guide to the life-condition of the child, and tells when to accelerate the birth of the head is necessary.—*Zeitschr. f. Med. Chir. u. Geburtsk.*

Rupture of a Varix in the Vagina after Labour, causing Death.—The case of Dr. Helfer is a remarkable example of a rare form of post-partum hæmorrhage. A woman who had borne two children was pregnant for the third time; in the early months varicosities, especially along the vena saphena, crural vein, and pudendal veins of the left side appeared; these increased so that in the seventh month the pudendal varices were as large as grapes and goose-eggs, and walking was difficult and painful. Labour occurred at term, easily. The puerperal state was normally passed. On the fourteenth day she went to household work. She exerted herself in drawing water from a running stream; this brought on pain, and flooding followed. It was arrested by plugging. She recovered for a time. Three days later a second very profuse flooding occurred, in consequence of which she sank. Autopsy showed no mark of peritonitis, no extravasation in the peritoneum. Varicosities on both ovaries, the size of crow and goose-quills; the tubes also varicose; the whole cellular tissue of the pelvis filled with blood-clots running along the posterior wall of the vagina, and proceeding from a burst varix.—*Mon. f. Geb.*, 1865.

CÆSAREAN SECTION: LOCAL ANÆSTHESIA BY ETHER.

On Thursday, the 29th ult., the first application of the ether spray to produce local anæsthesia during the Cæsarean section was made in a case under the care of Dr. Greenhalgh.

The patient was a woman about 30 years of age, the mother of two children. She was between seven and eight months advanced in pregnancy; but, in consequence of the presence of a large (probably malignant) tumour, at the neck of the uterus, it was believed by Dr. Greenhalgh, Dr. McClintock, and other obstetricians who saw the patient, that delivery in the ordinary way would be absolutely impossible, and that the uterus would possibly be ruptured during labour-pains. It was therefore determined to perform the Cæsarean section without delay. Both Dr. Greenhalgh and the patient objected to the use of chloroform; the objection on Dr. Greenhalgh's part being the liability of this agent to produce vomiting. On the day before the operation, Dr. Greenhalgh consulted Dr. Richardson as to the possibility of producing local anæsthesia. Having no instrument which seemed sufficiently large, Dr. Richardson hesitated to promise complete success, but engaged to make the attempt.

The patient was placed in a semi-recumbent position on a table with her legs hanging over the edge. She was supported by an assistant on each side; and her eyes were bandaged at her own request. Dr. Wilson, of Glasgow, watched the pulse, which was 74, and never varied in power, frequency, or time during the whole operation. To produce amæsthesia, Dr. Richardson used a large instrument with double jet, which he had roughly constructed for the purpose. It acted well; and complete insensibility was produced in forty-five seconds over a space 2½ inches broad from the umbilicus to the pubes. The incision was made direct on the uterus—the patient exhibiting no consciousness of the operation. The uterus being exposed, the ether spray was directed on it for a moment, with the effect of inducing contraction.—An opening was then made in the organ; and, with some difficulty on account of the contraction, Dr. Greenhalgh introduced his hand and removed by the feet a fœtus which was alive, and lived an hour. The membranes burst with the delivery; the placenta was removed separately. The uterus immediately contracted as in natural labour, and required no sutures. The wound in the abdominal walls was kept open during twenty minutes, a large sponge being held in it so as to guard against bleeding when reaction took place. It was then closed with sutures of Chinese silk, the skin being perfectly narcotised with ether spray at each point where the needle was introduced.

In the morning, before the operation, the patient had felt a tendency to vomit, which passed off, but recurred slightly when the hand was introduced into the uterus. She felt this part of the operation, and asked what was being done. When the membranes were ruptured and delivery was being rapidly effected, she started, and said (as women in labour often say), "I am sure I shall die;" and made a similar complaint when the placenta was being removed. She was slightly conscious of uterine contraction. While the wound was being kept open after the operation she talked on various subjects, but seemed anxious about the delay; she was, however, easily reassured.

The total quantity of ether used in the operation was about six drachms. It was obtained from Robbins of Oxford-street, and boiled at 90°; and, in Dr. Richardson's opinion, the success was in great measure due to its purity.

The operation was witnessed by a large number of obstetricians, among whom were Professors Hugenberger and Lazerawitch (of Russia), Professor Marten and Dr. Marten (of Berlin), Dr. Skaldberg (of Stockholm), Drs. McClintock and Beatty (of Dublin), Dr. Wilson (of Glasgow), Dr. Hall Davis, Dr. Graily Hewitt, Dr. Eastlake, Mr. Spencer Wells, Dr. Protheroe Smith, and many others. Dr. L. W. Sedgwick was also present, and rendered very efficient assistance to Dr. Richardson in the arrangements connected with the production of anæsthesia.

On Tuesday last, five days after the operation, the patient had not had a single bad symptom. The lochial discharge was free; the appetite good; sleep excellent; the mind tranquil and hopeful; pulse 80. The wound had healed throughout by the first intention, and four of the sutures had been removed.

On Wednesday evening, the patient ate and slept well; her pulse was 88; and she was in every respect going on most satisfactorily. During the day she had been temporarily alarmed by the sudden introduction of a new nurse, and the pulse had risen to 120; but, before the evening, her condition, as above described, had resumed its favourable character.

So far as this one case can show anything, the following facts are to be noticed.

1. There was no pain produced by the operation; and what was felt was only such as would occur in a very easy labour.

2. No vomiting occurred, although before the operation the patient had complained of great tendency to vomit.

3. There was no hæmorrhage; so that the operation was not interfered with.

4. There was no shock.

5. The circulation remained steady throughout the whole time of the operation.

6. There was no restlessness. The patient moved once only during the operation—shuddering slightly when the child was born.

7. Consciousness was retained, so that the patient was able to do what she was desired. When asked not to strain, she relaxed the muscles immediately.

8. The case shows that local anæsthesia can be produced in a wound six inches long, extending to the depth of the abdominal walls, without being followed by slough or by peritoneal mischief; the wound healing by the first intention.—*Brit. Med. Jour.*

Trichiniasis.—In consequence of the announcement of several deaths from trichiniasis, the municipal councils of Lille, Marseilles, and other towns in France have resolved that the Veterinary Surgeons appointed to inspect the butchers' meat offered for sale shall be supplied with microscopes for a more minute examination

Reviews.

ON SOME OF THE CAUSES AND EFFECTS OF VALVULAR DISEASE OF THE HEART: being the Croonian Lectures of the Royal College of Physicians for 1865. By Thos. B. Peacock, M.D., F.R.C.P., &c. &c. London: John Churchill and Sons. 1865.

Desirous of drawing attention to causes, other than inflammatory, which tend to the production of cardiac disease, Dr. Peacock exhibits in a tabular form the causes of valvular disease or defect as follows:—

1. Malformation of valves: arterial and auriculo-ventricular, giving rise to regurgitation, obstruction, or obstruction and regurgitation.
2. Injuries of valves: arterial and auriculo-ventricular, immediate and gradual, giving rise to regurgitation, with or without obstruction.
3. Alterations in capacity of orifices and cavities, giving rise to regurgitation from erosion or maladjustment.
4. Inflammatory affections, chiefly rheumatic, acute, and chronic, giving rise to obstruction, regurgitation, or obstruction and regurgitation.

It is to the three first causes of disease that the author purposes to draw attention, as the fourth has been already so fully illustrated by other authors. Dr. Peacock considers the semilunar valves as originally, most probably, consisting of segments which in normal growth become united to form the divisions found in the healthy and fully developed state. In this way he argues, "the excess in the number of the valves is not the result of redundant development, but of an arrest of the proper process of growth. We thus frequently meet with four semilunar valves, sometimes with five, and on the view suggested there is no reason why there should not be six, though I have never in any instance seen that number," &c.

"These changes are found both at the aortic and pulmonic orifices; but the protrusion of the valves is generally most marked at the latter, probably from the right ventricle being the most powerful during fœtal life, when the membrane is the most extensible. The condition described I believe to be the result of intra-uterine disease, though other explanations have been given of them. It has been supposed that when there are only two valves, one with a curtain much larger than the other, that the angles of attachment of one of the valves may have been torn down from accident. A very cursory consideration will, however, show that this supposition cannot explain the occurrence of the condition in most of the cases in which it is found. Injuries of the kind referred to do occur, but they are certainly very rare, and when they are sustained, they give rise to symptoms of a most serious character, and which cannot be overlooked; whereas the condition described is often found in persons who have never presented any signs of cardiac disease or sustained any serious injury. Blending of the valves, precisely similar in every respect to that described, is also met with in the bodies of young children and infants, and in connexion with other deviations from the natural process of development, which conclusively prove their intra-uterine origin. Thus the pulmonic valves are often found united together in cases in which the septum of the ventricles is imperfect, or where the foramen ovale is unclosed and the ductus arteriosus still pervious—conditions which clearly point to the existence of obstruction at the pulmonic orifice during fœtal life."

Cases are quoted in the text and foot-notes corroborative of the position taken by the author.

Instances are given from the practice of Dr. Peacock, as well as from that of Drs. Hope, Thurnam, Bristowe, Stokes, Graves, Corvisart, &c., showing how an extraordinary amount of thickening and obstruction may exist for years in the aortic and mitral valves without giving rise to symptoms of cardiac disease, and where the patient may die from causes unconnected with the cardiac disease, which latter may be first learned only at the autopsy.

The gradual progress of the valvular lesion advancing, *pari passu*, with a compensatingly increasing power of the ventricle, may explain the absence of symptomatic evidence during life. "It may, however, be doubted whether the condition is always of congenital origin; but when two or more of the valves are found completely united, I think the probability is that the union took place during fœtal life." The author adds, "that auriculo-ventricular malformations in fœtal life may lay the foundations of disease in after life" in his opinion.

Of twenty-six cases of aortic valvular disease, nine probably originated in malformation of the valves, and of seventeen cases of combined aortic and mitral valvular disease, two probably so originated; or, in other words, of forty-three cases in which the aortic valves were diseased, either alone or in conjunction with the mitral valves, in eleven, or 25·5 per cent., there was malformation of the valves, which probably laid the foundation of the subsequent disease—a proportion which is much larger than would *a priori* have been expected. Space does not permit us to enter at any length on many other points of interest in Dr. Peacock's valuable work. We would, however, commend his directions as to treatment, diet, &c., in cases of aortic and mitral valvular disease. Speaking of digitalis in cases of aortic disease, he observes on its too frequent and too indiscriminate use; he combats the opinion that it exerts a tonic action on the heart; he regards it as adding to the obstruction to the heart's action already existing from the valvular disease. He gives notices of cases bearing out his opinion on this very important subject. In cases of mitral valvular disease he regards digitalis as eminently useful, more from its diuretic properties, thus lessening the amount of blood, relieving congestion, and promoting the absorption of effused fluid. The remedy, however, requires in all cases to be watched, so as to guard against its influence causing too great depression of the heart.

Dr. Peacock concludes by adverting to Dr. Stokes, who, in his admirable work on "Diseases of the Heart and Aorta," remarks, "that the practitioner should never forget that local diseases, themselves incurable, may co-exist with an excellent state of the general health for a period indefinitely long; and the conclusion is but too obvious, that as the disease cannot be cured, the system at large should not be tampered with."

TRANSACTIONS OF THE OBSTETRICAL SOCIETY OF LONDON FOR THE YEAR 1864. London: Longman and Co.

The volume before us contains many papers of great interest by men of acknowledged reputation in their peculiar departments. We will mention a few, "On Fibrous Tumours of the Uterus," treated by surgical means, by J. Baker Brown, F.R.C.S., &c. The conclusions to be drawn from this paper are briefly these:—1st. That the fact of the curability of these tumours is materially confirmed by these new cases. 2nd. That it is not necessary in many cases to do more than incise the os and cervix, thereby much lessening the danger of the operation. 3rdly. That hæmorrhage is almost invariably arrested by incision of the os and cervix. 4thly. That the cure of these fibrous and fibroid tumours is now fairly established, as proved by the experience of Dr. McClintock, Dr. Routh, Dr. Dawson of Newcastle-on-Tyne, &c, as well as by Dr. Brown himself, by surgical means, without the danger of enucleation.

Another paper containing "Ten Cases of Ovariotomy, with remarks on Hospital Management," by Thomas Bryant F.R.C.S., &c., adds further to our stock of experience on this subject, and Dr. Tyler Smith gives eight additional cases of "Ovariotomy" beside the twelve he has already published in these "Transactions." Dr. Eastlake has a contribution "On the third Stage of

Labour"—viz., the management of the placenta, which, taken with that of Dr. Greenhalgh, "On the Treatment of Placenta Previa, with illustrative Cases," deserve careful perusal. Want of space compels us to give only the following brief abstract of this paper and the twenty-seven cases and ables by which it is illustrated. The practical points to be deduced are the following:—That Nature, unaided every now and then, overcomes this accident with safety both to mother and child; that complete and partial placenta prævia may happen at any age, or in a first or any subsequent pregnancy and at any period of utero-gestation; that spontaneous premature labour is the rule and not the exception in these cases; that a patient may suffer from a few minutes to many hours or days in labour, and in proportion as pregnancy is advanced so is usually the severity of the hæmorrhage, constant or periodic, extending over minutes, hours, days, weeks, or even months; that the change is either in proportion to the amount of blood lost, the suddenness of its flow, or the lengthened period over which it extends; that, notwithstanding the alarming loss of blood, the os uteri and external parts may continue rigid and preclude delivery; that the danger both to mother and child is dependent upon the amount of exhaustion from loss; that in some cases neither the rupture of membranes, the natural or artificial separation of a part or whole of the placenta, nor ergot can be relied upon to arrest hæmorrhage; and that occasionally so alarming is the prostration that no attempt could be safely made to effect delivery; that although turning *per se* cannot be regarded as a dangerous operation, yet when undertaken in cases where the patient has been much reduced, it proved fatal in 131 out of 512 (1 in less than 4), not to mention the amount of fœtal mortality. The concluding points of Dr. Greenhalgh's conclusions are, that the effect of plugging, according to his directions, was to arrest hæmorrhage, to excite labour pains, and to promote the dilatation of the os uteri and external parts, and that with repeated doses of ergot, uterine contraction and the descent of the presenting parts were favoured and prevented post-partum hæmorrhage.

ESSAY ON THE NATURE AND TREATMENT OF CHOLERA AND FEVER: with Medical Remarks on the Treatment of the Cattle Plague; also an Appendix on Public Health. By James Tucker, M.D., &c. Dublin: Falconer. Pp. 40. 1865.

NOTES ON CHOLERA; ITS NATURE AND ITS TREATMENT. By George Johnson, M.D., &c. London: Longman and Co. Pp. 112. 1866.

The prevalence of cholera in the East and on the Continent with the dread of its approach to our shores, together with the unusual prevalence of typhus fever, and the "plague" now raging among cattle in England, has caused quite an inundation of books, pamphlets, and papers upon these and similar subjects, two of which we have before us.

Dr. Tucker commences with a dedication to Dr. Stevens, couched in terms which, although meant to be highly laudatory of Dr. Stevens' ability, and highly complimentary to him personally, is of a nature which we trust few sensible men would receive willingly with pleasure. As might be expected from the amount of "soft sawder" expended on Dr. Stevens in the dedication, the first portion of Dr. Tucker's pamphlet—occupied for the most part by the consideration of cholera—is chiefly spent in a repetition of Dr. Stevens' views as to pathology and treatment (by salines) without any original matter worthy the name. The portion of Dr. Tucker's essay which relates to the cattle plague starts with a preconceived idea that that disease is identical with typhoid fever in man, which is now known to be very doubtful if not untrue. Dr. Tucker in this chapter quotes the *Times* as "*the* public press;" we are happy to say there are other journals deserving the name of the "public press" besides the *Times*, which journal has not of late been in a position to lecture the medical profession, as Dr Tucker appears to think, and from which he seems to have imbibed some of his rather hazy ideas of medicine. Dr. Tucker concludes with an Appendix on Public Health, which (although the only part of his pamphlet containing valuable information) occupies but one page with what every one knows, winding up with a last quotation from his favorite author, Dr. Stevens.

Dr. Johnson's little volume (a reprint from the *British Medical Journal*) contrasts as favourably with Dr. Tucker's pamphlet, as its dedication to Dr. Watson does with Dr. Tucker's to Dr. Stevens. Dr. Johnson's chief object is to disprove the theory that the collapse in cholera is caused by the loss of fluids and consequent thickening of the blood, and to point out the faults in practice resulting from a belief in this (as he conceives) erroneous opinion. We think, however, Dr. Johnson considers the views which he combats and the lines of treatment he opposes are much more generally received than they really are at the present day. Dr. Johnson deduces very fair and convincing arguments from facts noted by various writers on cholera in support of his views. The author then goes on to state, in a very clear and concise manner, his opinion as to the real cause of the thickened state of the blood; stating his belief that this condition has its origin in an obstruction to the passage of the blood from the right to the left side of the heart, caused by spasmodic contractions of the muscular fibres of the minute pulmonary arteries, and consequent want of proper aëration of the blood. To use the author's own words:—"The blood contains a poison whose irritant action upon the muscular tissue is shown by the painful cramps which it occasions, the blood thus poisoned excites contraction of the muscular walls of the minute pulmonary arteries, the effect of which is to diminish, and in fatal cases entirely to arrest, the flow of blood through the lungs." As to treatment, Dr. Johnson prefers purgatives, condemning the saline treatment of Stevens as merely palliative, the opium and astringent treatment as injurious, and Dr. Chapman's treatment by ice to the spine as a practice the result of a theory which the author looks upon as "a speculative web spun from the projector's brain." In conclusion, we have to recommend Dr. Johnson's carefully written and neatly got up little volume as full of interesting and useful information to all members of our profession.

PHOTOGRAPHS (COLOURED FROM LIFE) OF DISEASES OF THE SKIN. Second Series. By Alex. Balmanno Squire, M.B.Lond. No. 1. Rupial and Lupoid Syphilides. London: Churchill and Sons.

The present Photograph represents a case of Rupial Syphilitic Disease affecting the Face. The affection is a tertiary one, the primary disease having been contracted about two years ago, and the secondary having appeared about a month after the commencement of the primary. Nothing is said about the treatment, although it would have been interesting to know whether any or what remedies had been employed. It is incidentally mentioned that some of the sores were treated with "ointment," but the nature of its composition is not described. The representation of the disease is a very faithful one, the original having been introduced to the notice of the Pathological Society of London.

PROGRESSIVE LOCOMOTOR ATAXY: its Symptoms, Diagnosis, and Treatment. By Julius Althaus, M.D., Physician to the London Infirmary for Epilepsy and Paralysis. Pp. 39. London: Churchill and Sons. 1866.

This paper was read at one of the meetings of the Medical Society of London, and it contains a very good practical account of a disease, which for a long time was but imperfectly understood, but since the researches of Duchenne of Boulogne has obtained a definite place in our nosology. To

the last-named author, however, Dr. Althaus does not admit that the first description of the disease is fairly attributable, and he thinks that the late Dr. Todd described it eleven years before Duchenne. Dr. Althaus's description of progressive locomotor ataxy is very clear, and the indications of treatment, although unsatisfactory, are set forth with great candour and judgment.

THE CAUSES AND TREATMENT OF IMPERFECT DIGESTION. By A. Leared, M.D.Dub. and Oxon., M.R.I.A., Physician to the Great Northern Hospital, London. London: J. Churchill. Pp. 244.

Few books have gained a greater or more deserved popularity than the treatise before us, three editions having been disposed of within the six years which have elapsed from its first appearance. This we think is owing in part to the frequency and importance of the maladies of which it treats, but mainly to the lucid style in which the author details his experience and displays his erudition on the subject. Diseases of the stomach especially require a knowledge of the physiological actions of the organ, and for this reason a very able chapter on "The Physiology of Digestion" concludes the work. It would seem to us better placed if it were introductory.

As the former editions are so extensively known, it seems only necessary for us to allude to the additions to the present one. For instance, the chapters on the dietic and hygienic treatment of dyspepsia have been very much amplified, and there is a most valuable appendix containing an account of some experiments of Dr. Leared's to determine the cause of heartburn, and investigations upon the effect of various kinds of charcoal in absorbing gastric and intestinal gases, and thus relieving flatulence. We may add that our French brethren will be enabled to profit by this excellent and exhaustive work, a translation having been just made by M. Vacher.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 11, 1866.

SCEPTICISM AND CREDULITY IN PHYSIC.

The inquiring spirit of the age has overthrown some of what were once considered the bulwarks of Medicine, and opinions once stoutly maintained, have either been spontaneously abandoned or have been controverted by the results of experience and observation. It cannot be denied that the excessive and almost indiscriminate bleedings, sometimes recommended and practised by our immediate ancestors, were often unnecessary and probably injurious; and even with the excellent work of the late Mr. Travers as a guide, it must be admitted that the efficacy of mercury in the cure of inflammations is more than doubtful. As it is not our province to dogmatize on questions which are still on their trial, we do not assert that our forefathers were altogether wrong in employing active measures in the treatment of the diseases they encountered in their day; nor do we proclaim that many practitioners of the present day are altogether right in treating the therapeutic notions of their predecessors as contemptible emanations of ignorance and prejudice. We believe, indeed, that the mortality in recent times from acute diseases is less than it has been in former periods in this country; and this result may be, and probably is, due to the more guarded and cautious adoption of lowering measures by our modern practitioners; but is it equally certain that the class of asthenic diseases has been diminished in number, or its fatality moderated? We are quite aware that under the present improved methods of diagnosis, many diseases are now described which formerly escaped detection, and therefore we do not assume that such affections as Bright's disease, bronze-skin disease, fatty degeneration of the heart, trichiniasis, and many others, are really new, although they have been described and individualized in comparatively recent periods; but on the other hand, we have very strong doubts whether the practitioners existing at the commencement of the present century, were familiarly acquainted with Asiatic cholera, or epidemic influenza, or diphtheria, or even whether they were acquainted with the typhus and typhoid forms of fever, such as they are described and known in Great Britain in the present day. We say in Great Britain, because we are not sure that the distinct existence of typhus and typhoid fevers is clearly recognized and generally admitted even in Ireland at the present moment.

The above remarks, however, are merely introductory, and are made to explain what appear to us to be some of the causes of the opposite extremes of scepticism and credulity prevalent among the existing generation of practitioners and patients. The student who turns to his Medical Dictionary or his Cyclopædia, and finds a stereotyped plan of treatment laid down for every disease, and who then, in attendance in the hospital wards, finds that the precepts given in books are never, or scarcely ever, followed in practice, naturally begins to doubt the efficacy of all medication whatever; and the practitioner who may have begun with a faith in his art, finds his idol rudely shattered by the discovery he too often makes that diseases get well, or patients die, under any or every treatment, or under no treatment at all.

But strangely enough the scepticism of the Profession is more than counterbalanced by the credulity of the public, who seem to cling with the utmost tenacity to any system of falsehood and quackery, in proportion as legitimate medicine confesses the imperfection of its ministrations. The physician who would plainly tell his hypochondriac or hysterical patient that there is very little the matter, and that mental repose or mental activity, as the case may be, is the only necessary remedy, will probably be regarded as ignorant and incapable; and he who would plainly announce that a cancer cannot be cured, or that a fever will run a certain periodical course, with or without the interference of medicine, would probably be regarded in the same light, and recourse would be had to the pill-vendor, or the cancer-curer, or the homœopathic quack, each of whom boldly pretends to do what scientific medicine confesses its inability to accomplish.

Viewed merely in a psychological light, it is perhaps

rather a source of consolation than otherwise that human beings suffering either from imaginary maladies or from affections generally regarded by the Medical Profession as hopeless, should believe that a cure may be effected by Holloway's ointment, or Morrison's pills, or by the homœopathic globules, just as hundreds and thousands of mothers in the lower (and perhaps the upper) classes believe that measles is cured by the administration of saffron, which is sold universally in the chemists' shops for that purpose. But when we class together the pretensions of Holloway, and Morrison, and Hahnemann, we do so for the purpose of observing that the homœopathic quackery is really the worst of the three, because the two former pretenders are avowed quacks, and profess boldly that their nostrums cure all diseases---a proposition which, whether true or not, is at any rate intelligible in its language; but the disciples of Hahnemann envelope their fancies in a mystical and quasi-scientific phraseology, which, while it imposes upon the uneducated and the half-educated, appears at first sight, even to the scientific mind, to express some important truths. It is quite intelligible that in the scheme of Providence remedies may have been provided for all the diseases to which mankind is liable, but the fatal objection to this dogma is that the data on which it is founded are not true, or at any rate that they are so few in number, and so imperfectly substantiated, that they are quite worthless. On the other hand, nobody pretends to deny that castor-oil will open the bowels, that opium will cause sleep, or that juniper will act on the kidneys; and even the most bigoted opponent to, or disbeliever in, physic will scarcely dispute the fact that intermittent fever is generally cured by the administration of quinine, or, to make our proposition perfectly logical, that the administration of quinine in intermittent fever is found so frequently to be followed by successful results that the sequence of cause and effect is pretty generally admitted.

Scepticism in Medicine, on the one hand, and credulity as to the action of drugs on the other, are both in great measure to be attributed to imperfect perception, on both sides of the argument, of the real nature of disease and the real domain of therapeutics. The sceptics, while they doubt the efficacy of all medication, should reflect whether the discordant results they observe are not due to essential differences in the character of disease in different constitutions and at different seasons, times, and places; and the credulous should know that many of the supposed cures wrought by the quacks are imaginary, and that the statements made by these gentry are almost all mendacious. Even when the facts may be truly stated, the reasoning is false, as, when a homœopath tells us that he has cured a pleurisy or a pericarditis by the administration of a globule of some inert drug. The disease, indeed, may have disappeared, in one or two exceptional cases, under such circumstances, but the cure was due to Nature, and not to the globule, which had actually no share at all in the result.

Notes on Current Topics.

VERDICTS OF *FELO DE SE*.

The verdict of *felo de se*, under any circumstances, is a poor and pitiful mode of wreaking vengeance upon the remains of a human being who has passed beyond the reach of the law, and the only result can be to inflict pain upon the feelings of survivors, who perhaps are sorrowful enough at the loss of a relative, or, it may be, are already humiliated by the sins or the misfortunes which led to the melancholy event. But if such a verdict is to be returned by a jury at all, it should only be after a most careful investigation of all the facts, guided by at least some elementary knowledge of the principles of psychological science. These remarks have been called forth by an inquest lately held in London upon the remains of a man named Villers, who guillotined himself in Bouvere-street, and on whom a verdict of *felo de se* was returned, upon no other grounds, it would seem, than that the suicide exhibited great mechanical skill, self-possession, and ingenuity in the mode by which he destroyed himself. The *Pall Mall Gazette* has been, we believe, the only influential London journal which has protested against this absurd and unjust verdict, and Dr. Forbes Winslow, in a letter addressed to that periodical, adduces the fact of a lunatic having committed suicide by crucifying himself in a most ingenious manner upon a cross which he had manufactured for the purpose, and to the construction of which he had devoted several years. Dr. Winslow very properly and very truly remarks that design, method, great cleverness of a mechanical kind, self-possession, and cunning are constantly observed among the insane afflicted with suicidal monomania.

RUMOURED ABUSE OF PATRONAGE AT THE HORSE GUARDS.

It is said in some of the political, as well as in the medical journals, that a small piece of jobbery in the Medical Department of the Army has been, or is about to be, perpetrated in reference to a vacant appointment in one of the regiments of the Guards. At the outbreak of the Crimean war, when medical officers were required for active service, and when the supply fell considerably short of the demand, several gentlemen were induced to enter the medical service of the Guards, on the distinct understanding that the promotion would be *regimental*, that system being in operation in the department of the army in question. Lately, however, the rule has been set aside on the occasion of a vacancy, and the medical officers who joined the respective regiments on the understanding referred to, find that they have been betrayed, and that in a particular instance it is anticipated that promotion will go in the brigade, and not in the separate regiments. What makes the matter worse, is that it is said the step in question is taken by the Commander-in-Chief on personal grounds alone, and that its effect, if carried into operation, is to benefit, at the expense of the other medical officers, a gentleman who happens to be the son of a surgeon who was in the Duke's late regiment. We hope that the rumour to which we allude is unfounded, or; at all events, that the intention of deviating from established rule in the case of one favoured individual will not be fulfilled, for such an abuse of patronage cannot fail to increase the prevailing discontent among the medical officers of the

army in general, who ought to be conciliated rather than affronted at the present moment, when the best men of our profession are invited to enter the service.

QUACK TITLES.

We beg to direct the attention of our readers to a letter under the above head in our present number.

We are glad to be able to say that one result of the article referred to by our Correspondent has been the suppression of obscene quack advertisements in some numbers of two journals which we have recently seen, and which were adverted to by us in the article above mentioned—the *Cork Constitution* and the *Cork Daily Herald*.

We hope soon to be able to say as much for the *Irish Times*, which ought to be as respectable a journal as those already named.

Some of our readers will recollect that we had occasion to bring under their notice last year the conduct of another paper published in Dublin (the *Commercial Journal*), and that subsequently we published a letter from its editor announcing his intention to stop the quack advertisements as soon as his then existing contracts for their insertion should have come to an end.

With regret we are obliged to state that this promise has not been adhered to, and we feel compelled to inform the profession of the fact that they may shape their own conduct accordingly.

We are determined to use the legitimate power of the press to put down such a continued insult to religion, morality, health, public decency, and domestic purity, as is necessarily involved in the continuance of these filthy and dangerous advertisements, which our readers will not fail to observe are inserted without scruple by journals, not only most orthodox in the religious department, but even inserting articles and letters on vexed questions of religious doctrine, while thus neglecting one of the weightier and more practical matters of the law, "let no filthy communication proceed out of your mouth." Our Correspondent has made an unintentional mistake in stating that we advised political journals to refer to the Medical Register only for the names of qualified practitioners. What we advised was to refer to that Register *and* to the "Publisher's Catalogue." We are aware that a qualified man, unregistered and retired from practice, *may* write a *bona fide* medical work. In such case it will be found in the "Publisher's Catalogue;" but, as a matter of every-day fact, the name and work of a qualified *practitioner* will in 999 cases out of 1000 be found in both records.

THE SICK POOR IN ENGLISH WORKHOUSES.

The Poor-law Board has at last begun to move in answer to the appeals so frequently made in reference to the shameful treatment of the sick poor in the metropolitan Workhouses. It has lately determined to instruct Mr. H. B. Farnall in conjunction with Dr. Edward Smith, now the Medical Officer of the Board, to inspect the infirmary wards of all the London Workhouses, and to inquire into and report upon the existing arrangements for the care and treatment of the sick poor. It appears that the Board has also requested these gentlemen to suggest such remedies for any existing evils in the Workhouses as they may think necessary to improve the condition of the inmates. We are very sceptical as to the results of this inquiry, considering that the Poor-law Board knows already perfectly well the nature of the abuses which have existed under its very eyes, but it is just possible now, that the public opinion has taken a turn in favour of the poor, that the Board may do something. In the meantime, we understand that the following document has been lately forwarded to the President of the Poor-law Board, as expressing the opinion of some of the leading members of the Profession as to what is necessary for the better treatment of the sick poor in the Workhouses:—

Having been requested to express an opinion of the principles which should guide any efforts to improve the State treatment of the sick poor in workhouse infirmaries, we beg to state that any scheme in order to be satisfactory should, in our judgment, be based upon the following principles:—

I. The sick poor should be separated from the able-bodied paupers, and their treatment should be placed under a distinct management.

II. In lieu of sick wards annexed to each workhouse, consolidated infirmaries should be provided, where the following rules of hospital management should be adopted under skilled supervision. They are those generally accepted in this and other European countries:—

1. The buildings should be specially devised for the purpose of suitable construction and on healthy sites. The rules laid down by the Barrack and Hospital Commission may be consulted with advantage on this subject.

2. Not less than 1000 (and for particular classes of cases 1200 to 1500) cubic feet of air should be allowed to each patient.

3. The nursing should be conducted entirely by a paid staff, and there should be not less than one day-nurse, one night-nurse, and one assistant-nurse for each fifty patients.

4. There should be resident medical officers in the proportion of not less than one for each 250 patients.

5. The medical officers should not have any pecuniary interest whatever in the medicines supplied, nor should they be charged with the duty of dispensing them.

6. A judicious classification of patients should be observed: the epileptic and imbecile, the acutely sick and the aged and infirm being treated in separate wards.

7. The aged and infirm, the chronically sick and the convalescent, should be provided with day-rooms separate from the dormitories.

George Burrows, M.D.; James Clarke, M.D.; Wm. Fergusson, William Jenner, M.D.; James Paget, Edward Sieveking, M.D.; Thomas Watson, M.D.

TRICHINOSIS.

Virchow says that a kind of natural cure of trichinosis is the encysting of the trichinæ. When shut up in a cyst, the wanderings and further development of the animals are arrested. They become imprisoned, and show no signs of existence in their then feeble state of vitality. Art can do nothing here in the cure. The attempt to assist the encysting process by giving phosphates and acetic acids is founded on a false idea; for it is not the calcification of the cyst, but the formation of it, which is essential. If the patient live long enough to allow of the formation of the cyst, in all probability the trichinæ will not afterwards destroy his life. It is possible, he adds, that some remedy may be found which will kill the trichinæ without destroying the patient; but assuredly none such has as yet been discovered. The most dangerous guests are the muscular trichinæ, and to find a remedy to kill them would indeed be of the highest benefit. In the meantime, we must remember that the intestinal trichinæ produce the brood of young animals which wander through the body into the muscles. The longer, therefore, these breeding animals are allowed to remain in the intestines, the greater will be the progeny set free in the body, and therefore the more destructive the disease.

Hence it is of the highest importance to attempt to remove at once the breeding animals from the intestines by emetics and purgatives. [We are not aware whether the destruction of the trichinæ in the muscles has ever been attempted by the galvanic current; but the attempt, *a priori*, seems worthy of a trial. Such a shock as would be harmless to man's muscular fibre might, perchance, destroy the feeble organism of a trichina.—*Editor British Medical Journal.*]

RETROSPECT OF THE MEDICAL JOURNALS.

April 7th, 1866.

The *Lancet* reviews the report of the Army Medical Department for 1863. Some of the papers therein contained are valuable in a sanitary and preventive point of view, but exception is very justly taken to the fact that the question of therapeutics and the medical treatment of disease is altogether overlooked.

Our contemporary alludes to the inaugural address by Dr. Watson, on the occasion of his being elected for the fifth time to the President's Chair at the College of Physicians: in it he intimated his intention of withdrawing after this year from the office to make room for a younger hand. This conduct is contrasted with that of the governing body of the College of Surgeons.

"The annual election of members of Council will take place in three months, and we shall hope to see some new members elected who will strive to follow the progressive policy of their brethren of the College of Physicians, instead of the uniformly obstructive measures which have hitherto obtained with the governing body of the College of Surgeons. Should they fail in obtaining a new charter, they might at least prevail in enforcing the provisions of those already existing—viz., the election of President from among non-examiners, the appointment of Examiners from among the Fellows at large, and the *bonâ fide* election of these Examiners every five years, all of which regulations are at present evaded."

The system of nursing by lady sisters and nurses, which has proved so advantageous in King's College, St. Thomas's, University College, and the Great Northern Hospitals, is to be tried in St. George's, Charing-cross, and the Middlesex. This journal has already alluded to the introduction of the system in Dublin into Dr. Steeven's Hospital.

A good deal of dissatisfaction is very properly evidenced, by those interested in the matter, in reference to the appointment of a Surgeon to a Regiment of Foot Guards; hitherto these appointments have been made by *regimental* promotion, but now an attempt is being made to make it by *brigade* promotion, evidently with the object of bringing forward a favourite.

The cattle plague returns show a marked decrease in the number of cases.

According to the report of the *Lancet* Commission, the Infirmary of St. Margaret's and St. John's, Westminster, is in a more favourable condition than many others, but little credit is to be given to the governing bodies of these institutions, it is to their excellent and self-denying Medical Officer, that many of the improvements are to be attributed.

The exhibition of obstetrical instruments at the *Conversazione* of the Obstetrical Society seems to have been a complete success.

It is a curious fact that at the same time there were in London Hospitals three cases in which amputation at the hip-joint was successfully performed; one of these, under the care of Mr. Erichsen, we have already referred to; the other two have occurred in St. George's, one in the practice of Mr. Holmes, the other in the practice of Mr. Lee, for the removal of a fibroid recurring growth, and for old disease of the hip. A description is given of an artificial limb made for one of the cases by Mr. Gumpel, but it is a mistake to say that it is the first time such a thing has been attempted. Chassaignac in Paris had one constructed for a patient of his. It is a model of mechanical ingenuity; the movements are regulated by those of the opposite limb.

The *Medical Times and Gazette* recapitulates the report of Dr. Lankester, the Coroner for Central Middlesex. It is to be regretted that infanticide is on the increase, as it is to be expected this unnatural crime is perpetrated in the majority of instances by domestic servants, we rarely meet with it in the class of prostitutes. *Apropos* to this subject, we find in the *British Medical Journal* a paper by Dr. Paterson on the causes which tend to endanger fœtal life during labour, chiefly in their reference to cases which might be the subjects of medico-legal inquiry; the paper will be read with avidity by the lawyers.

There is in the *Times and Gazette* a very able article on Ozone, describing different methods for its preparation, &c.

A successful case of the Cæsarian section has occurred in the practice of Dr. Greenhalgh, at least as far as one can judge at present. The patient was operated on March 29th, and was doing well on the 4th April. What makes this case the more interesting is the fact that she was rendered completely insensible to pain by local anæsthesia produced by Dr. Richardson himself. All the journals of the week give the details of this case.

Mr. Hutchinson's admirable lectures on "Rare Forms of Fractures and Dislocations" are continued. He alludes frequently to the writings of Professor R. W. Smith.

Several cases are related of congestion and sweating with lachrymation confined to one side of the face in connexion with epileptiform symptoms. We are inclined to trace these symptoms to lesion of the sympathetic which accompanies the internal carotid to the brain, and which, when interfered with, produces dilatation of the vessels and consequent cerebral congestion.

Dr. Brown calls on the Editor of the *British Medical Journal* to apologize to him for his review of the pamphlet published by the former, and which is so likely to damage the cause of the Naval Medical Officers.

In their ignorance of the condiment furnished by mushrooms, our French neighbours have discovered a curious mares' nest; it is in connexion with the late case of summons for the adulteration of articles of food:—

"Cat-liver Soup.—The French journal, *Les Mondes*, has a version of the 'Liver Catsup' tale. It tells us that in a large eating house (*établissement alimentaire*) in London, there is made daily an enormous quantity of a soup which is very popular, and is made of the half putrid livers of cats."

STATISTICS OF PARISIAN HOSPITALS.

Statistics show that there have been in Paris hospitals, during the month of February, 597 accouchements, and 53 deaths: in the Hôtel Dieu, 104 accouchements, and 1 death; in the Lying-in Hospital, 74 accouchements, and no less than 30 deaths! The frightful mortality which has so long distinguished the Maternité is arresting the attention of authorities. The statistics are as follows:—

	Accouchements.	Deaths.
Beaujon	33	0
Hôtel Dieu	104	1
Saint Louis	77	1
Charité	42	1
Necker	30	1
Pitié	53	3
Cochin	34	3
St. Antoine	41	5
Cliniques	56	8
Maternité	74	30

M. Lefort has lately given some interesting statistics, based on a consideration of 1,800,000 accouchements. Of 888,312 women confined in the Paris hospitals, 30,594, or 1 in 29, died. Of 934,781 women confined in their own houses, 4,405 died, or 1 in 212. The cause of the great mortality in hospitals is puerperal fever.

Correspondence.

☞ We are not to be assumed to agree with the views of our Correspondents whose communications we insert for the purpose of affording opportunity for the enunciation of all shades of opinion in things medical. Our revision of letters is, therefore, confined to the removal of statements or expressions which we consider unsuitable or irrelevant to the subject in hand.

POOR-LAW MEDICAL REFORM AND VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I shall feel obliged by your allowing me, through the medium of your columns, to inform the Poor-law Medical Officers, and I may say the profession generally, for nearly all medical men are vaccinators, that the Vaccination Bill will not go into Committee before the first Wednesday after Easter, time amply sufficient for every medical man in the kingdom to communicate with his Member of Parliament. I have sent a copy of the amendments mentioned by me in former communications to every Member of Parliament, and have written private letters to about twelve gentlemen in the House. From communications already received, I believe it is intended to permit certain alterations to be made in the Bill, and perhaps Government may consent to pay a portion of the fees; but unless that portion be specially appropriated to the medical men, it will only be relieving the poor's-rate without benefiting the vaccinator. The Bill will require careful watching, otherwise it will slip through Committee without being materially amended.

The general question of Poor-law Medical Reform must stand over until after the General Reform Bill has been disposed of.

Allow me to tender to Mr. Prowse of Amersham the best thanks of the Association for the exertions he has made in raising the large sum of £92 18s. which he has forwarded to me, and it is now in the bank to the credit of the Association.—I am, &c. Richard Griffin.

12, Royal Terrace, Weymouth, March 24, 1866.

The following subscriptions have been received since the last publication:—

Barton and Turner, Caistor, 10s.; Ray, E., Clerkenwell, St. James's, £1 1s.; Wyer, O. F., Nuneaton, 10s. 6d.; Greenwood, Major, St. Leonards, Shoreditch, 10s.; Willis, R., Tavistock, 5s.; Evans, M. G., Narberth, 10s.; Congdon, W. G., Penzance, 5s.; Smith, W., M.D., Weymouth, £1 1s.; Hanham, F., Bath, 10s.; Hinnell, E. J., Thingoe, 5s.; Morris, R. T., Wigan, £1: Green, H., Lexden and Winstree, 10s.; Tys, D. F., Blandford, 5s.

By Mr. Prowse:—

James, J., Bristol, 10s.; Wraith, J. H., Over Darwen, 10s.; Probert, J., Merthyr Tydvil, 10s.; Allday, F., Merthyr Tydvil, 10s.; Dyke, T. J., Merthyr Tydvil, 10s.; Rees, M., Merthyr Tydvil, 10s.; Roberts, B., Eastbourne, 5s.

QUACK TITLES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Now that the subject of quackery is likely to obtain some notice through the instrumentality of your excellent journal, I trust the turbid waters having been stirred, the wave may not be allowed to subside till all impurities be removed, and the clear stream of legitimate medicine permitted to flow on in its rightful course, unsullied by the impure and obscene dregs which, too long tolerated, have at length served to render the clear fountain a very Stygian lake!

Following the course pursued in your leading article last week, and bearing in mind the words of the poet—

"Plurima felix
Paulatim vitia atque errores exuit omnes,
Prima docens rectum sapientia."—*Juvenal.*

I shall endeavour to "teach what is right" concerning the subject alluded to; and first, as to the author of the "Diseases of Women," I have to remark it is only *one* of the many guises assumed by that individual; and as there seems to be some doubt as to his *identity* (and no wonder, having as many forms as the Lernæa Hydra of old), I trust you will forgive me adducing a few examples derived at random from some old publications. Having had my attention drawn to this individual more than eight years since, I have since that time watched each curious metamorphosis; and I only regret, a short time since looking over some old papers, I burned those which contained his *larva* existence. Omitting therefore this stage, we find in the newspapers of 1858-66, the following varieties of titles assumed by this "Doctor":—

"Given away to Nervous Sufferers.

"Dr. Smith has just published a free edition of 20,000 copies of The Warning Voice, or Private Medical Friend. A new work on the cure of nervous debility, loss of memory, dimness of sight, lassitude, indigestion, dislike to society, local weakness, muscular relaxation, langour, listlessness, depression, &c., which, if neglected, result in consumption, insanity, and premature death; with plain directions for perfect restoration to health and vigour. Sent post free to any address on receipt of a directed envelope enclosing two postage stamps. Address, Dr. Smith, &c.

"Consultation by letter without fee.

"Dr. Smith will, for the benefit of persons suffering from Nervous Debility, &c., on receiving a description of their case (enclosing a stamped directed envelope for reply), send his written opinion, with advice and directions for the most successful treatment and cure. Address," &c.

(December, 1859.)

"A Boon to Nervous Sufferers.

"Given Away—26,000 copies of a Medical Book, for the benefit of nervous sufferers, sent post free, by the author, secure from observation, on receipt of a directed envelope enclosing two stamps—the Private Medical Friend, a new work on the self-cure of nervous debility, loss of memory, dimness of sight, lassitude, indigestion, dislike to society, &c., which if neglected result in consumption, insanity, and premature death; with plain directions for perfect restoration to health and vigor.

"'Every young man should peruse this excellent little work if he values his health, happiness, and peace of mind.'—*British Critic.*

"The true guide to those who desire a speedy and private cure. By Henry Smith, Esq.," &c.

The above is extracted from a most respectable paper—the *Evening Packet.*

1864, a slight change is observed:—

"A Boon to Nervous Sufferers.

"Dr. Smith has just published a Free Edition of 20,000 copies of his valuable work, The Private Medical Friend (116 pages), on the self cure of nervous debility, loss of memory, dimness of sight, lassitude, &c. Copies may be had free by sending a stamped directed envelope to the author's residence."

Then follows the "free consultation" clause as above.

(*Irish Times*, 1865.)

"Read the New Medical Guide. A Physician, who has devoted fifteen years to the treatment of nervous debility, loss of memory, dimness of sight, lassitude, and indigestion, has published a new edition of the New Medical Guide (120 pages), containing his mode of treatment, with necessary instructions, by which sufferers may obtain a cure. Sent post free in an envelope to any address, on receipt of a directed envelope and two stamps. Address, Messrs. Smith," &c.

Now we come to the strangest transformation of all—the *imago* or *complete state.* In 1866 we find—

"Just published, by the Author of the 'Volunteer's Manual.'

"Nervous Debility: Its Cause and Cure. An invaluable work on the cure of nervous debility, weakness, loss of appetite, indigestion, &c. Illustrated with cases in proof of the author's successful treatment. Free by post on receipt of two stamps. Address Dr. Smith, M.D."

The last quoted advertisement is extracted from this day's

Irish Times, and leads me to the more legitimate subject I wish to touch upon at present. Can we form any opinion why this individual (and many others of the same stamp) should assume so many phases? why we first find him "Dr." (1854-8), then "Esq." (1859), "Messrs." in 1865, and lastly, at the present day, "Dr. Smith, M.D."? Now, Sir, I think the answer is obvious, when we recollect that, prior to 1858, there was no check to any man styling himself "Doctor," till the passing of the Medical Act at the close of that year, which undoubtedly *then* struck terror into the breasts of these wretches, therefore the descent to an "unactionable Esq.;" but soon *some* amongst this vile fraternity began to assume the former style, irrespective of the pains and penalties of the *at first* dreaded enactment. But *nothing detrimental followed; nay, the very power the quack at first dreaded, was found to afford protection*, so that growing bold through impunity, they now assume every title of legitimate medical rank. Nor is it an easy matter to determine the true from the false; and with all respect, I think the observation in your article last week—that the editors of the daily press should look into the *Medical Register* before publishing advertisements touching on professional subjects,—though good in principle, will in practice be found very defective. To quote an instance, having requested a friend to supply me with the names of those professing to be medical men in my neighbourhood, I obtained a tolerably long list, divided into *vera et falsa;* on examination, I found amongst the latter, names of *true members of the profession*, who, not being Registered, did not of course appear (they having retired from practice. Now, Sir, had any of these gentlemen sent notice of a work for publication, and the editor not finding their names on the *Register*, I need not state the unpleasantness likely to result. I shall advert to one other phase of this subject and have done. Not long since I saw a case of *compound* fracture of the tibia in a very bad condition. On inquiring how the fracture occurred, I obtained the following history:—The man was proceeding home in the dusk of the evening, when he stumbled over a stone and fell into the ditch; on rising he was unable to walk or use the left leg, however he managed to crawl as far as a cottage on the road side, when the inmates advised him to send for advice, which was done, and the *simple* fracture put up in the usual way. Some days after, one of the young men of the family brought in a *notorious quack* who had the reputation of being a *clever bone-setter*, and this worthy proceeded to investigate the state of affairs. What his manipulation was, of course, I cannot positively state, but to *mend* matters he contrived to make the *simple* a *compound* fracture. The patient, when I saw him some days after, stated it was the *Doctor who first saw him that did so*, which surprised me much, as he was a most skilful and excellent surgeon in every way. On minute inquiry, however, I learned the truth as above stated, the poor man asking me not to say anything of the circumstance, as he was afraid to tell on the quack, he having such influence over the peasants in the neighbourhood. I think, Sir, taking this in conjunction with the fact that these wretches, when they have fleeced and emptied the pockets of their victims, having brought them *in extremis*, then send them to seek legitimate advice, should act as a most powerful incentive to every member of our noble and humane profession to at once "rise in arms," and for ever exterminate these wretches.

In conclusion, I think from what I have so feebly endeavoured to promulgate may be deduced—

1st. All medical men in practice or not should be obliged to Register.

2nd. In the words of the Medical Act, sec. 40:—

"Any person who shall wilfully and falsely pretend to be or take or use the name or title of a Physician, Doctor of Medicine, shall, upon a summary conviction for any such offence pay a sum not exceeding £20."

This Clause to be put in force and not any longer to remain a "dead letter," such prosecution to conviction to be conducted by the Medical Council or such others as they may delegate to do so.

3rd. A remonstrance to be addressed to the editors of those newspapers admitting obscene advertisements.

4th. The name of the individual, whose "literary history" is traced above, be brought before the Medical Council, and treated by them as the Act above cited empowers them to do to those assuming the title of M.D.

Hoping, Sir, you will forgive my occupying so much of your valuable space, and trusting you will not let the matter drop till something definite has been effected for the good of the profession and the public in general, I remain faithfully yours,

JOHN S. A. CUNNINGHAM, L.R.C.S.I., L.K.Q.C.P.I.

Rathmines, March 24, 1866.

[We are glad to see from recent numbers of the *Cork Constitution* and *Daily Herald* that our late article has cleared their pages of the advertisements objected to by us. We hope soon to be able to say the same of the *Irish Times*.—ED. M. P. & C.]

ON NURSING THE SICK.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—As one of your readers, I feel much obliged for your article "On Nursing the Sick," in the number for Wednesday last. That your remarks were not only called for, but well-timed, received a melancholy proof from an announcement headed "Religious Enthusiasm" in the very same paper.

It appears—supposing that announcement to be exactly correct, and that it is not so I shall be very glad to hear—that thirty-one "Protestant" gentlemen deliberately rejected a large hospital endowment because of the annexed condition:—That the nursing should be placed under the care of the Sisters of Charity. No words could sufficiently condemn such conduct as this; coupled, as I suppose it would be, with a total neglect on the part of these "thirty-one Protestant gentlemen" to provide any substitute for the endowment so generously offered. However this reported occurrence bears you out in your strong recommendation to establish Protestant Nursing Sisterhoods or Training Institutions for Nurses, and I trust the matter will not be allowed to drop until we have several of them in full work in this city.

As some of your readers may not be "well up" in information respecting these associations, allow me to state a few facts which may act as incentives to further search on their part.

St. John's House, in London, an Anglican religious order, manages the nursing at King's College Hospital. The hospital pays the "House" £1000 a year, and in return is provided with all the female domestics, twenty-six nurses, a number of probationers in training, and six Lady Superintendents. This system has lasted for more than seven years, and has worked very well. The "House" is, as I have observed, a religious society. All its members must be members of the Church of England; they are not under "vows," and, practically, they are free to go or stay as they please.

The rules of this society, which I have read, were in great part drawn up by the late Dr. Todd of London, brother to the Rev. Dr. Todd, S.F.T.C.D., and were submitted to, and obtained the approval of, the then Archbishop of Canterbury (Sumner) and of the Bishop of London. It is with these nurses the present Archbishop of Dublin was so much interested.

University College Hospital has been nursed since 1860 by the ladies of All Saints Home, a religious order in connexion with the famous church of that name in Margaret-street, London. St. Thomas's Hospital is nursed by the Nightingale Training Institute, which is a secular body, and sprang out of the nursing exertions respecting our soldiers in the Crimean war.

Lastly, there is in Liverpool a "Nurses' Training School," which is a religious society, but is not confined to members of the Church of England. It is said to be very successful in its operations, which embrace hospital, district, and private nursing.

This institution was founded, I believe, in 1862, and received the support of wealthy Liverpool merchants. A sum of £4461 was raised by donations, and annual subscriptions were offered to the amount of £988. Under its management Liverpool is divided into eighteen districts, and by the last report (1866) I see that it nurses the Royal Infirmary, provides a staff of twenty nurses for the above-mentioned "districts," and has about fifteen nurses available for private families.

During the last year Messrs. Longman have published a full account of this institution in a small volume entitled "Organization of Nursing," to which Miss Nightingale has added an Introduction and Notes. It is published at 2s. 6d., and I can heartily recommend it to your readers. In conclusion, let me again thank you for your leading article, and allow me to hope that you will not let the subject drop.—Yours truly,

MEDICUS.

Dublin, April 6, 1866.

DISPENSARY SALARIES IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The following table taken from the "Poor-law Returns" will serve to indicate the relative standards of the dispensary salaries in the county Cork in 1855 and 1865. It may be perceived that, whilst in the large proportion of the unions, a progressive spirit of liberality has been displayed by the poor-law guardians, the contrary characteristics have continued to be exhibited in some exceptional divisions despite of all reasonable remonstrances, which proves that nothing short of *Legislative interference* will be sufficient to force "some boards" to relinquish their narrow-minded policy and sordid grounds of selfish opposition to demands, in which not only the interests of medical officers are concerned, but also those of *suffering humanity*, &c. &c.—Your obedient servant,

A PHYSICIAN.

Kinsale, April 6, 1866.

	1855	1865
MACROOM.		
1. Macroom	£75 0 0	£100 0 0
2. Clonmoyle	70 0 0	100 0 0
3. Slievereagh	70 0 0	100 0 0
4. Inchigeelah	70 0 0	90 0 0
5. Cannaway	70 0 0	90 0 0
MALLOW.		
1. Kilshannig	£84 0 0	£100 0 0
2. Mallow	60 0 0	90 0 0
3. Rahan	60 0 0	115 0 0
4. Buttevant	80 0 0	140 0 0
5. Ballyclough	60 0 0	80 0 0
6. Doneraile	80 0 0	100 0 0
DUNMANWAY.		
1. North	£70 0 0	£100 0 0
2. South	70 0 0	90 0 0
COUNTY OF CORK—BANDON.		
1. Bandon	£70 0 0	£80 0 0
2. Innishannon	60 0 0	80 0 0
3. Templemartin	67 0 0	89 0 0
4. Murragh	60 0 0	80 0 0
5. Kilbrittain	68 0 0	70 0 0
KANTURK.		
1. Newmarket	£70 0 0	£90 0 0
2. Kanturk	70 0 0	90 0 0
3. Milford	75 15 4	90 0 0
4. Boherboy	70 0 0	90 0 0
MITCHELSTOWN.		
1. Mitchelstown	£75 0 0	£100 0 0
2. Kildorrery	75 0 0	100 0 0
3. Galbally	75 0 0	100 0 0
FERMOY.		
1. Fermoy	£82 10 0	£100 0 0
2. Rathcormack	82 10 0	100 0 0
3. Ballyhooly	82 10 0	100 0 0
4. Kilworth	82 10 0	100 0 0
5. Ballynoe	82 10 0	100 0 0
MIDLETON.		
1. Midleton		£200 0 0
2. Walshtownmore, East	70 0 0	100 0 0
3. Castlemartyr	70 0 0	100 0 0
4. Aghada	70 0 0	100 0 0
5. Cloyne	70 0 0	100 0 0
BANTRY.		
1. Bantry	£60 0 0	£70 0 0
2. Glengarriff	60 0 0	70 0 0
3. Durrus and Kilcrohane	60 0 0	70 0 0
SKIBBEREEN.		
1. Skibbereen	£75 0 0	£100 0 0
2. Union Hall	75 0 0	100 0 0
3. Dromdaleague	75 0 0	100 0 0
4. Tullagh	75 0 0	100 0 0
CLONAKILTY.		
1. Rossearbery	£60 0 0	£70 0 0
2. Clonakilty	60 0 0	70 0 0
3. Timoleague	60 0 0	70 0 0
SKULL.		
1. Skull	£63 5 5	£100 0 0
2. Goleen	62 15 0	100 0 0
YOUGHAL.		
1. Youghal	£80 0 0	£120 0 0
2. Killeagh	80 0 0	100 0 0
3. Templemichael	65 0 0	90 0 0
4. Ardmore	75 0 0	108 0 0
5. Clashmore	75 0 0	102 0 0
KINSALE.		
1. Courceys	£61 7 0	£70 0 0
2. Kinsale	67 10 0	70 0 0
3. Ballymartle	60 0 0	80 0 0
4. Carrigaline	61 7 0	70 0 0
5. Ballyfeard	61 14 8	70 0 0
CORK.		
1. Dripsey		£100 0 0
2. Blarney		100 0 0
3. Carrignavar		200 0 0
4. Whitechurch		100 0 0
5. Cork		732 0 0
6. Carrigaline		100 0 0
7. Douglas		84 0 0
8. Ballygarvan		80 0 0
9. Ballincollig		105 0 0
10. Queenstown		103 0 0

IT is proposed for the consideration of the Poor-law authorities, that six hospitals, each containing a thousand beds, shall be erected in London for the purposes of the sick poor of the metropolis. These hospitals will be paid for by the ratepayers generally; but will be placed under an uniform management. Their superintendence will be vested in paid officers, who will be responsible, not to the ratepayers, but to the Poor-law authorities. The treatment of the pauper sick will there be conducted as the treatment of the sick is conducted in ordinary hospitals; and so that the cruel and miserly thriftiness of Guardians will no longer be able to step in between the sick pauper and his requirements. It is proposed that, at the head of this great scheme, shall be placed (as in Paris) a lay director, and under him two medical superintendents who shall direct and be responsible for its proper working. And, besides this, each hospital will be amply supplied with its own medical staff and nurses; and will be in itself a model hospital, furnished with all the modern provisions required for the treatment of the sick.

THE University of Leyden has just elected three medical professors, Heynsius, Zayer, and Boojard.

VESTIGES OF MAN IN KENT'S CAVERN, TORQUAY.

Mr. Pengelly, in a lecture lately delivered at the Royal Institution of Great Britain, states that in this cavern nothing like an entire, or even a considerable portion, of a skeleton has been fonnd. The principal identifiable remains are teeth, amongst which are those of the cave-bear, cave-lion, cave-hyæna, fox, probably more than one species of horse, ox, several species of deer, the tichorhine rhinoceros, and the mammoth. The hyæna, and, after it, the horse and rhinoceros, are the most prevalent forms. The relics of the mammoth—tusks and teeth—are those of very young animals. Without including doubtful specimens and mere chips, about seventy "flint" implements have been found. Like the bones, they are least numerous in the uppermost foot or "level" of the cave-earth. Some are of a light grey, others of a cream colour, or almost white; the latter, however, is apparently due to a natural or artificial metamorphosis, producing a more or less earthy texture, which rarely extends quite to the centre. The flint varies much in purity, and is sometimes more or less cherty. Some of the specimens are fragments only, others were found broken but with the parts lying in contact, whilst many are perfect. A few seem scarcely or never to have been used, and none of them present any traces of having been rolled. Some are highly wrought, but never polished; others seem to have been fashioned with but little effort or skill; whilst occasionally a rather large sharp splinter is met with, such as was probably struck off in fashioning a more elaborate tool. The most perfect implements are of two kinds:—flakes, flat or concave on one face, and carinated on the other; and oval implements, worked to an edge all round. Of the latter there are three specimens, all carefully made and well finished; one of them was found in the third, and two in the fourth, or lowest level yet excavated. The whetstones, of which there are two, are formed of hard, fine-grained, dark-green-grit. The stone hammer is simply an ellipsoidal pebble of hard Triassic sandstone, which from the character of its protuberant surface, appears to have been held by the fingers applied at the extremities of its shortest axis, and used for breaking. The results of the exploration now in progress have confirmed most, and contradicted none, of those recorded by the earlier investigators. Compared with the previous evidence, that recently found is in a few cases defective, but never conflicting. The committee have found unquestionable human industrial remains, in the undisturbed cave-earth below the stalagmite, mixed up with the bones and teeth of the ordinary extinct cave mammals; but, unlike Mr. McEnery, they have not yet found any traces of *Machnivodus* nor of *Hippopotamus;* nor have they, like Mr. Godwin-Austen, met with any part of the human skeleton.

MEDICAL AND SURGICAL HISTORY OF THE LATE AMERICAN WAR.

GUNSHOT WOUNDS OF THE ABDOMEN.

Of 2707 gunshot wounds of the abdomen, so far recorded, 2164 were flesh wounds, and in 543 the peritoneal cavity was penetrated, or the abdominal viscera injured. Among the flesh wounds 114 fatal cases are recorded, which were mostly cases of sloughing from injuries of the abdominal parietes by shells. Of the penetrating wounds, the results have been ascertained in 414 cases, and were fatal in 308, or 74 per cent. The number of recoveries is unexpectedly large, but includes only cases in which the reports showed, beyond question, that the abdominal cavity had been involved. In many cases fæcal fistulæ were produced. They commonly closed after a time, without operative interference, re-opening at intervals, and then healing permanently.

Recoveries after wounds of the large intestines have been much more numerous than after wounds of the ileum or jejunum. No case has been reported in which it was thought expedient to apply a suture to the intestines after gunshot wounds. Gunshot wounds of the *liver* were usually followed by extravasation into the abdominal cavity and rapidly fatal peritonitis. Of 32 cases in which the diagnosis was unquestionable, all but four terminated fatally. All the cases of gunshot wounds of the spleen reported were fatal.

Gunshot wounds of the bladder, when the projectile entered above the pubes or through the pelvic bones, have proved fatal, as far as the records have been examined. But there are many examples of recovery from injuries of the parts of the bladder uncovered by the peritoneum.

Several examples of recovery after protrusions of the abdominal viscera through gunshot wounds have been reported. In two cases, in which loops of small intestine issued, they were immediately returned and retained by means of adhesive strips and bandages, and the patients recovered with ventral hernia. The escape of omentum through wounds would not appear to be a very serious complication, for in many cases portions of protruding omentum have been excised, and the patients have, nevertheless, recovered promptly.

GUNSHOT FRACTURES OF THE PELVIS.

The records under this head include only the cases in which the abdominal cavity was not penetrated. So far, 359 cases are embraced in the report of Surgeon Otis. Recovery took place in 97, death in 77, and the result is still to be ascertained in 185. In 256 cases the ilium alone was injured, the ischium alone in 19, the pubes in 12, the sacrum in 32, and in 40 cases the lesions extended to two or more portions of the innominata. Very tedious suppuration in cases of injury of the pelvic bones commonly took place, and surgery could do but little except to facilitate the escape of pus and remove dead bone. The returns corroborate the observation of Strohmeyer, that there is a great liability to pyæmia in these cases.

GENITO-URINARY ORGANS.

Of 457 cases of gunshot wounds of the genitals or urinary organs, so far recorded, and uncomplicated with fractures of the pelvis or penetration of the abdominal cavity, 37 had a fatal result. Surgeon S. W. Gross, U.S.V., reports a case where a conoidal musket-ball buried itself in the corpus cavernosum and became encysted. It gave no pain, and the patient refused to have it extracted.

UPPER EXTREMITIES.

Of the 21,248 cases of gunshot wounds of the upper extremities, the records so far are not sufficiently advanced to make accurate deductions.

DIALYSIS APPLIED TO TOXICOLOGICAL INVESTIGATIONS. (Refeil.)

The following are the results of the author's experiments:—

The presence of fatty matter is in some degree an obstacle to the separation by the septum.

The separation of the colloids and crystalloids is more rapid when there exists a considerable difference of temperature between the two liquids—*i.e.* that of the dialyser and that of the receiver, although the equilibrium is not long in re-establishing itself.

The presence of albuminous substances is a great obstacle, especially in such cases as the salts of copper, mercury, iron, lead, tin, &c. It is necessary in such cases to strongly acidulate with nitric or hydrochloric acid, and then to boil, separate the coagulum, and treat again with acidulated water, mix the two liquids, and submit them to dialysis.

The presence of albumen is of no consequence as regards the detection of the organic alkaloids, arsenious and arsenic acids, and the alkaline cyanides.

The separation of the organic alkaloids from such liquids as milk, urine, blood, bile, broth, &c., takes place very slowly, taken in some cases, five or ten days.

The presence of the organic alkaloids may be shown in the liquids dialysed by the potassio mercuric iodide.

Atropine, aconitine, daturine, solanine, and veratrine do not give reactions sufficiently characteristic to prove their presence.—*Year Book of Pharmacy.*

THE DETECTION OF BLOOD-STAINS BY THE MICRO-SPECTROSCOPE.

The trial of Robert Coe for the murder of John Davies, at Aberdare, is remarkable, says the *Pharmaceutical Journal*, as the first case in which the micro-spectroscope has been employed to furnish evidence of the presence of blood-stains. The following is Dr. Herapath's evidence:—

Dr. Bird Herapath sworn: "I am a Fellow of the Royal Societies of London and Edinburgh. I practise as an analytical chemist and also physician. The hatchet produced was given me by Mr. Wrenn, and I carefully examined it. On the metallic portion I did not find any marks upon which I could rely. I removed the handle and experimented on thin slices of wood which I took from underneath the metallic ring. I examined those sections with a microscope, and found the majority of the stains were due to oxide of iron; some of them showed clotted blood; in some cases the woody portions had been infiltrated with the colouring matter of blood changed by the action of water. On some of the sections of the handle I found globules of blood, and by the micrometer I measured the size of those globules. I placed a section of the handle in a glass cell in which there was a fluid medium, and the blood-globules floated off into the cell, and by the measurement of these I could determine the size of the globules therein contained. These globules were exactly the same size as some globules from dried human blood which I purposely procured, and tested with the same apparatus in the same way. Finding this evidence of blood to be small, I obtained more numerous sections of the coloured surface of the handle of the hatchet, immersed them in distilled water, and obtained thereby a slightly coloured solution, which after filtering was ready for chemical tests, and for optical examination by the micro-spectroscope. I subjected this fluid to the action of light, and it had undoubtedly the properties peculiar to a solution of blood. When a solution of blood was examined in this instrument (instrument here produced) the fluid absorbed some of the rays of light, and thus altered the spectrum or rainbow. Within the green, and on the border of the yellow rays two dark absorption bands were produced by the blood fluid. Only one other substance would produce two dark bands—that is cochineal dissolved in ammonia, but the position of the two bands was different. The spectroscope alone would not enable me to *readily* distinguish between the two, but combined with chemical examination it would satisfactorily do so. From this optical test I was satisfied that the sections of the hatchet had been stained with blood, and by chemical analysis I also demonstrated it was blood. The combination of the three tests showed that the substance on the hatchet must have been blood."

Cross-examined: I should not like to say that the stains were those of human blood, but my opinion is that they were.

PREPARING FOR CHOLERA.

Edwin King, and other owners of property in Grosvenor-street, Islington, were summoned by Mr. William Mayes, sanitary inspector, for knowingly suffering to be occupied a front room on the basement floor, there not being an area three feet wide in every part from six inches below the floor of the room to the surface of the ground adjoining. There were other summonses against the defendants under the Nuisances Removal Act for England, 1855, for allowing the houses, the inhabitants whereof consist of more than one family, to be so overcrowded as to be dangerous to the health of the inhabitants. Mr. William Mayes said he is sanitary inspector. On the 22nd ult. he inspected the houses in Grosvenor-street, and found at No. 2A that the kitchen was used as a separate dwelling by a man, his wife, and two children. A death from fever had taken place in this house about six weeks since, and there was now one person in the house under medical treatment. The house is filthy. At No. 6, the kitchen was occupied by a man and his wife, and there was a bed and bedstead in it. At No. 7 the kitchen was occupied by a mother and daughter, and there was a sofa-bedstead in the room. The house No. 8 was overcrowded, seven persons sleeping in a room, which only gave 123 cubic feet of air to each person. The house No. 11 was occupied by thirty-two persons—viz., six men, eight women, and eighteen children, seven sleeping in the front and five in the back kitchen. At No. 14A the house was occupied by thirty-six persons—viz., eight men, eight women, and twenty children, the front kitchen being occupied as a separate dwelling by one man, one woman, and four children. The back kitchen was occupied by one man, one woman, and two children; a child recently died in this room, and one that was then under Medical treatment has since died. The room is very damp, the drains are very defective, depositing the liquid soil in the passage, which saturates the partition and floor boards. Frequently the water flows under the bed. The first-floor front was occupied by one man, one woman, and six children. No. 15 was occupied by 33 persons—viz., five men, eight women, and 20 children. Here the front and back kitchen were occupied by three and four persons separately. No. 16A was occupied by 39 persons—viz., eight men, eight women, and 23 children; the front parlour being occupied by one man, one woman, and three sons, aged 9, 12, and 19; and the back parlour by one man, one woman, and four children. The whole of these houses contain eight rooms each, the largest of which is 12 ft. by 14 ft. by 9 ft.; the annual value of each is £30, but as they are at present let they are producing £65 each per annum. The basements of the whole of the houses are very damp; the drainage is defective, the yard being without any, the surface water in one instance flowing into the back doors, the water running down the wall, washing off the paper at the side of the bed. The houses generally are in a very filthy condition. The 32 houses in this street contain 528 men, women, and children. Eight of the above houses belong to Mr. Edwin King, and contain 239 men women, and children. The defendants all said that they would remedy the evils complained of as soon as possible. The magistrate made orders for the abatement of the nuisances, and fined the defendants in sums varying from 10s. to 2s. 6d., besides ordering the defendants to pay the costs. Mr. Layton applied for fourteen other summonses of a similar description, which were at once granted.

NON-EXHALATION OF CARBONIC OXIDE BY PLANTS. (Corewinder)

The author has devised an apparatus, which enables him to estimate minute quantities of carbonic oxide in the atmosphere. By this apparatus, the author has investigatied the question of whether plants really exhale, or not, carbonic oxide or other combustible gases. He arrives at the following conclusions:—

1. That there is no appreciable quantity of combustible gases in the atmosphere.
2. That none are evolved from putrefying dung or manures.
3. That none are to be detected in the gaseous products emanating from even the most odoriferous flowers.
4. That none are evolved from the leaves of plants, either by day or night, in sunlight or in shade.
5. That when a plant is submitted to the action of the sun's rays, in presence of a notable proportion of carbonic acid this gas is absorbed with rapidity, but the leaves exhale no trace of oxide of carbon.

These latter experiments were not made upon mutilated plants; they were made in the country, in the author's garden, upon plants living in a normal state.—*Year Book of Pharmacy.*

The Smoke Nuisance.—In the House of Commons, on Friday week, Sir R. Peel drew attention to the nuisance arising from the smoke of furnaces in towns and country districts, and animadverted upon the great waste of coal, and the destructive effects arising therefrom to human life and health and to the vegetation in the neighbourhoods of large centres of manufacturing industry. Sir G. Grey said he had directed an inquiry to be made in the principal towns as to the means taken to enforce the law, and he had no doubt that the result would throw light upon the defects in the law and point the way to improvements, in which case he should be prepared to bring in a measure embodying such amendments as might seem to be advisable.

Meetings of Socientific Societies.

Royal.—March 22.—The following papers were read:—"On the Action of Trichloride of Phosphorus on the Salts of the Aromatic Monamines," by Dr. A. W. Hofmann.—"Notice of a Zone of Spots on the Sun," by Prof. J. Phillips.

Geographical.—March 26.—"Observations on a Memoir recently published by M. Veniukof, on the Pamir and the Sources of the Oxus in Central Asia," by Sir H. C. Rawlinson.—Sir Henry said that the maps and itineraries of the anonymous author had been accepted by several Russian geographers as of undoubted authenticity, and the map founded on them and published in the *Journal of the Russian Geographical Society*, had been made use of in the compilation of the best recent maps of Asia, including Russian official maps and those of Prof. Kiepert of Berlin, and Stanford of London. So little known and yet so interesting, both geographically and politically, was the region under consideration, that if this elaborate manuscript were genuine it would be the most valuable contribution to our knowledge of Central Asia ever made; but if it was not genuine it was one of the most successful forgeries ever attempted in the history of literature. He had given great attention to the subject, and after considering the arguments on both sides, had arrived at the conclusion that the document was an elaborate hoax. The story of the active volcano, north of Srinagur, in a province which had now been almost as well surveyed as our own country, and where no volcano was ever known, and the impossibility of performing the journeys in the number of days stated by the author—as, for instance, the 120 miles between Srinagur and the Indus, through a mountainous and most difficult country, in two days, and the distance between the Indus and Kashgar in twenty-five days—were alone fatal to the authenticity of the narrative.

Royal Institution.—Jan. 19.—"On Radiation and Absorption with reference to the Colour of Bodies and their State of Aggregation," by Prof. J. Tyndall.—Feb. 23.—Sir H. Holland, Bart. M.D., President, in the chair.—"On Kent's Cavern, Torquay," by Mr. W. Pengelly.

Statistical.—March 20.—A paper was read by Mr. S. Brown, "On the Statistical Progress of the Kingdom of Italy." Since the union, in 1860, of the various provinces constituting the new kingdom of Italy, considerable attention has been paid to the collection of Government statistics—a department being attached to the Ministry of Agriculture, Industry and Commerce, aided by Councils, in all the Prefectures of the kingdom. The last Census was taken on the night of the 31st December, 1861, when the population was found to be 21,704,000. At the rate of progress since observed, on the 1st of January in this year it is estimated to be about 22,300,000. The population is mostly agricultural, the largest cities being very inferior in numbers of inhabitants to the great cities and commercial towns in England. Florence will, no doubt, rapidly increase, as the seat of Government; but at the date of the Census it had only 114,000 inhabitants; Naples, 417,000; Turin, 180,000; Milan, 219,000; and Palermo, 186,000. A few leading facts were given to show the condition of the kingdom under each of the heads—Population, Army, Navy, Roads and Railroads, Telegraphs, Post Office, Friendly Societies, Products of the Soil, Commerce and Finance. Great activity prevails in extending the lines of railway to attract the traffic of the East to the Italian coasts of the Adriatic. The completion of the Mont Cenis tunnel and a projected Alpine railway over the St. Gothard are expected by the Italians to give them a large share in the transit of light goods and passengers when the Suez Canal is opened. The products of the soil of Italy—oil, wine, rice, cotton, silk—its vast tracks of unexplored mineral grounds, and thousands of square miles of land which only require scientific irrigation to render them the most fertile in Europe—open up a great future for her commercial enterprise, to which, under the new Government, the greatest attention is being given. The most difficult problem at present is the financial condition of Italy. Wishing, too, and perhaps, partly under the necessity of maintaining a large army at heavy cost relative to the present revenue of the country, Italians yet object to the corresponding sacrifices, though at present but lightly taxed as compared with other countries. The public debt is already £176,000,000, and it is advancing at the rate of £8,000,000 to £10,000,000 a year. The only remedy is a large reduction of the army, or a much heavier taxation. It appears probable the Italians will choose the latter, which the increasing wealth of the country and development of its resources will render easier to bear.

Society of Arts.—March 21.—The paper read was, "On Deer Forests and Highland Agriculture in relation to the Supply of Food," by Prof. Leone Levi.

Anthropological.—March 20.—The following papers were read:—"On Human Remains from the Thames at Kew," by Capt. A. C. Tupper.—"On the Brochs, and so-called Picts Houses of Orkney," by Mr. S. Petrie.—"Report on the Ancient Remains of Caithness," by Mr. J. Anderson.

UNIVERSITY OF EDINBURGH.

THE DEGREE OF LL.D. CONFERRED ON PROFESSOR HUXLEY AND DR. RAE.

On the occasion of the installation of Mr. Carlyle as Rector of the University, amongst the gentlemen presented for the honorary degree of Doctor of Laws were two who were originally trained as members of the Medical Profession—Professor Huxley and Dr. Rae, the Arctic explorer. We subjoin the speeches in which Professor Muirhead recounted their claims to academical honour when presenting them to the Vice-Chancellor:—Professor Muirhead, in presenting Mr. Huxley, said: I present to you, Mr. Vice-Chancellor, as judged worthy by the Senate to receive the honorary degree of Doctor of Laws, Mr. Thomas Henry Huxley—(applause)—a Fellow of the Royal Society, Professor of Natural History at the School of Mines, and Hunterian Professor of Comparative Anatomy in the Royal College of Surgeons of England. Trained to the Medical Profession, Mr. Huxley became in early life an Assistant-Surgeon in the Royal Navy; and it was while serving in that capacity in one of her Majesty's ships, then engaged in a survey of the coasts of Australia and New Guinea, that he acquired his unrivalled knowledge of marine zoology, and vindicated his claims to be regarded as one of the most accomplished naturalists of the day (cheers). His appointment, on his return to this country, to the Chair of Natural History in the Government School in Jermyn-street, gave him an opportunity of turning his attention to palæontological inquiries; and the results of his labour in that field are embodied in a series of valuable and most interesting papers descriptive of various extinct forms of animal life (cheers). As Hunterian Professor in the College of Surgeons of England, he has delivered several courses of lectures on the comparative anatomy of the vertebrata; lectures which, not less than his contributions to the transactions of learned societies, testify his remarkable perspicuity and his rare power of discriminating the relations of structure in complicated forms of animal life (cheers). Professor Muirhead, in presenting Dr. Rae, said: I next present to you, Mr. Vice-Chancellor, as also judged worthy by the Senate to receive the same honour, Dr. John Rae, a Fellow of the Geographical Society (applause), and a Graduate in Medicine of this University. Entering life in the medical service of the Hudson's Bay Company, he was soon afterwards transferred to its ordinary service, and before long attained the rank of one of its chief factors. In that capacity he had the command of several exploring expeditions in high latitudes—in the course of which, travelling sometimes in boats, sometimes in sledges, sometimes for weeks together on foot, he and his companions endured hardships and surmounted obstacles such as it had been the lot of few to encounter. On none of those occasions did Dr. Rae allow any opportunity to escape him of advancing our knowledge of the geography, meteorology, and natural history of the far north-west and frozen regions; and it is not to be forgotten that he it was who first obtained definite information of the fate of Sir John Franklin and his gallant comrades (loud cheers), and indicated the locality where three years later their remains were discovered by McClintock (applause). Very recently, Dr. Rae has been engaged in a Government survey of a telegraphic route from Canada to Vancouver's Island, over the wild country of the Rocky Mountains—an enterprise in which he completely succeeded, although the occupation of a considerable part of the route by savage tribes has caused the construction of the telegraph to be in the meantime suspended (cheers).

Medical Obituary Notices.

DEATH OF PROFESSOR DICK.

We regret to announce the death of Professor Dick, Principal of the Edinburgh Veterinary College, which took place at his residence in Clyde-street. The deceased gentleman, who was a native of Aberdeen, died, after a three weeks' illness, of heart disease, at the age of 73. Professor Dick studied medicine at Edinburgh University, and was favourite pupil of the late Dr. Barclay. The Veterinary and Zoiatric College was founded by him in 1818; and, in consequence of the successful operations performed in it under the Professor's personal superintendence, it rose rapidly in public estimation, and attracted a large number of students. In 1823 the Royal Highland Agricultural Society of Scotland resolved to patronise it, and 1842 it was incorporated by Royal Charter. Professor Dick was Secretary to the Royal Physical Society of Edinburgh for many years; and on retiring from the post he was presented with a handsome silver claret jug, in testimony of the value of his services in that capacity. At the outbreak of the cattle plague, he was appointed Government Inspector of Foreign Cattle for the county of Mid-Lothian, in which duty he was assisted by Mr. Strangeways, Mr. Worthington, and Mr. Romanes. The system has worked so efficiently that no diseased animal has been suffered to enter the county from abroad. For a great many years, though with some intervals, he was an active member of our Town Council. His evidence before the Royal Commission to inquire into the cattle plague proved very valuable, and was of great service to the Commissioners. He was also for a long time Convener of the Edinburgh trades. In Burntisland he owned a considerable amount of property, and was at one time a member of the Town Council there. Mr. Dick was a man of strong natural abilities, and in his own profession of great acquirements and experience. In political and ecclesiastical matters, his views were somewhat extreme, and always expressed with no reserve and some roughness. He did not know fear, and had neither time nor skill for the mincing of words. But he was so honest, so truthful, so good-natured, and so free from self-seeking, that he had almost no enemies, and hearty friends everywhere. The figure and the name of "Willie Dick" were long conspicuous and familiar among us, and for long too he will be missed and mourned.—*Scotsman.*

J. WALLER MELSON, B.A. (Lond.), M.R.C.S.

Of late we have had to record the deaths of several members of the profession who have succumbed to diseases caught in the wards of our hospitals. It is with much regret that we have now to add another name to the list—that of Mr. J. Waller Melson, B.A.Lond., M.R.C.S., who died on the 22nd ult., at the General Hospital, Birmingham. Mr. Melson has for some time past acted as one of the resident clinical assistants at the General Hospital, and in performance of his duties he contracted the malady diphtheria, to which he fell a victim at the early age of 23 years. He was a most distinguished student of Queen's College, Birmingham, and graduated, with high honours in Physiology (2nd B.A. Exam.) in the University of London. His death, at the beginning of a career of much promise, has caused a feeling of great regret among the profession, and of deep sympathy with his father, Dr. J. B. Melson. Mr. Melson, we may add, is the second resident assistant at the General Hospital who has lately died of diphtheria.—*Lancet.*

SAMUEL HEMPHILL, Esq., M.D.

Died on the 17th of March, at his residence, Springhill, county Tipperary, Samuel Hemphill, Esq., M.D., aged 85, who, for more than forty years, stood in the first rank of his profession in Clonmel.

DR. JAMES PATERSON V. THE EDITOR OF THE *GLASGOW MORNING JOURNAL.*

The now notorious Dr. Paterson, who figured so prominently in the great Pritchard trial, has again forced himself before the public, by appearing as the pursuer in an action of damages against Mr. Somers, the proprietor and editor of the *Glasgow Morning Journal.* The case was tried on Thursday and Friday last week before the Lord President and a jury, in the first division of the Court of Session. The action arose out of the following circumstances:—It will be remembered that Dr. Paterson was the medical attendant who saw Mrs. Taylor and Mrs. Pritchard during their fatal illness, and whose conduct in the case was much criticized and commented upon by the newspapers generally. In the *Morning Journal* for March 24th, 1865, three days after the arrest of Pritchard, there appeared a letter to the editor by "one who had much personal knowledge of Dr. Pritchard," and it is on this letter that Dr. Paterson founds his claim for damages, and of which he complains as libelous. Damages were laid at £3000. In the letter alluded to it was stated that the authorities had been led to take up proceedings against Pritchard through the receipt of an anonymous communication, and it was hinted that the writer of the letter was Dr. Paterson. This insinuation the latter gentleman declares caused him much anxiety, and damaged him considerably in his professional reputation and position, and on account of the injury sustained he now brings this action into court. Mr. Somers, in the witness-box, swore that he had no knowledge of who Dr. Paterson was when the discussion as to the guilt or innocence of Pritchard was being discussed, and that the letter complained of was not inserted with any intention to injure him. After a pretty lengthy trial, the jury on Friday found a verdict for Dr. Paterson, the pursuer, with damages of one farthing! We think that the result of this trial may have a good effect upon Dr. Paterson, and we hope that he will see the propriety and prudence of abstaining from any further litigation in connexion with the subject. [By bringing this action he has again opened a discussion as to the manner in which he conducted himself in the Pritchard case—a discussion which, in our opinion, can only result in harm instead of good to himself; and we counsel him to allow the subject to drop into that oblivion to which it had been consigned, and from which he himself by these proceedings has for a time delivered it.

PEPSINE. (Kofmann.)

A commission appointed to examine the pepsines sold by different makers have given the following conclusions:—

1. Pepsine is a body which possesses the property of coagulating milk, of dissolving fibrin, and other albuminous matters.

2. The quantity of pepsine necessary to coagulate a definite quantity of milk is dependent upon its purity. 25 milligrammes of pure pepsine suffice to produce this result in 100 grammes of milk heated to 40° C.

3. There are sold products under the name of pure or neutral pepsine which are neither pure nor neutral.

4. The addition of starch appears to exercise no conservative influence on pepsine.

5. Pepsine may be preserved pure, according to M. Kofmann, in gelatinous capsules, and, according to M. Domere, when associated with equal parts of vegetable charcoal.—*Year Book of Pharmacy.*

Royal Veterinary College: Testimonial to Mr. Tuson.—On the 28th ult., a meeting was held at the College by the pupils of veterinary surgery to present Mr. R. V. Tuson, the teacher of Chemistry, with a testimonial "as evidence of their esteem for him, as well as a slight recognition of the able and energetic manner in which he had laboured in their behalf, and of his uniformly kind and gentlemanly bearing towards them." The presentation consisted of an address and one of Smith and Beck's binocular microscopes with numerous appliances.

ARMY AND NAVY MEDICAL SERVICE.

The following interesting items are taken from the Appendix to the Report of the Admiralty Committee on Army and Navy Medical Officers' affairs.

The total number of candidates examined for the Army Medical Service since 1856 is 922. Of these, 713 were passed and 209 rejected.

The total number of candidates examined for the Naval Medical Service since 1856 is 569; of whom 389 were found qualified, 167 were rejected on account of defective professional knowledge, and 13 were found physically unfit for the service. In 1865, there were only 17 candidates, of whom 7 were rejected. In 1864, there were 49 candidates; of whom 21 were rejected; and in 1863, 63 candidates, 25 of whom were rejected.

The following return from the Colleges of Surgeons of London, Edinburgh, and Dublin, shows (besides other interesting facts) that the number of diplomas of the Dublin College is nearly double of what it was three years ago:—

Year.	London.	Edinburgh.	Dublin.	Total.
1845	348	101	354	803
1846	389	90	40	519
1847	355	76	38	469
1848	341	62	56	459
1849	404	86	45	535
1850	370	91	45	506
1851	404	88	45	537
1852	475	75	44	594
1853	526	110	56	592
1854	498	115	75	588
1855	549	144	89	782
1856	463	114	66	643
1857	517	139	74	710
1858	675	154	81	910
1859	583	102	78	763
1860	462	87	67	616
1861	493	94	70	657
1862	415	123	110	648
1863	457	123	113	693
1864	402	147	131	680

Since 1850, up to the present time, 117 medical officers have voluntarily left the army, at the following periods of service:—

Period of service.	Number.
Under 1 year	5
Between 1 and 2 years	22
,, 2 and 3 ,,	21
,, 3 and 4 ,,	18
,, 4 and 5 ,,	16
,, 5 and 6 ,,	9
,, 6 and 7 ,,	7
,, 7 and 8 ,,	6
,, 8 and 9 ,,	4
,, 9 and 10 ,,	3
,, 10 and 11 ,,	1
,, 11 and 12 ,,	1
,, 12 and 13 ,,	1
,, 13 and 14 ,,	1
,, 15 and 16 ,,	1
,, 16 and 17 ,,	1

This table shows that 48 out of the 117 resignations occurred before the end of the third year; and 82 before the end of the fifth year. After this date the voluntary resignations diminish very rapidly, and cease at the seventeenth year of service.

Since 1850, 137 medical officers have left the navy—19 surgeons and 118 assistant-surgeons. Of the assistant-surgeons no fewer than 63 (more than half) resigned before the completion of three years' service; 18 before the completion of one year; and 48 before the completion of two years' service. [This clearly shows how distasteful a naval life is to those who have not been brought up to it. The fact also tells dead against the opinion of Dr. Brown and others, that the present pay of assistant-surgeons of the navy is sufficient; and quite justifies the recommendation of the committee that it should be increased from 10s. to 12s. 6d. a day.—*British Medical Journal.*

TABES DORSALIS AND PROGRESSIVE GENERAL PARALYSIS.

In Band xx of the "Allg. Ztschr. f. Psychiat.," Dr. C. Urstphal published three cases in which the symptoms of advanced general paralysis were united to those of tabes dorsalis, in two of which after death he had recognized, by the microscope, grey degeneration of the posterior columns of the spinal cord. Since then he has had the opportunity of examining three cases after death, and has collected several analogous cases of other observers, so that he now reports on ten cases—three of his own, four of Hoffmann's, and one each by Joffe, Frerichs, and Meyer. Of these only two were not examined after death; the remainder presented—partly to the naked eye, partly to the microscope—the characteristic alterations in the spinal cord. In seven cases brain affection appeared early under the form of mental exaltation, even with epileptiform convulsions; in three, on the contrary, as intellectual weakness, coming on gradually, and increasing into the deepest apathetic imbecility; but in the former also imbecility appeared finally.

The disorder of motor power in this combined form presents at a certain stage a close resemblance to the complex symptoms of the so-called general paralysis. It might be very possible, therefore, that, in some cases at least, where the intellectual preceded the motor disorder, the grey degeneration of the posterior columns was secondary to a primary cerebral affection. But pathological anatomy has as yet afforded this theory no support, the opinion of Joffe and Erlenmeyer, who alone have at present declared themselves in favour of a secondary affection of the spinal cord, not being supported by post-mortem examination. On the contrary, that most important symptom in tabes—namely, the dependence in standing and walking on sight—is wanting in the usual picture of general progressive paralysis. It is, therefore, highly probable that the peculiar motor disorder of progressive paralysis does not arise, as in tabes, from disordered or abolished conduction in the nerves of sensibility; the often present dulling of feeling admitting very well of the explanation that the mental dulness of the patient prevents the perception of sensitive impressions; but they could, nevertheless, exercise a regulating influence over the usual order and sequence of movements, and thus make sight superfluous. The true cause of the motor disorder is, however, doubtful.

In seven cases symptoms of paralysis of the tongue were wanting; in two they were present, but not distinctly.—*Allg. Ztschr. f. Psychiatr* and *British and Foreign Review.*

ACTION OF DIASTASE ON STARCH.

The following conclusions have been arrived at by M. Payen, after elaborate experiments:—

1st. That diastase exercises a saccharifying action on dextrine.

2nd. That this action is impeded by the presence of the glucose formed, but is resumed when the glucose is eliminated.

3rd. That the transformation of glucose into alcohol, during the alcoholic fermentation, presents no obstacle to the saccharization of the dextrine by diastase.

4th. That in favourable conditions of the action of diastase on starch, as much as 50 per cent. of glucose may be obtained.

5th. That it has not been possible to obtain 0·8791 of the starch used; but the maximum product has not exceeded 0 5271.—*Year Book of Pharmacy.*

Guadaloupe.—Cholera has again broken out in the country districts. The medical staff has been augmented, and a commission appointed to make inquiries and point out a remedy for the epidemic.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

On Friday last, the 5th inst., at the quarterly meeting of the President and Fellows, Dr. Arthur Wynne Foot of this city was duly elected a Fellow. Dr. Foot is well known to the profession as a frequent contributor to its medical literature. He was one of the Commission recently sent to England by the Irish Government to investigate and report on the cattle plague. He is assistant reader in Anatomy in the University of Dublin, where he graduated B.A. and M.B. in 1862 and M.D. in 1865. He was admitted a Licentiate of the College of Physicians in 1862.

Licences to practise Medicine were granted to the following gentlemen during the months of January, February, and March, 1866:—

William Walsh, F.R.C.S.I. 1865, L.R.C.S.I., 1860, Kilmuckridge.
David Moore, M.R.C.S.Eng. 1859, House-Surgeon, Belfast Hospital.
Patrick Walter Tuite, L.R.C.S.I. 1865, Dublin.
Patrick Brady, L.R.C.S.I. 1865, county Cavan.
Joseph Irwin Welsh, L.R.C.S.I. 1865, county Donegal.
Samuel Henry Banks, L.R.C.S.I. 1865, Wicklow.
Charles Fryer, Lancashire.
Stephen McDermott, L.R.C.S.I. 1865, Roscommon.
John Fagan, L.R.C.S.I. 1865.
Edward Aloysius Stephenson, L.R.C.S.I. 1865, Kilkenny.
James Stirling, L.R.C.S.I. 1866, county Kilkenny.
William Longworth Watkins, L.R.C.S.I. 1866, Dublin.
Edward William Adrian, M.R.C.S.Eng., county Dublin.

To the following gentlemen Midwifery Diplomas were granted during the same term:—

Rowan Purdon, L.K.Q.C.P. 1864, Tralee.
David Moore, L.K.Q.C.P.I., Belfast.
P. F. McGloin, M.D., Queen's Univ. 1863, county Mayo.
J. Irwin Welsh, L.K.Q.C.P. 1866, Ballyshannon.
John Fagan, L.K.Q.C.P., L.R.C.S.I. 1865.
Edward Aloysius Stephenson, L.K.Q.C.P., L.R.C.S.I. 1865, county Kilkenny.
James Stirling, L.K.Q.C.P., L.R.C.S.I. 1866, co. Kilkenny.
Wm. L. Watkins, L.K.Q.C.P., L.R.C.S.I. 1866, Dublin.

Medical News.

Dr. De Sere has just effected a new application of voltaic heat to surgery. At a white heat (1500° centigrade), produced by electricity, a platinum blade will cut the flesh through in an instant.

A Spring of Naphtha.—A Kertch paper announces that a spring of naphtha has been discovered in that neighbourhood. As much as 4000 gallons were obtained in twenty-four hours.

Mr. Schleesing has succeeded in discovering an arrangement by which an intense heat, sufficient to melt iron, can be procured from ordiuary gas. By Mr. Schleesing's plan a piece of iron weighing 400 grammes can be melted in twenty minutes.

M. Jules Simon, in his new work "Le Travail," states that at Jelle and Rouen there are some women so saturated with intoxicating liquor that their infants refuse the breast of a sober woman. In the mountains of the Vosges the infants drink brandy.

Royal College of Physicians.---Dr. B. W. Richardson commenced the delivery of a course of six lectures at the above institution, on Wednesday last, on "Physical Researches in Pathology and Therapeutics." Members of the profession are admitted on production of their cards.

French Educational Commission.---Dr. Demogeot and Dr. H. J. Montucci, Commissioners from the French Government, are at present in this country with the object of inquiring into the state of education in our universities, &c. Dr. Demogeot visited King's College and Christ's Hospital last week.

Sanitary Lectures.---The course of sanitary lectures originated by the committee of the Ladies' Sanitary Association at Leeds has commenced. Dr. Greenhow has lectured "On the Atmosphere," and Dr. Allbutt "On the Causes of Epidemics and the best means of Preventing them." Mr. Ikin has also lectured "On the Means of Preserving Health."

Charing-cross Hospital Medical Society.—At the annual meeting of this Society, Mr. E. Sandwell, President, in the chair, the following gentlemen were elected office-bearers for the session 1866-7:—Hon. President: Dr. Hyde Salter. President: C. W. Calthrop, Esq. Vice-president: R. Bayley, Esq. Treasurer: J. G. Mackinlay, Esq. Hon. Secretary: W. P. Adams, Esq. Council: Messrs. Sandwell, Thorndicroft, Whitney and Wilkinson. Representatives of this Society serving on the Council of the Junior Medical Society of London: E. Sandwell, Esq., and C. W. Caltrop, Esq. After the election, Mr. S. S. White read the prize essay of the Society on Iritis. The prize awarded by the Society consisted of Aitken's "Practice of Medicine," together with two medical plates. The meeting then terminated with a vote of thanks to the retiring officers.

The year before last Mr. Gregory obtained a select committee on the scientific institutions in Dublin, the object of which was to upset a Treasury report made in 1862, which recommended the abolition of the Museum of Irish Industry. But Irish interests were too strong, and Mr. Gregory's committee recommended its maintenance. Subsequently Mr. Bruce visited Dublin, and we gather from two minutes of the Science and Art Department the course which the Government has decided to take. It is proposed that the following departments of the Royal Dublin Society shall be wholly supported by public funds, like the corresponding public institutions in London, the society acting as trustees and being responsible for their administration:—the Museum of Natural History, including Mineralogy; the Botanic Gardens and Museum at Glasnevin; the Library of the Royal Dublin Society; Leinster Lawn, which should be made a public ornamental garden instead of remaining as at present a waste space between the National Gallery and the Museum of Natural History; the whole of the premises of the Royal Dublin Society, and the necessary staff of the society for conducting the business involved in the above-mentioned objects. The theoretical limitation of the amount of public funds to £5,500 annually is to be abolished and the annual grants necessary for keeping the above departments in efficiency will be considered on their merits and submitted to Parliament every year. It is thought that the Museum of Irish Industry should have a wider scope given to it than that of a School of Mines; that it should become a college for affording a complete and thorough course of instruction in those branches of science which are more immediately connected with and applied to all descriptions of industry, including agriculture, mining, and manufactures; that it should in this way supplement the elementary scientific instruction already provided for by the science schools of the department, and that it should assist in the training of teachers for these schools. To carry out these objects various propositions are made.

An Hysterical Freak.---The fascination which the idea of depth exercises over some minds has been often observed, and some persons by no means generally nervous shun great heights, as they are conscious of an almost irresistible desire to leap into space. On Wednesday, a girl under treatment for hysteria in King's College Hospital was coming down the stairs which wind round the lofty walls of the vestibule; when she reached the level of the Surgical wards, she sprang over the ballusters, and was seen by Mr. Howells, the House-Surgeon, descending like a parachute, or rather as a parachute should, but seldom does, for she landed on her feet, and, except a slight strain of the ankle, was uninjured by her descent of more than twenty feet. She screamed when falling, but says that she now forgets all about it.

The Cholera Conference at Constantinople.---A proposal made by the French representative at the Cholera Conference to stop the sea communication between Hedpaz and Egypt in the event of another epidemic, has been adopted. The Porte, however, will not accept or enforce the measure, fearing an insurrection among the pilgrims.

Medical Society of London.—The following gentlemen have been elected at the ninety-third anniversary meeting, as the officers and council for 1866-67. President:

Dr. Hare. Vice-Presidents: Dr. Gibb, Mr. Henry Smith, Dr. W. R. Rogers, and Mr. John Birkett. Treasurer: Mr. Marshall. Librarian: Dr. Head. Secretaries in Ordinary: Dr. W. Abbotts Smith, and Mr. Walter J. Coulson. Secretary of Foreign Correspondence: Dr. Julius Althaus. Council: Dr. Anstie, Dr. Broadbent, Mr. I. Baker Brown, Mr. Bryant, Dr. Cogswell, Mr. Victor De Méric, Mr. Du Pasquier, Dr. W. Tilbury Fox. Dr. Samuel Day-Goss; Mr. C. H. Rogers Harrison, Mr. Ernest Hart, Dr. James Jones, Mr. Henry Lee, Mr. Francis Mason, Dr. J. W. Ogle, Dr. James Palfrey, Dr. J. H. Paul, Mr W. F. Teevan, and Dr. E. Symes Thompson. Orator: Dr. F. W. Headland.

Production of Soft Sulphur.---M. Moutier has shown that sulphur heated with 1-4000th of its weight of iodine becomes, by cooling, soft, plastic, and in great part insoluble in sulphide of carbon. He also shows that several organic substances, such as naphthaline, paraffine, creasote, camphor, and turpentine, modify sulphur in the same manner, when employed in about the same proportions. The temperature to which the sulphur must be heated, varies with the nature of the substances added: thus camphor effects a change at a temperature of 230° C., while naphthaline and turpentine require a much greater heat. The author was led to believe that it was the carbon in these substances which was influential, and he therefore made experiments with that body. He found that one part of carbon with 1000 parts of sulphur, at a temperature 270° C., effected the same modification.—*Journ. de Pharm.*

Preparation of Curarine (M. Preyer.)---To prepare this alkaloid, treats the crude poison scraped off arrows, or obtained from the Indians in little clay pots, with boiling alcohol, and distils the alcohol from the solution. The residue is treated with water, and filtered to separate the resin, and the filtrate is precipitated by bichloride of mercury. The precipitate contains all the curarine. It is washed, suspended in water, and decomposed by sulphuretted hydrogen; and thushy drochlorate of curarine is obtained in solution. The purification may be effected as usual. The soluble salts are all crystallizable. Curarine his a bitter taste, is soluble in water and alcohol in all proportions, insoluble in ether, benzole, and sulphate of carbon. Pure concentrated sulphuric acid gives to curarine a magnificent and lasting blue colour, which serves to distinguish it from strychnine.—*Buchner's.*

Introduction of Peroxide of Hydrogen.---Dr. Richardson lays the following claim to the introduction of peroxide of hydrogen as a therapeutic agent. The peroxide of hydrogen, made at his instance for medicinal purposes, and now so largely manufactured by Mr. Robbins of Oxford-street, is prepared on and by the original process of the illustrious discoverer of the peroxide of hydrogen, the French chemist, Thénard. The credit, if there be any, that is due to him in respect to the use of this substance as a medicine, rests on the circumstances: 1. That he was the first experimentalist who investigated the physiological properties of the peroxide of hydrogen. 2. That he drank the first doses of it to test what could be borne by the human subject. 3. That he determined what volumetrical strength of the solution could be practically employed in medicine. 4. That, as a remedy for disease, he introduced it originally into practice.

Spurious Carbolic Acid.---Mr. W. Crookes writes: "The Cattle Plague Commission have recommended carbolic acid as a disinfectant. A spurious article composed of oil of tar, utterly valueless as a disinfectant, is now being imposed on the public. The iniquity of this fraud claims exposure. Commercial carbolic acid is soluble in from 25 to 70 parts of water, or in twice its bulk of a solution of caustic soda, while oil of tar is nearly insoluble. To apply these tests: 1. Put a teaspoonful of the carbolic acid into a bottle; pour on it half a pint of warm water; shake the bottle at intervals for half an hour; when the amount of oily residue will show the impurity. 2. Dissolve one part of caustic soda in ten parts of warm water, and shake it up with five parts of the carbolic acid. As before, the residue will indicate the amount of impurity."

Poisoning by Castor Seeds.---On Saturday evening, March 17th, Mr. Joshua Allen, residing at 9, Bath-street, Poplar, was seized with violent vomiting and purging, accompanied with burning pain in the gullet and stomach, and all the symptoms of Asiatic cholera. Dr. G. C. Kernot, surgeon, of Chrisp-street, Poplar, was immediately sent for, and found him suffering from an irritating poison. Upon inquiries, he found he had been persuaded by a man in the docks to eat a few caster oil seeds, which at once revealed the cause of the illness. The unfortunate man lies in a very lamentable condition: his recovery is extremely doubtful. It is not commonly known that the seeds from which castor oil is extracted contain in the embryo a very active poison, and that a few of them are sufficient to produce violent purging and death.

An Arterial Irregularity.—At a meeting of the Vienna Medical Society, Professor Patruban exhibited a preparation showing an infracostal artery. The vessel arose as a common trunk from the subclavian, ran a short course to the upper border of the first rib, and there divided into the external mammary artery, which followed its ordinary course, and an infracostal artery of large size. The latter vessel ran obliquely over the inner wall of the anterior part of the thorax, anastomosed with the other intercostal arteries, and passed outwards at the sixth rib to be distributed to the muscles of the chest. Dr. Patruban observed that this abnormal artery was of importance in regard to medicine, surgery, and forensic questions. For instance, in empyema, in paracentesis thoracis, in necrosis of the ribs, in fractures, &c., fatal hæmorrhage might take place from this artery.—*Wiener Med. Wochenschr.*

The Cattle Trade.—The absolute suspension of the cattle traffic on the Great Eastern Railway renders it interesting to recapitulate the receipts of that undertakine from the conveyance of cattle, sheep, and pigs during the last seven half-years. In the six months ending March 31, 1862, this branch of business produced the company £24,260; in the six months ending June 30, 1863, £50,744; in the six months ending December 31, 1863, £25,391; in the six months ending June 30, 1864, £54,988; in the six months ending December 31, 1864, £54,988; in the six months ending June 30, 1865, £49,737; and in the six months ending December 31, 1865, £22,298. It will be seen that the first half of the year is the most lucrative as regards the movement of cattle; and as in the current half-year the company is not likely to have the benefit of more than two months' cattle traffic (while even during that period it was greatly reduced), the diminution of the receipts under this head cannot fail to be serious, although the increased carriage of dead meat will be to some extent a compensation. On the other hand more cattle than formerly are now being forwarded from Norfolk to the metropolis by sea.

The American Army.---During 1861 and 1862 the mortality in the army from disease was more than five times as great as that of men of the same age in civil life, being 48·7 men per 1000 in 1861, and 65·2 per 1000 in 1862. The total number of deaths from disease alone during the two years was 56,193. The number of men constantly sick was about 10 per cent. of the strength of the army, and the total number of cases treated, including wounds, was 878,918 during 1861, and 1,711,803 during 1862. The most fatal disease was camp fever, of which 19,459 died during the two years. Of diarrhœa and dysentery 11,560 died, and from inflammation of the respiratory organs there were 8090 deaths. The army was remarkably exempt from scurvy and from the diseases that result from intemperance and vice. When the hospital system was at its *maximum* there were in the country 202 general hospitals with 136,894 beds. There were over 1,000,000 patients treated at these hospitals, and of the whole number treated but 8 per cent. died.

Accumulation of Stable Manure in London.---Dr. Septimus Gibbon, in his fortnightly Report presented to the Board of Works, Holborn District, on March 12, 1866, draws attention to the non-removal of stable manure from the mews, laystalls, and streets of London in consequence of a clause of the Cattle Disease Prevention Act 1866, which forbids the exportation of manure, offal hides, &c., from the Metropolis or any other place in which cattle plague has existed within six months previously. This provision extends from March 1 to April 15. The Board have memorialised the Home Secretary on the subject, which has come under the notice of the House of Commons and the Government. We may add that orders for removal are easily obtained through the police, except in cases where there is reasonable fear of infection by Rinderpest.

Notices to Correspondents.

Students.—According to the most recent views as to the atomic constitution of bodies, the equivalent number of mercury is again fixed at 200. The matter would be an unimportant one (except to theoretical chemists) except that the nomenclature of calomel and corrosive sublimate is affected by these changes of opinion, and serious mistakes might arise in practice by any confusion being allowed to exist in naming or prescribing these important drugs.

A First Year's Man.—If you attend regularly the lectures of the Professors and read up the subjects for yourself, you will not have much time to devote to hospital practice at present, but you ought, nevertheless, to visit the wards as often as opportunity is afforded.

J. H.—Four years is the minimum period now required for medical study, and the candidate must pass the examination in Arts before he commences attendance at the Hospital.

Amicus.—Enough has already been said and written on the subject, and it may now be allowed to drop.

A Young Surgeon.—The appointment can only be obtained by making interest among the Directors of the Company. The salary is about £120 a year, with some perquisites.

Dr. B.—We cannot say that we approve the practice, but *de gustibus non disputandum.*

Mr. Griffin's letter is inserted.

The Royal Institution.—The notice has been received.

The Obstetrical Society of London.—The report arrived too late.

A. J.—As far as we are aware, the appearances in the arteries in gangrene *from ergot*, are identical with those of dry gangrene from *other causes*, except the ossification of the coats, which not uncommonly precedes the latter form. The main artery and we believe its branches are blocked up by coagula, and the lining membrane reddened. Brown-Séquard has shown that the internal administration of ergot produces contraction of the capillaries, and hence the value of the (aqueous) extract in hæmorrhages. If we be not mistaken, Thompson, in his treatise "On Inflammation," speaks of the condition of the vessels from ergot in the chapter on mortification.

MEDICAL APPOINTMENTS.

ENGLISH.

Clayworth, C. C., L.R.C.P.Edin., has been appointed House-Surgeon to the London Hospital.

Harrison, Mr. Reginald, has been appointed Junior Surgeon to the Liverpool Northern Hospital.

M'Cormack, M. J., M.B., has been appointed Medical Officer of Health for the Borough of Southampton.

Roberts, F. T., M.B., B. Sc. Lond., has been appointed Physician to the Liverpool Northern Hospital.

IRISH.

Beamish, M., M.D., has been elected Vice-President of the County and City of Cork Medical Protective Association.

Lyons, R. D., M.B., F.K.Q.C.P.I., has been appointed to the Richmond Hospital, Dublin.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

Christie.—On April 1, at Pembroke House, Hackney, the wife of T. B. Cristie, M.D., of a daughter.

Neilson.—On April 2, at Blairgowie, N.B., the wife of James Neilson, of a son.

Nowell.—On March 19, at Cornwall Villas, Westbourne-park, the wife of A. H. Nowell, L.R.C.P.Edin., of a son.

Sealy.—On March 20, at Oakland's-park, Weybridge, the wife of G. J. ealy, M.D., of a daughter.

Hubbard.—On March 27, at 22, Ladbroke-gardens, Notting-hill, the wife of W. Hubbard, L.R.C.P., of a daughter.

Latham—O'Hara.—On March 21, at Ballymoney, T. Latham, M.B., to Anne, daughter of C. O'Hara, Esq.

Wilkinson—Leadbeater.—On March 22, at the Cathedral, Manchester, T. J. Wilkinson, L.R.C.S.Edin., to Miss Jane Leadbeater.

Wise—Sharp.—On March 29, at St. Margaret's, Plumstead, A. Wise, M.R.C.S., to Marie Jane, eldest daughter of John Sharp, Esq.

Stewart—Young.—On March 20, at Lanarkshire, Izett Stewart, of Welhall, to Marion Waterstone, youngest daughter of A. K. Young, M.D., of Bayswater,

Beckett, A. R., L.F.P. and S. Glasg., at Liverpool, on March 10, aged 28.

Browne, Robert Cave, M.D., at Barnet, on March 22, aged 66.

Cambridge, Dr. S., at Cheltenham, on March 19, aged 94.

Davies, Samuel S., M.R.C.S., L.S.A., at Pembridge, Herefordshire, on February 12.

Hawkins, James, L.R.C.P.Edin., at Newport, Monmouthshire, on March 21, aged 52.

Mackenzie, W., M.D., late of E.I.C.S., at 14, Carlton-terrace, Edinburgh, aged 86.

May, W., M.D., at Madeira, on March 21, aged 56.

Thomson, E. D., Army Medical Department at Gibraltar, on March 6, aged 32.

ADVANCED PAYMENTS.

Subscribers are reminded that their subscriptions in all cases must be paid within two months of the date of the order to secure the advantage of the lower rate of £1 1s. 8d. per annum, and that any subscription delayed beyond that period will be charged on the credit scale of £1 2s. 6d. per annum.

☞ *Original Communications, Hospital Reports, Society Proceedings, and other matter of considerable length, should reach our Office not later than* Friday evening *for insertion in the following Wednesday's issue. No exception to this rule can be made. Important information—Telegraphic News, and other matter occupying only a short space—can be received up to Monday evening.*

Authors' corrected proofs must in all cases be returned to the Office not later than 10 *o'clock on* Monday morning, *and no alterations can be attended to after that date.*

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, March 31, 1866, in the following large Towns:

Boroughs, etc.	Estimated Population in middle of the Year 1866.	Persons to an Acre. (1866.)	Births registered during the week ending March 31.	Deaths. Corrected Average Weekly Number.*	Deaths. Registered during the week ending March 31.	Temperature of Air (Fahr) Highest during the Week.	Temperature of Air (Fahr) Lowest during the Week.	Temperature of Air (Fahr) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2107	1400	1582	64·0	33·1	49·8	0·46	46
Bristol	163680	34·9	123	73	‡114	59·7	38·1	48·5	0·57	58
Birmingham	335798	42·9	281	163	185	62·2	33·8	48·4	0·36	36
Liverpool	484337	94·8	424	281	444	59·3	37·2	49·0	0·55	56
Manchester	358855	80·0	240	203	‡288	60·0	34·0	48·3	0·67	68
Salford	112904	21·8	80	57	82	58·7	33·3	47·6	0·68	69
Sheffield	218257	9·6	179	115	147	60·8	35·5	47·6	0·39	39
Leeds	228187	10·6	327	116	159	61·0	32·5	47·8	0·56	57
Hull	105233	29·5	84	49	78	...	...	...	...	...
Newcastle-on-Tyne	122277	22·9	151	65	66	58·0	36·0	46·6	0·15	15
Edinburgh	175128	39·6	123	84	113	...	...	...	...	...
Glasgow	432265	85·4	372	252	270	...	...	...	...	...
Dublin	318437	32·7	158	†156	194	...	...	...	...	...
Total of 13 large Towns	6122894	34·4	4649	3014	3722	64·0	32·5	48·2	0·49	49
					Week ending Mar 24.	Week ending Mar. 24.				
Vienna	(1863) 560000	...	...	...	...	...	...	...	...	...

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·909 in. The mean daily reading was above 30 in. on three days of the week. The barometrical pressure was 29·10 in. on Sunday, and it was 30·05 in. on Monday and Friday.

The general direction of the wind was W., N.W., and S.W.

* The average weekly numbers of births and deaths in each of the above towns have been corrected for increase of population from the middle of the 10 years 1851-60 to the present time.

† Registration did not commence in Ireland till January 1, 1864; the average weekly number of births and deaths in Dublin are calculated therefore on the assumption that the birth-rate and death-rate in that city were the same as the averages of the rates in the other towns.

‡ The deaths in Manchester and Bristol include those of paupers belonging to these cities who died in workhouses situated outside the municipal boundaries.

§ The mean temperature at Greenwich during same week was 40·2 deg.

ROYAL COLLEGE OF SURGEONS, IRELAND.

Thomas Beaumont, M.D., Indian Army, was admitted a Fellow of the College on the 23rd February last. In The Medical Press of the 7th March, by mistake, this gentleman's name was published as having been admitted a Member.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING APRIL 7TH, 1866.

Prepared especially for The Medical Press and Circular by J. H. Steward, Optician, 406, Strand, and 54, Cornhill, London.

April, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
1st	29·050	54	48	47·05	42·05	S.W	—	000	Very dull.
2nd	29·040	50	38	43·05	41·05	N.W	—	002	Showery.
3rd	29·060	50	39·05	45	41	N.N.E	—	000	Fine.
4th	29·070	50	42·05	43·05	41·05	N.	—	010	Showery.
5th	29·085	52	37	46	44.05	N.E	—	003	Pleasant.
6th	30·003	60	42	50	50	N.E	—	000	Fine.
7th	29·090	53	43	46·05	46·05	N.E	—	000	Dull.

N.B.—The above observations are taken at the Head Establishment, 406, Strand, W.C., at ten a.m.

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Chemists to Her Majesty, H.R.H. the Prince of Wales, and His Majesty the King of Belgians,

PRIZE MEDAL — INTERNATIONAL EXHIBITION, 1862.

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BOILING & STRAINING ARE AVIODED,—LANCET, July 29 & Oct. 14.

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Author of 'Food and its Adulteration;' Senior Physician to the Royal Free Hospital."

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DISCS OF GELATINE IMPREGNATED WITH—

ATROPINE, CALABAR BEAN EXTRACT, IODIDE of POTASSIUM, MORPHIA, ERGOTINE, BROMIDE of POTASSIUM, BROMIDE of AMMONIUM.

See THE LANCET, Jan. 16th, 1864: Mr. ERNEST HART'S Paper on the Use of Gelatine as an Ophthalmic Medium. Also, *ibid.*, April 16th; On the Atropized and Calabarized Gelatine. —— "These transparent discs dissolve admirably in contact with the moistened conjunctiva. Nothing can be imagined more practical."—ANNALES D'OCULISTIQUE, June 30th, 1864.

THE PANCREATIC EMULSION: a New Remedial Agent.

Originated by **Dr. DOBELL**, Physician to the Royal Infirmary for Diseases of the Chest.

Vide THE LANCET, *Nov. 11th* and *18th*.

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N.B.—The TRUE PANCREATIC EMULSION has an acid reaction, and is readily miscible with water or milk.

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Beautifully made; egg shape.	More convenient to take.	Pleasanter in action.
Regular in size.	Smaller than those of other makers.	Do not cause eructations.
Contain no air-bubbles.	Though containing usual quantity.	If tried, will be approved.

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London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

PAPERS ON DERMATOLOGY.

No. II.

ECZEMA.

By T. W. BELCHER, M.A., M.D.Dub.,

FELLOW, CENSOR, AND EXAMINER, KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE DUBLIN DISPENSARY FOR SKIN DISEASES; AND EDITOR OF "NELIGAN ON DISEASES OF THE SKIN," 2ND EDITION. 1866.

(Continued from page 332.)

E. C., a female child, aged three years and a half, residing at Irishtown, was brought to me at the Dispensary for Skin Diseases on the 24th of March, 1864, with a cutaneous eruption of several months' standing on the scalp. Her general health had not been very good, and she presented a very cachectic appearance. The eruption I may shortly describe under the term eczema capitis. It was preceded by heat, tingling, and itching; no clear information could be had as to the appearance of distinct vesicles; serous exudation had continued for a considerable time; scabs appeared in some places, and from a few of them pus had exuded; cracks or fissures were discernible in other parts; and still further might be noticed what, to an ordinary observer, seemed scales. These caused the patient much itching. At the time of her first visit the hair was partly falling off.

I directed the hair to be cut close, and kept so by repeated use of the scissors; to keep the scalp clean, and to apply with a brush the strong tincture of iodine, which I generally use for such purposes. It is made with methylated spirit instead of with proof spirit; and in this I think it has a great advantage over the officinal preparation in any affections for which the local use of tarry preparations, or of medicines allied thereto, may be thought desirable.

The application was repeated several times, and during this period she occasionally took alterative powders of mercury with chalk.

On the 4th of April (1864), she showed symptoms of what is often called "a bad state of the system," by the breaking out of small boils on the scalp.

Cod-liver oil, in drachm doses, thrice daily, was given from this date; and on the 16th of May she was discharged cured of the skin disease, and very much improved in her general health.

I shall now give an illustration of a different form of eczema.

J. H., aged 19, by occupation a porter, was admitted to the Dispensary on the 18th of April, 1865, with a (nearly) circular eczematous eruption on both arms and legs, and on the scrotum. I arrived at the conclusion that it was a case of eczema *impetiginodes* for the following reasons:—

From some of the patches arose a serous, from others a sero-purulent exudation; but on nearly all there was to be seen a constant formation of yellowish-brown scabs.

The quantity of the discharge was very great in this case; I have never seen it greater in any other, and it was a source of much inconvenience as well as annoyance to the patient, who had all the while to follow his daily labour. The tincture of iodine was applied here after the manner detailed in the last case; it was frequently repeated, and throughout the patient took the solution of the arseniate of soda (Pearson's solution) in three-minim doses, thrice daily. At first he took it in infusion of quassia; after a while this was changed to infusion of gentian; and finally, the vehicle used was infusion of cascarilla. The patient steadily improved, and all traces of the disease having for a short time disappeared, he was discharged, apparently cured, on the 21st of July, taking the arsenical mixture up to that day. His treatment lasted about three months. He was very well ever since until the middle of last month (March, 1866), when he again came to the Dispensary with a very slight return of his former malady. I may return to his case in a future paper.

Eczema in a more ordinary and more closely typical form occurs frequently on the scalp of infants during teething. On reference to my private case-book, I find that just about the same time (April, 1865), I was attending a gentleman's child, aged about five months, who was affected in this way. The tincture of iodine was tried in this case also, and when it had stopped the copious "weeping," I resorted to ointments to allay the intolerable itching which the little patient felt. I tried first of all Prof. Macnamara's "Ceratum lauro-cerasi" (see his edition of "Neligan's Medicines," p. 292). This soon lost its effect, and then I tried with more success a cerate of cold cream with chloroform, twenty minims to the ounce. Finally, I completely succeeded with thirty minims of it to the ounce. The cerate was kept in a stopped phial, and throughout the child had alterative, and occasionally purgative, medicines.

I think we may deduce some practical lessons from the consideration of eczema as brought under our notice by these cases.

The first is this: that the eczema of books and the eczema of practice are not always identical.

In my experience the purely typical disease is not so often met with as the complicated. I here take the term complication in its widest sense, as not only comprising the complication of eczema with other distinct cutaneous diseases, but also, and chiefly, the complication of the typical form with one or more of its known varieties.

In the first of the cases just detailed there was not *prima facie* any complication; but had we seen it earlier, we probably should have noticed the typical form which passed away with the acute inflammatory stage, on one part of the scalp, and the disease as it appeared on the 24th of March, 1864, on other parts.

In the second case it was clearly complicated in the sense above given. On reference to several cases recorded by me in the *Dublin Quarterly Journal* during the past year, I find in the February number (page 252) a case of scabies with eczema, and a case of eczema impetiginodes. Again, in the May number (page 495), another instance of the same kind, and also one of syphilitic eczema, which, however, we shall not now discuss, as it should be properly ranked among the "syphilides." Further, in the August number (page 254), a very remarkable case, to which I have particularly referred in my edition of "Neligan on the Skin" (page 105). Here the patient had, at the same time—1, on the right arm, a typical eczematous eruption (vesicular); 2, on the left arm an impetiginous eruption; 3, on the left cheek an erythematous blush. In a fortnight after, the diseased skin of the left arm became "rimous"—the eczema fendillé of Hardy and the French school.

I may further observe, in connexion with this subject, that greasy applications are not favourites of mine in eczematous cases. I find that they rarely do good. The local treatment which I mostly adopt is such as I have already described; where itching is troublesome, stuping with infusion or decoction of bran is of great service, and mucilage of starch, applied night and morning, in almost every case "mops up" the weeping, and fits the case for the local application of iodine. In inveterate cases where the skin is in the scaly stage, and where there is no infiltration, I repeatedly have used Hebra's tincture, or tinctura saponis viridis cum pice, with good effect, and I can confidently recommend it. Its composition and mode of application I quote from my edition of Neligan, p. 114:—"This con-

sists of equal parts of tar, soft soap, and methylated spirit. It should be applied twice daily, suffered to dry on the skin, and washed off with soft soap or petroleum soap;" the only kinds, I may add, which ought to be used in this disease. This preparation, as its name denotes, was invented by Professor Hebra of Vienna, and was recommended to me by Dr. McCall Anderson of Glasgow, about two years ago.

But it is on the constitutional treatment that I place most reliance in cases of eczema. Iodide of potassium is good, but arsenic is much better; and I never met a case yet that stayed with me long enough and was not cured.

It will take months—from three to nine, I find—to effect a cure, but it can be done, and only by combined perseverance on the part of both patient and physician. Most of the cases I have met with have been with Dr. This and Dr. That; but, with scarcely an exception, none of the many doctors has had fair play from the patients. The patient generally gets dissatisfied when not cured at once, especially when the disease gets aggravated, as it almost always does immediately preceding the amelioration caused by continuous arsenical treatment.

Another capital error is not to continue the constitutional treatment for some months after apparent cure. This is instanced in the second case given in this paper. The patient reappears in eight months with the disease in a mild form. It should be remembered that medicines and local applications which suit one case will often prove useless in another, which to all appearance may be similar. I heard a story lately of an archdeacon who dabbled in physic at his country living. He invested in Neligan's work, and commenced to treat the skin diseases of his parishioners. He tried one remedy advised by Dr. Neligan; success did not attend his efforts, and he pronounced Neligan "no good."

Perhaps few conditions retard the cure of eczema in old persons so much as mental depression. This condition I have found to exist when the lengthened use of one medicine sseem to them quite useless. "Nothing is being done for me," says the patient. Well, in such case I would say continue the arsenic, or other remedy as the case may be, changing the vehicle frequently. This will be found to have been illustrated in the second case above given, where the patient took arsenic in three different infusions. I now think it answers well enough to give it in water, with some colouring matter in it to prevent mistake.

Except to dermatologists, the question, what is the essential lesson in eczema, is it a vesicle or not? is of minor importance; seeing that whether eczema be held to include many diseases or few, in point of fact the treatment of most of these diseases, or varieties, resolves itself into one principle, and may be practically the same. I will not here enter into the nature and cause of eczema and the law of elementary lesions, nor shall I pit Hebra and the Germans against Willan, and Hardy and the French against the English school. I have entered more fully into this part of the subject in my edition of Neligan, which I have occasionally quoted. For the foreign and more fashionable theory I may refer to Hebra's views, as fully explained by his pupil and friend, Dr. McCall Anderson of Glasgow, in his monograph on eczema; and also to a review on skin diseases in the *British and Foreign Medico-Chirurgical Review* for this month. For the other side—the views of the school of Willan—see an exhaustive essay in the January number of the same review, by that learned physician, Dr. Tilbury Fox.

The Paris *Moniteur* of Sunday contains a list of 300 medals—namely eighteen in gold, 178 in silver, and 112 in bronze—granted at the suggestion of the Minister of Agriculture by his Majesty to those of the medical profession who proved during the late visitation of cholera their zeal and devotedness in the care of the sick. The *Moniteur* points out 122 instances of private heroism on this occasion, which proves that, notwithstanding the silence observed by the official papers during the visitation, it was of a sufficiently serious nature to justify the public alarm.

CASE OF SPECTRAL ILLUSIONS.

By BENJAMIN BELL, F.R.C.S.E.

(Read before the Royal Medico-Chirurgical Society, Edinburgh, April 4.)

The following case seems to possess considerable value in a scientific point of view, from the rare circumstance that the subject of it exhibits no impairment of her mental faculties, knows her false perceptions to be illusory, and is able to describe them in a very intelligent and graphic manner. She is a lady, considerably beyond eighty, of healthy constitution and vigourous mind, still takes a lively interest in passing events, and is surrounded by a circle of friends and acquaintances who cultivate her society for the attractive nature of her manners and conversation. It is proper to mention, that for more than a year, she has been debarred from both reading and writing, employments in which she previously took great pleasure, by the partial formation of cataract in both eyes. Although vision is thus considerably impaired, she is by no means in darkness, but is able to recognize large objects, and, to a certain extent, the persons of her intimate friends. In other respects she enjoys good health, without being exempted from occasional catarrhal affections and temporary disturbances of the digestive function.

In the month of July, 1865, she began to be annoyed by noises which she likened to the ringing of bells of various sizes; some of them small and clear, other so loud and deep in their tone as to resemble church bells in close proximity to the back of her bed. About the same period she observed on the curtains and on the walls of the room a variety of beautiful landscapes, in some of which were figures of men, women, and children, which occasionally seemed to be in motion. These landscapes underwent frequent changes in the manner of what are called dissolving views. Sometimes, in place of them, every surface—the bedclothes, the curtains, the walls—are covered with tasteful patterns, as of embroidery or carving in wood. Not unfrequently the air of the apartment was occupied with what seemed to be a dense fall of snow. These false visual perceptions were little influenced by the amount of light or by closing the eyelids, although they were more distinct at certain periods of the day than at others. The noises, however, were invariably loudest and most distracting during the night.

As a general rule, the pulse was unaffected. There were no indications of cerebral congestion; no flushing, no headache, no giddiness. Her most comfortable time was for an hour or two after retiring for the night, when she usually partook of a moderate allowance of gin and warm water. She was in the custom of falling asleep almost immediately, and of awaking free from both the ringing of bells and the phantasms. Both of these sources of annoyance, however, were sure to return after a short interval, and the remainder of the night was spent very uncomfortably.

Various things were tried without obvious benefit—iron, opium, henbane, aconite. The stomach being in some degree out of order, probably from continued sleeplessness and mental distraction, powders were prescribed, containing rhubarb, potash, and calumba. Under the use of these, in sufficient doses to regulate the bowels, considerable improvement took place, the noises becoming greatly moderated and the phantasms much less vivid.

About the end of September the temporary improvement ceased, and the phenomena underwent a remarkable modification. Instead of landscapes and carved work, she now saw innumerable female heads and busts covering every surface on which she turned her eyes—the bed, the curtains, the walls of the room, the carpet, and even the persons of her attendants. All the countenances were pleasant to look upon, some of them very beautiful; no two faces were alike, and none, at this time, bore any resemblance to people she had ever seen before. The costume and mode of arranging the hair were quite different from what we meet with in the present day. The faces

were varied every morning, sometimes more frequently, and the style of dress underwent corresponding changes. The spaces left betwixt the full-sized forms were filled by others on a smaller scale. If, as sometimes happened, one of the larger faces was seen in the space previously occupied by a real picture suspended on the wall of the room, it was always observed to be accurately in the centre of the frame. All these heads had the appearance of exquisitely finished pictures, and were exclusively female, the majority of them young and beautiful.

On the 11th of October the faces were, for the first time, *male*, with large, strongly-marked features and dark eyes, which glared upon her and seemed occasionally to move. On the 12th they were still masculine, but milder in expression, and a certain number seen in profile. Next day the portraits suddenly disappeared, and were succeeded once more by representations of beautiful carved work in oak and mahogany, such as baskets filled with flowers and other things of an analogous nature; these being replaced, in their turn, by tabular inscriptions, apparently in a foreign language, which she was quite unable to decipher. Another day came, and all these things were superseded by an array of female heads, with a few men interspersed, among whom she recognized the well-known features of Dr. Thomas Chalmers and a profile of Professor Miller.

Subsequently to this, for several weeks, the human faces gave place to an inexhaustible succession of wood carvings, apparently, as before in oak and mahogany, of flowers, geometrical figures, and patterns of female ornaments.

Early in December the faces returned in great numbers, and were much more distracting and oppressive, from the circumstance that, instead of resembling portraits as formerly, they were now entirely life-like, both in size and colour. Moreover, the eyes were now seen to move, and were full of meaning. The great majority were youthful and good-looking, with the hair tastefully combed back from the forehead, and in some instances powdered. On the curtain, at the foot of her bed, she could count ten rows of these countenances, with eight individuals in each row. Occasionally she recognized her deceased husband in the crowd; but this, like the other instances already mentioned, was an exception to the general experience, that the countenances had never been seen before.

Towards the close of the year the faces became, if possible, still more distracting to my patient. They were intensely life-like, the eyes moving, and even the mouths opening and shutting in a very disagreeable manner. Sometimes a small picture or fac-simile of the individual would emerge from the eye or mouth, and then gradually enlarge until it took the place of the original. The faces answering to this description were very numerous—men, women, children. They were no longer arrayed in the costume of a former generation, but in the garb of the present day; and many of both sexes were eminently handsome. It was noticed at this time, as on one or two previous occasions, that the illusions became greatly moderated, contemporaneously with the accession of a certain degree of febrile disturbance.

During January, 1866, a good many variations took place in the phenomena, the figures being one day numerous, large, and disagreeable, on another day, small, bright, and beautiful, gracefully arranged upon a straw-coloured surface, like a vision of fairyland. As formerly noticed, they invariably disappeared at once when she had swallowed her allowance of gin and water on retiring to rest. The same effect was produced on one or two occasions during the day, when, in consequence of the illusions being more oppressive and distracting than ordinary, she had recourse, after some persuasion, to the same remedy. At this period the effect of an opiate was again fairly tried, but little benefit was experienced, and it seemed to derange the system.

Since the beginning of February there has been a gradual but very decided amelioration. During a few days, in place of human figures, she saw in one corner of the apartment, a group of beautiful grey horses, as large as life, and, at the foot of her bed, a crowd of tortoise-shell kittens, with their eyes intently directed towards her. These living objects were succeeded once more by patterns of embroidery and wood-carving, and, several times lately, on awaking from sleep, about midnight, she has observed five male heads peering at her over the foot-board of the bed, while she seldom fails to see in one corner, a pleasant looking young matron quietly engaged with her work. Generally speaking, her condition is much more comfortable than it was for many months; the noises are now quite bareable; she takes her food with considerable relish, and has recovered her wonted cheerfulness which the long continued distraction had well-nigh taken away.

The chief point of interest in the foregoing history, is the perfect conviction on the part of the lady herself that the perceptions of which she was conscious had no external or tangible origin. As they were confirmed neither by her own sense of touch, nor by the senses of her friends, her sound judgment pronounced them to be illusory; had she been incapable of thus exercising her reasoning faculty, she must have fallen into the error of other persons, similarly affected, and have believed the perceptions to be real. In strict language, they *are* real; as real as the normal perceptions of sight and hearing, of which we are all conscious. But there is this distinction, these abnormal perceptions are *subjective* in their cause, depending upon a condition of the sensorium induced *ab intra;* whereas, normal perceptions are *objective*, and caused by impressions made, *ab extra*, on the nervous structures of the eye and ear. The physical causes of these subjective perceptions are necessarily very obscure. That they are independent of organic change of structure is more than probable, from the very noticeable fact, that the psychical phenomena undergo so many variations, and sometimes cease entirely. May we suggest, that whatever lesions of a permanent nature may sometimes be discovered after death, either in the substance or in the membranes of the brain, these illusory perceptions are occasioned by more or less disturbance of the capillary circulation in certain structures intimately connected with sight and hearing—namely the *corpora quadrigemina* and the *auditory ganglion?*

Mr. Craig of Raths, has published a remarkable case, * in which spectral illusions, resembling in many points those which I have described, continued to recur during the long period of twelve years, and were ultimately superseded by serious and fatal lesions of the brain.

Some years ago, I attended a lady, upwards of sixty, who had been for a long time afflicted with an abiding noise in the head, so loud and distracting that she compared it to the clashing together of metallic vessels. It continued for several years, uninfluenced by treatment. One day, I found her rejoicing in a sudden and complete cessation of the morbid sounds; before the lapse of many hours, she had an apoplectic seizure with *hemiplegia*. She recovered her senses and lived a paralytic for some years; but the noises never returned. A post-mortem examination could not be obtained.

These instances confirm the very obvious conclusion, that perceptions, depending on subjective causes, whatever the exact nature of these may be, are sources of anxiety, particularly in persons well advanced in years, with whom the vascular system is prone to fatty degeneration and other morbid changes.

It appears to me, that the medical treatment ought to be regulated by a due regard to all the circumstances of the case, and not by any preconceived theory.

In the case related in these pages, there has never appeared to be any call for depletion; and, indeed, the opposite plan of procedure has generally afforded at least temporary benefit. On the other hand, it was found in Mr. Craig's case, that any addition to the small quantity

* Edin. Med. and Surgical Journal, No. 129. To Mr. Craig's account are appended some valuable pathological observations by Dr. David Craigie, which will amply repay a careful perusal,

of wine, to which the patient restricted himself, always increased the number and vivacity of the images.

Let me add, in conclusion, that a case, such as the foregoing, in which abnormal perceptions are accompanied by an unclouded state of the mind, capable of recognizing their true nature, may give us insight into recorded instances of spectral illusions in which the mind itself was in all probability disordered. Need we wonder also at the psychical phenomena exhibited in fever, in phrenitis, in delirium tremens, where, in addition to the parts of the *encephalon* specially associated with sight and hearing, we have reason to believe that the whole cerebral mass is more or less affected, either by inflammatory action or by a poisoned condition of the blood, when we know that it is possible for such an infinite variety of landscapes and figures, animate and inanimate, to be spread before the mental eye of one whose reasoning faculty pronounces them to be illusions? Let us suppose *that* ruling faculty to be in complete or partial abeyance, with similar phantasms crowding in endless variety upon the sufferer, and we shall have, as it appears to me, a ready explanation of much that is absurd, impulsive and violent in the behaviour of many who are in that unhappy predicament.

A REMARKABLE CASE OF TRANSFUSION OF BLOOD, ATTENDED WITH COMPLETE SUCCESS.

Noted by AUSTIN S. MELDON,

LICENTIATE OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS, AND OF THE ROYAL COLLEGE OF SURGEONS, IRELAND; LICENTIATE IN MIDWIFERY, ETC. ETC.

The following remarkable and interesting case of transfusion of blood from one human being to another occurred in Berlin a few days since:—

Early on Monday morning, the 12th inst., a young man, residing in the Neuen Friedrichstrasze, was found apparently lifeless on the floor of his apartment.

Dr. Badt was immediately in attendance, and declared it to be a case of poisoning by carbonic acid gas (Kohlenoxydgas). He had the body at once removed to a spacious room having free access of air. Artificial respiration was had recourse to, and every effort made, both by Dr. Badt and Dr. Sachs to resuscitate the man. At first there seemed but little hope; but perseverance soon brought its reward, and the physicians had the satisfaction of perceiving a return of the natural respiration, accompanied by a feeble pulse. The patient gradually improved, and there now seemed every prospect of recovery. Towards two o'clock, however, the pulse became almost imperceptible; the respiration became slow and short, and in fact, all the symptoms of approaching death began to develop themselves.

As the last resource Dr. Badt proposed the operation of transfusion. Professor Geheimerath Martin consented to operate, and at three o'clock, assisted by his son, as well as by Drs. Badt and Sachs, he introduced a previously well-warmed tube into the median vein and slowly injected blood. The result was extraordinary: the pulse increased in strength, the respiration became deeper, the eyes immediately opened; the cheeks, before of a ghastly pale, reddened, and in a few minutes he was able to swallow a little water.

Nevertheless, he lay in an almost unconscious state until midnight, and seemed to be on the very brink between life and death. On Tuesday morning, however, he was so far recovered as to be pronounced out of danger.

The blood in this case was taken from his brother, as well as from a commissionaire.

I may observe that cases of poisoning by carbonic acid gas are of frequent occurrence in almost every part of Prussia, owing to carelessness in shutting the valve of the stove, by which the gas, generated by the burning wood or coal, is unable to escape.

I am given to understand that Dr. Martin has practised this operation with the greatest success in cases of flooding.

Wilhelms, Strasze, 58, Berlin.

RETROSPECT OF THE MEDICAL JOURNALS.

April 14.

The *Lancet* alludes to the investigations about to be held into the state of the London workhouse infirmaries by Dr. Smith and Mr. Farnall, under the direction of the Poor-law authorities. It is gratifying to find the value of the report of the Commission is thus officially recognized.

Drs. Farre and Lankester seem to differ on the subject of the prevalence of infanticide in the English metropolis. The former has read a paper before the Statistical Society on the high rate of infantile mortality in these realms.

It seems likely that the surgeons will emulate the example set by their obstetric brethren, and that we may soon expect an exhibition of surgical instruments.

Our contemporary regards with satisfaction the reappointment of Dr. Sharpey to the Medical Council.

Dr. Tuke writes to the *Lancet*, and very properly complains of the unjust and hypercritical remarks made by Dr. Forbes Winslow in reviewing the evidence given by the former before the Capital Punishment Commission.

The cattle plague returns show a very marked decrease in the number of cases.

Mr. T. Carr Jackson describes a case of large fibro-areolar tumour of the thigh in a young man who was exhibited to the Pathological Society. The growth resembles that often met with in the scrotum.

Dr. Dodgson gives a case of cerebral disease in which the power of speech was lost, and where the lesion was found to be in the neighbourhood of that spot where that faculty was localized by M. Broca—viz., the third convolution on the left anterior cerebral lobe.

A number of cases are alluded to in the Middlesex Hospital in which Mr. De Morgan's plan of painting the surface of all wounds with a forty-grain solution of chloride of zinc was adopted, apparently with the best effects.

From the *Medical Times and Gazette* we learn that Dr. Richardson is at present engaged in a series of experiments with regard to the combination of styptics and caustics with the ether spray in the instrument now so largely used by the profession.

Dr. Salisbury's observations on the influence of low organisms in producing intermittent and remittent fevers are certainly novel, and if corroborated will mark out a new era in medicine. He has found these cryptogamic productions in the expectoration of ague patients:—

"1. Cryptogamic spores are carried aloft above the surface at night, in the *damp exhalations* which appear after sunset; they fall again after the sun rises.

2. These bodies rise from thirty-six to sixty feet, never above the summit of the damp night mists or exhalations, and intermittent fever observes the same limits in its occurrence.

3. The day air of ague districts is free from the 'bodies' in question."

Dr. Bowerbank gives his experience of cholera as gathered during its outbreak in Jamaica, the letter is highly interesting and well worth perusal; although he does not describe it as a cure, he tell us that in the seventeen cases in which sea water was used by the patients internally, not a death occurred, the fact is worth remembering. He gives us some startling instances of persons buried alive.

From the *British Medical Journal* we learn that the bravery of Mr. Llewellyn, the Surgeon of the *Alabama* who perished in the discharge of his duties to the wounded, has excited the most wholesome feelings of admiration in India. Dr. Partridge of the Bengal army writes to the governors of Charing-cross Hospital, enclosing £336 13s. 5d. the amount subscribed to the Llewellyn fund, with a request that it may be allocated by the Hospital authorities in such a way that Dr. Herbert Llewellyn's name may be perpetuated. We are. glad to see a prospect of the testimonial fever showing symptoms of a more healthy and practical aspect than formerly evidenced by commemorative but useless statues and medals.

Hospital Reports.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

TREATMENT OF DELIRIUM TREMENS BY CAPSICUM.

(Under the care of Dr. LYONS.)

The following case is a well-marked instance of the efficacy of this somewhat unusual plan of treatment:—

The patient, a man aged 40, by occupation a warehouseman in a wine-merchant's establishment, was admitted into the Whitworth Hospital on 25th March. He presented the usual symptoms of delirium tremens, wandering, illusions, tremor, attempts to get out of bed, loss of sleep, sweating, a certain amount of pyrexial disturbance, and required a special attendant to control and keep him in bed, and ultimately the strait waistcoat had to be employed.

The statements of his wife, and subsequently of himself, as to his previous habits were most unsatisfactory and not a little contradictory. About four years previously he had suffered a severe shock, under circumstances connected with loss of the greater part of his pecuniary resources. It was alleged that he was not an habitual drinker, nor at any time a drinker to excess; statements little in keeping with his symptoms and appearance on admission.

Five days previous to admission he was seized early in the morning with shivering, sense of choking, and violent pain in the head. On the following day mental wandering and illusions began to display themselves, accompanied subsequently with flushing of the face, occasional wild raving, and violent delirium.

When seen on the 25th, he presented the well marked phenomena of delirium tremens, and for many days and nights had had no sleep.

Dr. Lyons having, on more than one occasion, previously employed with success the treatment by capsicum, specially recommended to his notice by his friend, Dr. Kinnear, Director of the Melville Royal Naval Hospital, Portsmouth, determined to give it a further trial in this case, in which, for various reasons, it appeared to be indicated, and ordered the patient thirty grains of the powder of capsicum, to be made into a bolus and administered immediately. The dose was taken without any difficulty, notwithstanding that some slight burning sensations were felt in the mouth and throat for a time, and a sense of diffused warmth through the stomach and bowels for a brief period subsequently. In less than one hour after the bolus was taken he fell into a quiet sleep, and some three or four hours subsequently awoke, perfectly calm, conscious, and convalescent. It is much to be regretted that notwithstanding that he was perfectly reasonable, and in all respects quite free from any symptoms whatever of the condition of delirium tremens, a draught containing 30 minims of gutta nigra was administered about 10 a.m., this medicine having been ordered in the morning, to provide for the possible failure of the capsicum dose; but of the efficacy and satisfactory result of the former no reasonable doubt can remain. No stimulants were employed at any time in this case. Convalescence was rapidly established, and the man left hospital in a day or two, himself and his wife in no little degree surprised at the almost magical effect produced by the dose of so familiar an article as that employed.

The results obtained by Dr. Lyons in the use of this drug fully bear out the experience acquired on a far larger scale of observation in the West Indies and in the Melville Hospital by Dr. Kinnear, Dr. Lawson, and others of his distinguished colleagues in the public service at home and abroad. In the records of the Melville Hospital not less than from seventy to eighty cases are reported to have been successfully treated by the sole use of this drug in single or repeated doses, ranging from one scruple upwards. No gastric disturbance or other unpleasant symptom has been at any time noticed.

As a stimulant of great and immediate efficacy, Dr. Lyons considers that its action may be explained by the direct influence it exerts upon the gastric expansions of the vagi, and so indirectly upon the cerebro-spinal centres. The phenomena of the disease he considers to point to a double condition of stimulated excitation and partial paralysis of distinct and perhaps opposite portions of the nervous system.

For general employment it cannot be doubted that, as pointed out by Dr. Lyons, the use of capsicum offers many advantages over either opium or digitalis. In cases of recurrent delirium tremens associated, as they often are, at a somewhat advanced period of life, with fatty degeneration of the heart, both the latter drugs are very distinctly contraindicated, and their use has not infrequently been attended with results far from satisfactory, even when free from fatal result, which has not always been the case.

MEATH HOSPITAL.

CASES UNDER THE CARE OF MR. PORTER.

Reported by ARTHUR WYNNE FOOT, M.D.

During the past month the advantages of local anæsthesia, according to Dr. Richardson's method, have been very fully tested in many operations by Mr. Porter, senior surgeon to the hospital. The following are a selection from his cases:—

Case 1.—Sarah Halahan, aged 18, admitted with the left upper extremity rendered almost useless from an extensive webbed cicatrix, the result of a burn, occupying the flexure of the elbow, and binding the forearm to the arm. The ether spray was applied to the cicatricial tissue previous to its division, which was made without the girl feeling any pain.

Case 2.—Jane Hanlon, aged 19, was admitted, anxious for the removal of an unsightly blackened scar, about half an inch in length, on the middle of her forehead, caused by a blow from a piece of coal received about two years since. The ether spray having been applied, the cicatrix was excised without her feeling any pain.

Case 3.—John Keough, aged 60, affected with an abscess in the scalp, the result of erysipelas. The ether spray having been applied, the abscess was opened without any complaint of pain.

Case 4.—Mary Scanlon, aged 40. The displaced flap of a wound in the palm of the right hand required removal, which was done without pain after the application of the ether spray.

Case 5.—Christopher Curtis, aged 45, admitted with a fatty tumour of twelve years' growth, about the size of a turkey egg, on the back of the neck. The ether spray having been applied, the tumour was excised without any pain during the first incision.

Case 6.—John Tobin, aged 11; an abscess in the left eyelid, opened without pain, after the application of ether.

Case 7.—John Doyle, aged 60, admitted with an anthrax, about two and a half inches in diameter, situated above the right shoulder, midway between the back and front of the neck. The ether spray was applied with two instruments, and the surface having been frozen, a crucial incision was made without any complaint of pain on the part of the patient.

The majority of the cases selected by Mr. Porter for the trial of the local anæsthesia have been peculiarly suited for its successful employment, being those in which the operations involved but comparatively superficial structures. No application was made to the skin preliminary to the distribution of the spray, the rapid action of the ether preventing the occurrence of the painful sensations which sometimes precede the congelation when the action is

prolonged. In such Cases as 3 and 6, an additional advantage is derived from this method, the contraction of the tissues under the influence of cold assists in the evacuation of pus and the obliteration of the cavity of an abscess. In none of Mr. Porter's cases did there appear to be any delay to an early union, neither was reaction painful. The most extreme degree of congelation is not necessarily unfavourable to rapid union. In a discussion upon local anæsthesia in the Imperial Society of Surgery of Paris, on March 14, M. Broca mentioned a case where Robert removed the great toe so congealed that during the operation the assistants could hear the flakes of ice crackling under the bistoury. There was no pain, no blood was lost, and the flap healed by the first intention. The employment of two instruments, necessary in Case 7, from the extent of the surface to be rendered insensible, has been obviated by the construction by Dr. Richardson of a multiple instrument combining three distinct jets, movable to various angles, worked with a single pair of small bellows which can act effectively upon a surface of the body three inches long by two wide. The ether employed by Mr. Porter was pure, free from methylated compounds which cause irritation of the skin, left no persistent odour on evaporation, and boiled briskly in the warm hand.

ST. VINCENT'S HOSPITAL.

CASE OF BRIGHT'S DISEASE.

(Under the care of Dr. MAPOTHER.)

The following case is given with a view to bear out the usefulness of the treatment ordinarily adopted by Dr. Mapother in cases of Bright's disease. The history and the symptoms of it correspond to a large extent to those of another case reported in The Medical Press and Circular for the 4th April:—

J. K., ætat. 52, a married man, by trade a slater, and a resident of Dublin, was admitted to St. Vincent's Hospital on 3rd April, 1866. About three years ago he was an inmate of the same hospital, and was then affected with œdema of both legs.

On the present occasion he was somewhat similarly affected, but the swelling is now greater than it was three years since.

He traces this œdema to exposure to wet and cold when engaged in his trade about a fortnight before the 30th of March. At the latter date the swelling began, and gradually increased up to the time of his admission to hospital. He did not complain of anything else, save some cough and difficulty of breathing. He passes urine in natural quantity.

As in the former case, just referred to, he was directed to take a tartrate of potash mixture, also one drachm of compound powder of jalap every night.

I saw him for the first time on the 4th of April, when Dr. Mapother tested his urine for albumen, and by the ordinary nitric acid test it was found in considerable quantity.

On the 12th instant I had another opportunity of seeing him in company with his medical adviser. He was then very much better; the œdema had completely disappeared, and so indeed had most of the symptoms for which he abtained admission to hospital. His urine was tested this day, and its sp. gr. was ascertained to be 1014. It was also tested for albumen—none whatever could be found; but the urine contained much colouring matter.

The practical point in this case, as in the former one, is the speedy amelioration which ensues from or after treatment like that here noted.

The Emperor of the French, at the suggestion of the Minister of Agriculture, has granted 300 medals—10 in gold, 178 in silver, and 112 in bronze—to those of the medical profession who, during the late visitation of cholera, evinced zeal and devotedness in the care of the sick.

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 27th.

Dr. ALDERSON, F.R.S., President.

A CASE OF LUMBAR COLOTOMY (AMUSSAT'S OPERATION), SUCCESSFULLY PERFORMED FOR THE RELIEF OF A VESICO-INTESTINAL FISTULA.

By T. Holmes, M.A.Cantab.,

SURGEON TO THE HOSPITAL FOR SICK CHILDREN, AND ASSISTANT-SURGEON TO ST. GEORGE'S HOSPITAL.

Ulcerated openings sometimes take place between the bladder and either the small or large intestine, which have no connexion with previous stricture of the gut, still less with cancer. In those cases in which the fæces come from the lower bowel, and are consequently more solid, great suffering is produced, and the formation of calculus in the bladder becomes exceedingly probable. In such of these cases as are not dependent upon malignant disease, colotomy, by diverting the fæces from the fistulous channel, may possibly enable the latter to close, and is at any rate necessary in order to relieve the sufferings caused by the fæces passing into the bladder. The author read the notes of a case in which communication existed between the bladder and some part of the bowel above the rectum, and in which Amussat's operation was performed eight months since; the patient being now in good health, and in a condition of tolerable comfort, with evidence of considerable contraction, if not complete closure, of the fistula. References were also made to some other cases of communication between the bowel and bladder, with a view to support the opinions here put forward and the treatment adopted in the above case; and also with a view to the diagnosis of the seat of the communication with the bowel when out of reach of the ordinary means of examination.

Mr. Solly thought the Society was indebted to Mr. Holmes for his case. The profession was not fully alive to the value of Amussat's operation in cancerous diseases of the rectum, and the case related would improve our knowledge of the operation in other than malignant diseases. One peculiarity of interest in it was, that the operation was performed when the colon was not distended, which rendered the proceeding a difficult one. In his (Mr. Solly's) cases the intestine was full, and the operation very simple and easy. He would inquire whether the cavity of the abdomen was opened before the colon was reached?

Mr. Holmes Coote said that very few surgeons had had personal experience of Amussat's operation. He had not operated upon the living, but had on the dead subject. The proceeding when the colon was distended was simple and easy; not so when, as in Mr. Holmes's case, the intestine was in a state of collapse. The case was interesting from the complete relief afforded to the patient, and from the fact that the disease was of a non-malignant character. Did the ulceration arise from tuberculous deposit, which might be only of temporary existence, and a complete cure follow?

Mr. Curling said that the remark made by Mr. Holmes Coote, a surgeon to a large hospital, that he had not yet had occasion to perform colotomy, seemed to confirm the observation of Mr. Solly, that the operation was not sufficiently appreciated by the profession as a means of giving relief in many cases of painful disease. In the interesting case which had just been read, no doubt could exist as to the propriety of opening the lumbar colon, and as to the great advantage which might result from such a proceeding. We had only to contrast the great misery, ending in death, which existed in the case communicated by Mr. Morgan to the last volume of the Society's "Transactions"—in which the ileum opened into the bladder, surgery being powerless in affording relief, with the comparative comfort and release from all suffering now enjoyed by Mr. Holmes's patient—to conclude that, in this instance, the operation

was a triumph of surgery. In his (Mr. Curling's) opinion the principal interest of the case consisted in the diagnosis which had been so carefully and successfully made—in determining, chiefly from the solid character of the fæces which passed from the bladder, and from the free escape of urine by the rectum, that the opening from the bowel was in the larger bowel low down. He would endeavour to follow the author of the paper in confining his observations relating to colotomy to cases of non-malignant disease without obstruction. He believed that there were many cases of the kind to which this operation was applicable—cases of inveterate stricture of the rectum, with ulcerations and mucous growths, attended with an exhausting discharge, the patients going from hospital to hospital for relief, leading a miserable life, and ultimately dying of the disease. Mr. Pennell, whose interesting case of colotomy had been alluded to by Mr. Holmes, in his paper communicated to the Society sixteen years ago, remarked that he would have recourse to this operation in every case of incurable stricture of the rectum, which produced severe suffering, and was beginning to destroy the health and undermine the constitution. He (Mr. Curling) was not aware that this suggestion had ever been acted on, until six weeks ago, when he was induced to perform the operation in the London Hospital on a man only twenty-seven years of age, who had an obstinate stricture and a diseased state of rectum such as he had described. The man was not pressed to submit to the operation, but when the circumstances of the after-condition were fully explained to him he begged to have it done. He recovered favourably, and under tannic acid and chloride of zinc injections the discharge from the rectum was greatly reduced; but it was too early to speak of the effect of diverting the channel for the fæces, and of other treatment, in bringing the rectum into a more healthy state. Colotomy was supposed to be a dangerous as well as a difficult operation. When performed in consequence of obstruction arising perhaps from cancerous disease, and delayed to the latest period, being resorted to only as a *dernier ressort* after a stoppage of three or four weeks, the operation was necessarily fatal in many instances. Owing perhaps to accidental circumstances, it had fallen to his lot to perform an unusual number of these operations. His experience extended to fourteen cases; eleven he had performed himself, and he had assisted in three other cases. Now, in nine the operation was undertaken to relieve obstruction, in all from carcinomatous disease; five were fatal, and four recovered; but in none of the fatal cases could death be said to result from the direct effects of the operation. In the remaining five cases, in which there was no obstruction, the operation was performed to relieve the distressing symptoms of disease in the rectum. All of them recovered favourably. So that with this experience we are justified in saying that colotomy is not attended with any great danger. He had not met with any serious difficulty in opening the colon in the cases where no obstruction existed. He attached great importance to securing the bowel to the margins of the wound in the skin, so as to bring the gut near the surface, and to prevent feculent matter escaping into the sigmoid flexure below, as this was liable to be a source of trouble. He trusted that the satisfactory result of the author's case, and the discussion which had taken place that evening, would tend to remove much of the prejudice which existed against colotomy, being assured that it was capable of diminishing suffering and prolonging life in many cases of serious disease.

Mr. Holthouse could confirm the observations of Mr. Curling as to the great depth of the bowel from the surface in many of these cases, as well as to the necessity of securing the edges of the intestinal opening close to the cutaneous one. He (Mr. Holthouse) had had some experience in the performance of Amussat's operation, and nothing was more striking than the difference of depth at which the colon was situated in different cases. When this intestine was distended above the seat of the operation, it pressed towards the surface, producing such a stretching and apparent thinning of the superimposed structures that a trocar might be thrust at once into the bowel without any fear of wounding the peritoneum. In other cases, on the contrary, the colon was empty and contracted, sometimes not larger than the finger, and lay at a great distance from the surface. This was the condition of the patient in the last case operated upon by him, and which indeed somewhat resembled that of Mr. Holmes, inasmuch as a communication had formed between the intestine and the bladder. With the view of acquiring a correct knowledge of the relative anatomy of the parts concerned in this operation, and the appearances which indicate the proximity of the colon, Mr. Holthouse, some years ago, made a number of dissections of the region implicated. The parts were dissected both from before and from behind, and the following was the mode of proceeding:—The abdomen being opened and the small intestines removed, a long carpet-pin was thrust directly backwards through the descending colon, one inch above the crest of the ilium, till it emerged through the skin in the loin. Taking the average of the cases examined, the lower end of the kidney was found to be two-thirds of an inch above the transfixed part of the colon, and internal to it. The intestine itself lay on a layer of fat and the anterior lamella of the lumbar fascia, which separated it from the quadratus muscle. In performing Amussat's operation, therefore, after cutting through the skin and subcutaneous tissue, together with the superficial muscles, one arrived at a very strong dense fascia (fascia lumborum) connected with the internal oblique and transversalis muscles externally, passing beneath the outer margin of the erector spinæ and in front of the quadratus. On dividing this and the last-named muscle, a layer of fat or omentum-like structure, which varies in thickness, comes into view, and immediately behind this is the uncovered portion of the colon. Mr. Holthouse regretted, with previous speakers, that colotomy was not more frequently resorted to, and, when performed, that it was not done earlier. He had on several occasions recommended its performance, but it was either declined or put off till too late. The case of Mr. Gracie (Mr. Pennell's patient), which had been referred to by Mr. Holmes and Mr. Curling, was a striking example of what the operation could effect. Mr. Holthouse had had the advantage of seeing that gentleman when he was in London some years ago, and as evidence of the completeness of his recovery it might be mentioned that he was in the habit of walking from his lodgings in Piccadilly to the Docks and back again without experiencing any inconvenience. His chief anxiety was lest the artificial anus should close up.

Mr. Curling rose again to state that he had under his care in the London Hospital, at the present time, two patients upon whom he had performed colotomy—one, to whose case he had already adverted, and another, a young man, aged 20, with cancerous disease of the rectum—without obstruction. And he should be happy to show the cases to any Fellows interested in the subject. He would also add, that he had once operated in a case of extreme lateral curvature of the spine, and had succeeded in reaching the bowel above the anterior-superior spinous process of the ilium without opening the peritoneum.

Dr. Marcet related a case of obstruction of the intestine, which was removed by injections of large quantities of olive oil.

Mr. Holmes then replied. He said that the peritoneal cavity was not opened in the operation. The difficulty in reaching the colon depended upon its being in an abnormal position—quite different, indeed, from its ordinary situation; but he succeeded in reaching it in the mode described in the paper. Usually, as the colon was distended, there was no difficulty in finding it, and this without opening the peritoneum; though this cavity had in many instances been laid open in this operation, and often without the knowledge of the surgeon. He thought

with Mr. Coote that the case was one of ulceration of tubercular deposit, a form of disease by no means rare. He agreed that many cases in which Amussat's operation might be performed, with the result of prolonging life and affording much comfort, went now from hospital to hospital, and were submitted to instrumental and other interference. Occasionally in these cases, after operation, the comfort of the patient was dreadfully interfered with from the difficulty of fitting an instrument to the opening, and from the constant escape of fæcal matter and its offensive odour. When the bowels acted at regular periods, and the pad could be well adjusted, the patient experienced much comfort.

HARVEIAN SOCIETY OF LONDON.

MARCH 15TH.

J. WALKER, Esq., V.P., in the Chair.

A PAPER was read by Dr. C. MEREDYTH,

ON THE DUALITY OF VENEREAL ULCERS.

The author observed that since the successive incorporations of the simple chancre, the chancrous bubo and blennorrhagia into the symptoms of syphilis by Viller, Nicolas Massa, and Brassavola. The disease has been described under two sections—blennorrhagia and syphilis.

The common property of all venereal diseases being that they were contagious and transmissible by intercourse, had caused them to be attributed to a common principle called the "venereal principle." Hence, it was naturally derived an unity of disease; but the anomalies and contradictions venereal affections constantly presented, have induced many eminent writers to seek for their elucidation, and the result of their investigations is, that it is owing to the artificial grouping under one head of three distinct diseases, essentially different. The issue to be decided is, therefore, the source of the manifestations of syphilis. The adherents of the old classification maintain, that all ulcers of the genital organs spring from one source, whilst the partisans of more recent research affirm, that the ulcers of the genital organs are due to two sources, one giving rise to a purely local affection, the other to a constitutional disease, creating a diathesis. The assertion that the doctrine of the plurality of venereal diseases is new is unfounded, as can be historically proved by reference to all the writers on affections of the genital organs from the most remote period up to the end of the fifteenth century, the epoch when the great epidemic broke out in Italy, during the invasion of Naples by Charles VIII. of France. All the contemporaries of that fearful calamity agree in saying that the disease was *new*, *unheard of*, and *unseen* before, refractory to all treatments that had hitherto been efficacious in combating affections of the genital organs. The celebrated and circumstantial description of the new disease by Fracastor, who lived long enough to observe its downward march, sets forth all the premonitory and successive symptoms of the primary, secondary, and tertiary evolutions of the disease, as they are observed at the present time. The confusion was effected by degrees and became consummated half a century later, when the contemporary observers of syphilis, as Fracastor had styled the new disease, had passed away. This confusion has held its ground for three centuries and a half, and it seems incomprehensible how such a cause of error should have remained undetected and unassailed for so long a time, especially as, although the characteristic induration of the new ulcer has come down to us in one unbroken claim from the time of the great epidemy to the fifteenth century, it cannot be traced back beyond that period. Mr. Rolleh argues that, if it be not admitted that the simple chancre, the chancrous bubo and blennorrhagia have, at a given time, been wrongly confounded with syphilis, it must, at any rate, be admitted that it is syphilis itself, which has degenerated into the simple chancre, the chancrous bubo, and blennorrhagia. That argument I adopt. The hypothesis that "the differences observed in the chancre are due to the peculiar idiosyncrasy of the person, state of his health, or constitution, susceptibility or non-susceptibility to the reception of the disease, condition of the tissues in which the virus has been deposited, and *source* from which it has been obtained cannot be maintained, except the source which is everything, as M. Basserian demonstrates beyond dispute, in the tenth section of the second chapter of his 'Traité des Affections de la Peau Symptomatiques de la Syphilis.' The conclusions deduced are, that the influence of temperament makes itself truly felt only in the form of the symptoms, their progress, their course, and their greater or less disposition to give way or resist treatment; further, that neither age, nor sex, nor idiosyncrasies, nor temperaments, nor constitutions, nor bad sanitary habits, nor seasons, nor intercurrent diseases can be considered as a determining cause of the generalization of syphilitic accidents in the system." The active analogy between the virus of syphilis and that of vaccine cannot hold good beyond the first stage. The two diseases inoculated in their first stage, both determine a diathesis, but beyond the first stage the two diatheses cannot be compared, inasmuch as the vaccinal diathesis is no longer inoculable when the vesicle is transformed into a pustule, whereas syphilis is inoculable in all its forms, even in the blood drawn from a syphilitic subject. Without admitting the reproduction of chancres invariably in their own form and consequences, it is impossible to account for the fact that that most inveterate syphilizer, Dr. Lindman, who inoculated on himself the prodigious number of 2200 chancres, never produced an indurated chancre previous to inoculating himself with matter taken from ulcers on the tonsils of one of his friends in full syphilitic evolution. The same thing happened to Dr. Warnery of Lauzaune. The theories of M. Langhbert and Professor Boeck to account for the various aspects and consequences of chancres rest on pure hypothesis, unsupported by facts, experiments, and observation. The doctrines of the dualistic school do not rest on theories and hypotheses; they are based on well-defined principles deduced from the teachings of M. Ricord, and generally admitted—viz., the whole chancre is to be found in the pus it secretes; the chancre of inoculation is always the analogue of the chancre that produced it. In other words, the identity of the effects is due to the identity of the cause, which is to be found in the symptoms themselves. The soft chancre and the infecting chancre once clearly established to be two independent nosological species, there is nothing contrary to the laws of pathology to find their coexistence in one or more spots in the same subject. The ulceration participating at the same time of both species of chancres is the character of the chancre mixte. This coincidence can happen but in three ways—First, by the contagious principles entering simultaneously at one point; second, by the infections being supposed on the local; third, by the local on the infections. These three modes of double contagion are illustrated by three observations of experiments due, the first to M. Bulchion Robert, the second to M. Lindwurn, and the third to M. Laroyenne in the "Annaire de la Syphilis, 1859." Much misapprehension results from the term chancre mixte, due to the necessity of nomenclature. It is a misnomer. The chancre mixte is not a nosological species; the term is meant to express the coexistence or coincidence of two distinct nosological species of ulcers of different contagious diseases on the same person. The doctrines of the dualistic school are here but pointed to, there is neither time nor space to enter into detail. Originality of ideas is not sought for, but the author merely desired to direct attention to a subject well worthy of elucidation by patient investigation.

To Mr. LANE.—I have made more than 1500 inoculations, always with a negative result.

Mr. GASCOYNE.—If he denies the coexistence of the two chancres in the chancre mixte, he must deny the vaccino-

syphilitic chancre. Baumes and Spérino have mixed the pus of the simple chancre with vaccinal matter, and have obtained first a chancre, and then vaccine.

Mr. De Meric.—The cause is that the affection had been described in a mess, hence the confusion.

Mr. James Lane said that having been connected with the Lock Hospital for some sixteen years, he had had many occasions to study the doctrines referred to by the author of the paper, and he held the same opinion now as he did twenty years ago—*i.e*, that there was a unity of syphilitic ulcers. He thought it was not much to the point what Fracastor said or those who lived long ago. The true date of the theory of dualism was fifteen years ago, when Dr. Basserean wrote his work on the subject. How many facts he had seen were in direct opposition to the theory of a duality of syphilitic poison; syphilisation, for example, was every day showing the identity of the poisons. Some weeks ago he had wanted some fresh matter to syphilise a patient, and he took some pus from two sores on two individuals. The first one was a soft chancre, the second a typical hard chancre. He inoculated the matter from the front on one thigh, and of the other on the other thigh on the same patient. The results were precisely similar as to incubation appearance of the ulcer, &c. This has been done before by others. Again, one of the leading doctrines of the dualistic school is that the hard sore is not inoculable on any person who is affected with constitutional symptoms of syphilis. Now this we have had done over and over again. In order to make the hard sore inoculable, it is only necessary to irritate it and it becomes inoculable again. At the same time he must observe that it had been often asserted that the soft sore was very easily inoculable; this was not by any means always true, since there was frequently great difficulty in getting inoculation to take, even from soft sores.

Mr. Gascoyne avowed himself a partisan of the school of the ancients. The source of the ulcer had a great deal to do with the form it assumed. From a hard chancre it was difficult to get any result from inoculation, and if matter was taken from a soft sore existing on a syphilitic patient, it was often followed by infection of the person who was inoculated by it. To get over such difficulties as these, the *chancre mixte* had been created. Dr. Mostyn had spoken of cases where a man had had what was called soft sores, which were afterwards followed by secondary symptoms. Some time ago a soldier, at the Lock Hospital, had had soft chancre of the penis. The matter trickling down, had inoculated the thigh, and a hard chancre appeared there.

Mr. Coulson was an adherent to the dualistic school. Neither Mr. Lane nor Mr. Gascoyne had explained away the arguments used by writers of that school, although it was easy enough to give difficult and critical cases. He admitted that inoculations had succeeded in persons who were being syphilised, but how was it in a virgin subject? Inoculations from hard chancres had always produced hard chancres in such persons. Syphilisation had certainly shown that some hard chancres might be inoculated from, when irritated by savine ointment, &c., but in other cases he had tried this could not be done, and he believed that Dr. Bidenkap had failed entirely, when in Paris, to get any positive result from hard chancres. Now with soft chancres there was scarcely any trouble. He thought, too, with the author of the paper, that the history of syphilis pointed to the introduction of a hard sore at the end of the fifteenth century.

Dr. C. Drysdale observed that certainly the partisans of the duality of venereal ulcers had a great deal to urge on their side. As a general rule, there could be not the least doubt that persons who contracted constitutional syphilis had been infected by persons who had either had a hard sore or had suffered from eruptions. In a number of cases of wives infected by their husbands, he had found this to be the case. Still it was impossible to prove that soft sores did not give rise to secondary symptoms, since it contradicted the experience of so many excellent observers. Again, syphilisation seemed to settle the question, since it had been proved over and over again by Boeck, &c., that matter either from indurated sores or from soft sores, when inoculated on persons with constitutional syphilis, sooner or later failed to produce any effect. The matter from indurated sores took a shorter time until the system was impregnated than that from soft sores. Probably the truth was, that the poison was the same, but in the case of the soft sore the inflammation ran so high as to block up the capillaries and prevent the infection of the system; whilst, in the case of the hard sore, the poison entered like vaccine lymph, without causing any disturbance for some time, and thus infected the whole circulation.

Mr. Victor de Meric hardly knew to what camp he belonged. If we listened to the dualists, the poison of syphilis had only existed 300 years; during a part of this time M. Ricord had worked, and it was curious that that gentleman should not have remarked what Basserean had asserted to be so constantly the case. He distrusted these elaborately-framed systems. Thus the dualistic theory was very enticing, if we left out of our minds the possibility of incubation. He thought that, at the present age of the question, it was impossible to arrive at a positive result. There might be something in the age of the person, &c., who was infected that influenced the result. Everything did not lie in the phenomena we had witnessed. Ricord himself mentioned the body of the individual infected as one part of the causation of the sore. We must think also that there might be an increased resistance in some persons. The creation of the mixed sore had caused much confusion. He did not feel inclined to pay much attention to the hybrid sore; in short, both theories satisfied the mind, that there were weak points in both theories, which required the devotion of future inquirers to clear up.

Dr. Broadbent was very strongly inclined to dualism. He believed that when inoculation had been made from hard chancres, it was really soft chancres that had been inoculated. As to the natural history of chancre, there was no analogy between it and vaccination. In America scabs were used for vaccination. If a scab would produce a perfect vesicle, the analogy failed.

Mr. R. N. Dunn asked Dr. Meredyth if he had not met with cases where secondary symptoms had followed a soft sore. Mr. Dunn had met with cases of this kind in his practice. He had a patient at present, a gentleman, he was treating for constitutional syphilis, who had been told by a Mr. Morgan, that as his was a case of soft chancre he would not have secondary symptoms, but six weeks after the primary one had healed a second sore appeared, with ulcerated sore throat.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Dr. MOIR in the Chair.

The seventh meeting of the forty-fifth session of this Society was held in their Hall, 117, George-street, on the 4th of April, 1866, at eight p.m.

Dr. Grainger Stewart exhibited the following specimens:—

1st. An hydatid cyst of the liver, of the size of a walnut, which contained a quantity of cheesy-looking matter with fatty granules and numerous echinococcus heads. It was derived from the body of a woman who had died of syphilitic affections. It was evidently undergoing a retrograde metamorphosis, and it appeared to have led to no symptom during life.

2nd. From the same liver a small vascular nævus was shown.

3rd. A series of specimens illustrating the changes undergone by syphilitic masses in the liver. The first stage were masses of fibrous tissue of a slightly translucent appearance. The second were masses of a more cheesy non-transparent character. The third was characterised by an almost cretaceous appearance, with wasting of the tissues in the neighbourhood, and the formation of cica-

trices. This form of syphilitic mass was quite different (Dr. Stewart remarked) from the waxy syphilitic masses which he had previously described to the Society. The specimens were derived from a man who had died from syphilitic disease, under Dr. Stewart's care, in the Royal Infirmary.

4th. A specimen of cirrhosis of the liver, associated with syphilitic masses.

5th. A peculiar stricture of the duodenum, which had resulted from cicatrization of an ulcer. The patient had been under Dr. Sanders' care. He was a tailor, 54 years of age; had from boyhood been subject to vomiting; had various dyspeptic symptoms, increasing in severity some years before his death. In October, 1865, he had become so weak that he was obliged for the most part to keep his bed. He was admitted into the hospital in January of the present year. He had loss of appetite and complained of pyrosis and uneasiness, but not pain after eating. He vomited generally about one hour afterwards. He died exhausted. On post-mortem examination the only lesions found were in the duodenum and upper part of jejunum. Here there was a series of strictures dependent upon cicatrization of ulcers. Several other simple ulcers were found in that neighbourhood. The narrowest stricture was about the size of a crow-quill.

6th. A peculiar form of cancer of the stomach and small intestine associated with miner's lung. The patient had also been under the care of Dr. Sanders; had been healthy until the end of December, 1865, when he became dyspeptic, had pyrosis and vomiting; his bowels became very loose, the evacuations were watery, tar-coloured, and offensive. He also had great dropsy, but no albuminuria. He died exhausted, after gangrene, which followed on incisions made to relieve the dropsy. The stomach was of natural size; at several points there was thickening of the submucous cellular tissue. In the duodenum and throughout a great part of the small intestine there were numerous similar thickenings, mostly at the margins of the valvular conniventes. Some of these had ulcerated, and at other points cicatrization with a considerable deposit of pigment had taken place. The glands were swollen and infiltrated, but neither in them nor in any of the thickenings were distinct cancer cells found. There were very numerous large nuclei. Dr. Stewart remarked that it was difficult to say positively what this lesion was. It certainly most closely resembled the cancerous affections, differing from them only in its tendency to cicatrization.

Dr. Tuke exhibited several interesting specimens of diseased brains; one a case of disease of the right frontal convolution and of the orbital lobule, unattended by aphasia, and two cases of atrophy of the cerebellum, unaccompanied by any symptoms whatever, and in particular not associated with any deficiency in the power of coördinating the muscular movements of the body.

Dr. Patrick Keron Watson exhibited Dr. Gordon's (of Belfast) splint for fractures in the lower third of the radius, stating that while it was by far the best and most efficient apparatus for treating such fractures, all its advantages could be obtained, and all the disadvantages of the ordinary method of treating such fractures might be avoided, by shortening the ordinary splints, so as to permit the upper splint, or that upon the extensor surface of the forearm, just to cover the wrist-joint, while the extremity of the under splint, or that upon the flexor surface of the forearm, was kept just short of the wrist-joint, the hand being allowed to hang down after the application of the bandages. When such fractures were thus treated all unnatural displacement of the bones was avoided, and after the reunion of the bones the motion of the wrist and fingers remained perfect and natural, requiring none of that tedious education so constantly requisite when the ordinary method is employed.

Benjamin Bell, Esq., F.R.C.S., thereafter read a "Case of Spectral Illusions," which appears in page 393.

The President and Dr. Argyll Robertson made a few remarks upon this paper, after which

Dr. Strethill Wright gave an interesting and profusely illustrated lecture upon "Galvano-puncture in Aneurism," minutely describing the apparatus to be employed, the mode in which it acts, and the best means of attaining the desired end. After which he exhibited, by means of the oxy-hydrogen microscope, a highly magnified view of the decomposition of water, of the coagulation of albumen, and of the decomposition of a solution of iodide of potassium. The escape of the bubbles of hydrogen from the one pole and of the free iodine from the other pole of the battery, in the latter experiment forming a particularly beautiful tableau. The thanks of the Society were then conveyed to Dr. Wright by the President for his interesting lecture and beautiful experiments, after which the Society adjourned for private business.

ON THE RELATION EXISTING BETWEEN THE SENSE OF TEMPERATURE, THE SENSE OF TOUCH, AND THE SENSE OF PAIN.

By A. F. SPRING of Luttich.

The following interesting case of Dr. Spring is almost unique, and affords a strong confirmation of the opinions of those who think the sensations of temperature, pain, and pressure, are conveyed through separate channels, or are perceived by separate centres. The patient was a female, aged 60, who had long suffered from hypertrophy of the heart, dyspnœa, and persistent bronchitis. From exposure to cold she became paralyzed, though without loss of consciousness or deviation of the tongue when that organ was protruded. The entire right half of the body, including the head, became insensible to temperature and to pain, but there was no loss of motor power; the muscular power, in fact, as measured by the dynamometer, being somewhat increased on the affected side. She could feel the slightest touch on the anæsthesiated (?) side, and, when the eyes were closed, she could discover and pick up a pin from the floor. On washing the hands she could distinctly perceive the shock and movement of the water flowing over them, but was quite unable to distinguish whether it was hot or cold. In winter she could only perceive the temperature with the left half of the body, and the same when standing near a fire. The normal temperature of the skin on the affected side was maintained in every part, or differed only to the extent of 1° or 2°. Neither the pricks of needles nor strong pinching was perceived in the slightest degree. She suffered from neuralgia in the temporal region at night. In consultation with M. Schwann, the author ascertained that there was no diminution in the acuteness of the patient's perception in regard to impressions of weight and of contact. The hand lying prone on a table, and weighted with 500 grammes, readily distinguished the addition or removal of two or three grammes, and when weights were concealed in a cloth, and the amount estimated alternately by the two arms, no difference was remarked. From experiments made in the method suggested by Weber for determining the delicacy of touch by applying the points of compasses, it appeared that there was a considerable diminution of acuteness on the left, or healthy side, but a still more marked diminution on the right side. On the eighth day after this consultation the sensibility to pain returned, under the form of a painful formication, and from this time every object appeared *hot* to the patient, so that she was unable to distinguish ice from water at a temperature of 122°. This state lasted two months, when death occurred from an attack of apoplexy.

In this case the sense of variation of temperature, instead of being associated with tactile sensations, followed the same course as the sensations of pain, disappearing and reappearing, though modified with the latter. The muscular sense was intact, and the sense of touch was only deteriorated in regard to its perception of distance. The cause of these abnormal conditions was evidently seated in the nervous centres.—*Presse Médical* and *Brit. and For. Med.-Chir. Review.*

ON THE APPLICATION OF CAUSTICS IN PHLEGMONOUS ERYSIPELAS.

Although cauterisation has formerly been employed in cellulo-cutaneous erysipelas, the method adopted by M. Long, a surgeon-in-chief of the French navy, presents some novel features. Three cases out of several have been recorded in illustration of this mode of practice. The first case was that of a brewer, whose right arm was swollen, painful, of a dusky red, and covered with livid vesications, the redness and swelling extending from the fingers to the axilla. There was deep-seated fluctuation, with fever, dilatation of the pupils, and a soft and regular pulse. Beef-tea was given with a mixture containing acetate of ammonia. Vienna paste was applied over thirty spots about half an inch in diameter in four longitudinal rows, and the limb was wrapped in cotton. The next day, as the patient was worse, fifty other applications of the escharotic were made over the whole surface of the arm, and more beef-tea was given. After this the delirium and fever ceased, and suppuration was fully established, the appetite was quite restored, and solid food was allowed. But the skin was extensively detached, and flakes of mortified areolar tissue were removed behind the elbow. Gradually, however, the condition of the arm was improved, and finally the wounds healed, and motion of the limb was restored. The two other cases presented an analogous condition of the skin and subjacent tisssue, and were treated in the same manner with success. M. Long's object in this treatment is to arrest the mischief, prevent detachment of the skin, and give exit to the pus. Sixty or eighty cauterisations over a limb in the earlier stage of the disease, produce powerful counter-irritation, and in most instances the general condition of the patient becomes improved in twenty-four hours, the swelling diminishes, and the suppuration becomes limited. This plan may be adopted in traumatic erysipelas of the head. It is said that only two out of sixty cases thus treated terminated fatally. The application of the Vienna paste leaves indelible scars, but this disadvantage is considered unimportant considering the formidable nature of the disease.—*Jour. de Méd. et Chir.* and *Brit. and For. Med.-Chir. Review.*

Reviews.

REGISTER OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND: with Historical Introduction and an Appendix containing a Roll of the Presidents and Fellows from 1654 to 1866; an Obituary of Honorary Fellows, Candidates, Licentiates, and Licentiates in Midwifery, from 1692 to 1866; and a Catalogue of Pictures, Busts, &c., corrected to January 1, 1866. Pp. 128. Hodges and Smith, Grafton-street, Dublin.

Whether we view this work merely as a faithful register of the annual advance of one of the most ancient and time-honoured Medical Corporations of our city, or as it fully merits to be looked upon as a trustworthy record of the early history and vicissitudes attendant upon the birth of medical institutions in this country, the well-written and elegantly got-up work before us will, we doubt not, meet with that amount of commendation it so well deserves. The "Historical Introduction" brings us so far back as 1626, when the letter of Charles I. was issued for the incorporation of a College of Physicians in Dublin, which, however, was not acted upon on account of the disturbed state of the times. Be it remembered that at this period there was only *one* corporate community legally qualified to grant medical licences, Trinity College, so that when the project did, in 1864, obtain the sanction of Government through the instrumentality of Dr. John Stearne, Senior Fellow of T.C.D., we find the "President and Fraternity of Physicians" merely an examining body for that institution till, "in 1667, King Charles II. granted the first Charter of Incorporation to the President and Fellows of the College of Physicians in Dublin." This Charter, while it preserved the terms of contract between the Provost and Fellows of Trinity College, and the Fraternity of Physicians, gave the latter the general powers of the London College, and specially entrusted to them the entire control of the practice of physic in Dublin. No person without their licene could practise in Dublin or within seven miles thereof; and the expressed object of the Charter was, the extirpation of quackery and empiricism, which it described as then rampant. These powers did not prove sufficient, chiefly because of the small area within which the College could exercise authority:—

"At the request of the College this Charter was surrendered 14th December, 1692, and William and Mary granted a new Charter dated 15th December, 1692, under which, and under some subsequent alterations made by Acts of Parliament, the College is now governed."

This most interesting portion of the work then reviews in a logical and succinct manner the various legal enactments, &c., bearing on the rank, &c., of members of the College and of the profession in general, combined with much curious information, and concluding with an account of the history of, and present rules, &c., relative to the Fellows, Honorary Fellows, Candidates, Licentiates, Licentiates in Midwifery, College Halls, Library, Reading-room, Museum, Medical Society, School of Physic, Sir P. Dun's Hospital, and Examinations, &c. Then follows an alphabetical list of the names, qualifications, &c., of the members constituting the College in 1866, which, for method in arrangement, and correctness in detail, cannot be surpassed. The "Appendix" contains the names of many of the illustrious of the profession, who, members of this College, by the light they then, "in their little day," threw around the profession of physic to the present moment, shed lustre over the darkling shadows of the page of "Obituary," which, should it do no more than by thus proclaiming, that the "great and good" of the past "have not lived in vain," will not have been written to no purpose; and when the learned Editor shall fulfil his "intention at some future time to enlarge this Appendix into a work consisting of short biographical notices of each Fellow, Honorary Fellow, Candidate, Licentiate, and Licentiate in Midwifery, little has been given here beyond a correct list of the names of the President's and Fellows, with the dates of election or appointment, and the obituary above noted," the profession may look forward to a rich treat. In the meantime, we shall only say, that the little work before us reflects credit on all concerned in its production, does honour to the venerable College, a faithful record of which it is, and we feel assured will be a valuable accession to the library of every lover of physic.

ON THE CURABILITY OF CERTAIN FORMS OF INSANITY, EPILEPSY, CATALEPSY, AND HYSTERIA IN FEMALES. By Baker Brown, F.R.C.S. (Exam.), Senior Surgeon to the London Surgical Home, &c. Pp. 85. 8vo. Hardwicke, Piccadilly.

Mr. Baker Brown has long been known as one of the boldest operators in obstetric surgery. He has not only invented new operations, but has in many instances been the first to introduce foreign operations into England. Sufficient to point to his various perinæal operations as new or as improvements on the works of others; vesico-vaginal fistula, of which he is really almost the sole persistent champion in England; ovariotomy, at which he has worked for over thirty years, and in which operation he has lately introduced—perhaps one of the greatest improvements in modern surgery—the division of the pedicle by actual cautery. Mr. Brown is in this last point, not as he is often styled, an innovator, but a reviver. Conservative, inasmuch as he can see good in the work of his professional forefathers, he is sufficiently liberal to pursue boldly and contest successfully any

measures which he believes to be for the welfare of suffering humanity.

Mr. Brown has met with great opposition to his views, and in reference to the subject of which he treats in this book a great number of objections have been raised, which, however, have very little to recommend them save their virulence. Based on the investigations of such eminent men as Brown-Séquard, Handfield Jones, Brinton and Lister, there will be little cavil raised against the scientific truth of the theory on which Mr. Brown acts. The class of diseases on which he dwells are those depending on (or arising from) a loss of nerve tone, caused by continual abnormal irritation of a nerve centre. Whichever of the terms, "inhibitory influence" (Handfield Jones and Lister), "reflex relaxation" (Brinton), or "reflex paralysis" (Brown-Séquard), be used, the fact is ceded by all, that "the energetic operation of an afferent nerve" (Lister), or some impression acting injuriously on an afferent nerve (Handfield Jones); or again, "an actually existing irritation" (Brown-Séquard), exerts an injurious effect on its nerve centre, this state being, as Dr. Brown-Séquard thinks, increased or diminished according to the activity of the irritation, causing with its entire removal, or, more probably, as Dr. Handfield Jones affirms, persisting after the cessation of the cause which has morbidly affected it. This latter view appears to Mr. Brown the more generally correct one, because it can hardly be expected that a gradual disease will be suddenly removed, there having been no time for recovery of nerve power. Still following Dr. Jones's theory, we are shown how "a nervous centre may be more or less completely paralyzed without having undergone organic change in consequence of some enfeebling morbid influence," and quotes from Dr. Gull a most interesting instance of complete paraplegia induced by sexual excess, in which nothing abnormal could be detected in the cord, even by careful microscopy. This was paralysis from simple exhaustion. Coming gradually closer to his own subject, we are told how "excessive consumption of nerve force in one part weakens it also in others," of which the general exhaustion induced by excess of venery is an example, and this can only be explained by the intricate commissural connexion between the various centres. Long and frequent observation convinced our author that a large number of affections peculiar to females depended on loss of nerve power, and that this was produced by peripheral irritation, arising originally in some branches of the pudic nerve, more particularly the incident nerves supplying the clitoris, and sometimes the small branches which supply the vagina, perinæum, and anus. Closer observation satisfied him that the greater or less severity of the functional affections observed depended on the amount and length of irritation, and the consequent amount of loss of nerve power.

And here we come to one of the principal objections raised against this view and the treatment proposed. This theory of peripheral irritation, as Mr. Brown delicately expresses it, means nothing more or less than that many female diseases are either caused or increased in severity by indulgence in solitary vice. "But," say his opponents, "are the evils sufficiently great to warrant us in stating so objectionable an opinion to the friends of a young lady or to the patient herself? Are we justified in directing our treatment so prominently to this habit? Can we not (although it is not said in so many words) temporize, and hope for a better state of things?" Let Mr. Brown answer these questions himself. Nor are functional disorders the only consequence, but in some cases severe organic lesions. The progress of the disease may be divided into eight distinct stages, No. 8 being arrived at, by gradations more or less distinct, directly from No. 1.

1. *Hysteria* (including dyspepsia and menstrual irregularities.)
2. *Spinal Irritation*, with reflex action on uterus, ovaries, &c., and giving rise to uterine displacements, amaurosis, hemiplegia, paraplegia, &c.
3. *Epileptoid Fits*, or Hysterical Epilepsy.
4. *Cataleptic Fits.*
5. *Epileptic Fits.*
6. *Idiotcy.*
7. *Mania.*
8. *Death.*

My statement that death is indeed the direct climax of the series might be proved by several cases which have occurred in my own practice, one only of which I shall relate. This is preceded by a similar one in the practice of Dr. James Russell of Birmingham.

Mr. Brown's treatment is the removal of the clitoris, which is shown to be the principal seat of irritation, and he prefers it to Dr. Brown-Séquard's method of applying actual cautery, or of simply dividing the nerve subcutaneously. This last method he has long abandoned as being no more certain in its effect than kindred operations on various branches of the fifth nerve for tic douloureux?

With reference to those who are too timid to perform the radical cure, but "recognize the source of evil by continual application of the strongest caustics," we are rather pertinently told, that "it wants little argument to prove that, so far from this practice being beneficial, it is likely, by causing increased irritation, to be positively injurious."

In his preface, Mr. Brown says that he does not for one moment wish it to be understood that he claims any originality in the surgical treatment herein described, but at page 9 talks of the objections with which he has been met, "from the very novelty of these views." Mr. Brown deserves the highest credit for having in these days of enlightened pathology applied science as a justification for reviewing a practice without doubt oftentimes most beneficial, and, indeed, indispensable if a cure is wished; but, as in many other things besides medicine, the practice was the same centuries since, although the principles on which the practice was founded were rather obscure. Thus we find Paulus Æginetus and Ætius Amidus describing the operation in the sixteenth century, and at the late interesting *conversazione* of the Obstetric Society was a drawing of the knife and other appliances necessary for the amputation of the clitoris, as performed by Dionis in 1738. In the Library of the Royal College of Surgeons are a number of works treating of this subject, foremost among which is a most elaborate essay in Latin, dated 1827, by one Nagrodzky, a German. The oldness of the operation is, in our eyes, a recommendation, and we repeat that Mr. Brown is to be praised for endeavouring to break down the barrier of false delicacy but too frequently raised by modern practitioners. This subject is one of such vast importance that we hope on a future occasion to enter into a detailed analysis of the cases treated in this volume.

CARIES AND FISTULOUS TRACTS.---Every surgeon knows how troublesome is the treatment of this affection of bone. Slitting open the tracts and gouging the bone is not always feasible or effectual, and injections must often be resorted to. Solutions of nitrate of silver of various strengths and tincture of iodine are often used, and with good results; but we are bound to notice a series of cases published in the *L'Union Médicale* by M. Notta, an hospital surgeon of Lisieux in France. The lotion used for injecting the tracts is called the liquor Villati, and belongs to the Veterinary Pharmacopœia. Its composition is as follows:—Solution of subacetate of lead, one ounce; crystallized sulphate of copper, crystallized sulphate of zinc, of each half an ounce; white vinegar, about seven ounces, The cases quoted are certainly striking, and about a dozen injections a month (which are, however, somewhat painful) sufficed, on an average, to bring on the healing of the fistulous openings. Professor Nélaton has fully sanctioned the practice, and among the cases cited there are several which were under his care.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 18, 1866.

WORKHOUSE INFIRMARIES.

The battle against the present Workhouse Infirmaries is still raging as fiercely as ever in the general as well as the medical press, and no opportunity is lost in exposing every instance of mismanagement or neglect occurring in these institutions. It would seem as if the public were now opening its eyes for the first time to the condition of the sick in the wards of workhouses, and not only are the penny-a-liners driving an excellent trade by hunting up every case presenting the slightest "sensational" interest, but the Poor-law Board, with the aid of the indefatigable Mr. Farnall, C.B., is instituting a series of investigations to ascertain the manner in which all the officers discharge their duty, and the result of these inquiries is duly served up to the British reader every morning with breakfast. It must be confessed that the attacks made upon the Workhouse Infirmary system are becoming too indiscriminate, and many stories are now credited, which are but indifferently authenticated, while trivial matters are sometimes brought into undue importance, and people who scarcely deserve the infliction are subjected to the lash of general censure.

This vehement onslaught upon the local authorities is, however, amply justified by their previous insolence and brutality, and even if some of the attacks made upon them may lie open to the charge of exaggeration, it must be remembered that for many years the most atrocious abuses have been allowed to prevail under the sanction of local authority, and all attempts to remove, or even expose them, have been frustrated by the parties inculpated, who have been moreover shielded by the Poor-law Board. This Board, founded for the express purpose of controlling the local authorities, has actually played into their hands by conniving at their misdeeds, and whenever any official has dared, although in the honest exercise of his duty, to remonstrate against abuses connected with his department, he has been quietly shelved, and a more pliant and obsequious person substituted in his place.

Now we are no friends to what is called centralization, and we have no desire to advocate the abolition of local authority. We are fully aware that a system which ramifies from a single source, and engrosses all patronage and all power in itself, is liable to very great abuse, and would perhaps eventuate in the establishment of a tyranny which would be justly abhorrent to the feelings of the British nation. But on the other hand, the uncontrolled exercise of local power tends to the establishment of a great number of petty tyrannies, instead of a single one, while in actual practice it leads, especially in scientific matters, to the commission of the most egregious mistakes, and to the perpetration of an infinity of small but often scandalous jobs. The relations existing between the local Boards and the Medical Profession display in a striking manner the ignorance, the meanness, and the incapacity which too often prevail in the councils of the former.

We cannot for a moment suppose that the present horrible condition of the Metropolitan Workhouse Infirmaries has been sanctioned by the Medical Officers of those establishments, and indeed we know that in several instances the most urgent remonstrances have been made by them against the abuses which are now openly shown to exist. But, as we have above remarked, each local authority is a small tyranny in itself, and anything like an expression of the truth from a Medical Officer is regarded as an act of treason, and is liable to punishment by dismissal. Hence it is only natural that men should hold their tongues, when speaking would cost them their situations; and the Workhouse Medical Officers are compelled quietly to submit to evils which they have no power to remedy. As long as the Medical Officer extols the wisdom of the local Guardians, and remains contented with the foul air, the bad nursing, and the neglect which he finds in the so-called Infirmary wards, all is well and good; but as soon as he begins to show that drug-medication is not the only appliance for the restoration of the sick or the preservation from disease of the healthy, he is supposed to have gone beyond his province, and to be a legitimate mark for vulgar abuse, contumely, and opposition. Grocers and cheesemongers, and publicans and pawnbrokers—all of them, perhaps, men very respectable in their particular callings—who form the majority in most local Boards, become at once invested, by virtue of their office as Vestrymen or Guardians, with a sort of intuitive knowledge as to the causes, the prevention, and the treatment of disease, and they will argue with their Medical Officers on such points on a position of perfect equality. Nay more, on the principle that "fools rush in where angels fear to tread," they will pronounce dogmatic opinions upon the most difficult and mysterious questions in sanitary science, and will treat with ridicule and contempt all those whose modesty prompts them to caution and circumspection when dealing with such difficult themes.

Having thus expressed, without any reserve, our contempt for the conduct too often pursued in sanitary matters by the local Boards, it may be asked whether we have any advice to offer as to the inauguration of a better system; and we reply at once that we think the present organization, *if properly administered*, is quite adequate to produce a beneficial result. Without any necessity for building a number of enormous hospitals, each parish, or union of parishes, might be, and *can be*, compelled to furnish adequate accommodation for its sick poor, and the Medical and the nursing arrangements might be, ought to be, and *can be*, placed upon a more satisfactory footing. The Poor-law Board has been disgracefully supine in allowing a state of things which

it has always had the power to rectify, but which it has neglected even to expose, in consequence of an unworthy truckling to the local Boards. Without abolishing the rights of local government, the acts of the parochial Boards in sanitary matters ought always to be subject to the control of some competent superior authority; and there is no more interference with local independence involved in this proposition than is the right of trial by jury compromised by the well-known power of applying to the superior courts when verdicts are supposed to be wrong. As matters stand at present between Medical men and local Poor-law authorities, the former may be entirely in the right and the latter entirely in the wrong, and yet no appeal can be made in cases of disagreement, and the honourable Medical Officer is too often made to pay the penalty of his honesty. The contemptible policy of the Poor-law Board has hitherto been to take the part of the local Guardians, because they appeared to be the stronger party, and perhaps able to command some votes at the elections; but in any Appeal Court hereafter to be established, the Medical element ought to be distinctly recognized, and motives of mere policy or expediency should be entirely ignored.

MEDICAL TITLES.

"A ROSE by any other name would smell as sweet," is a well-known, and almost a proverbial, phrase. In Medicine, however, it does not seem to be universally accepted as a truism. Men fight and write, and argue, and insinuate about Medical titles as though they were of the first importance; and all the while they are not agreed as to the meaning of the terms respecting which they dispute. We propose to address to our readers a few remarks on this subject; and first of all, we shall dilate a little on that word of hydra-headed interpretation—DOCTOR.

In its most broad and extended sense, this word is everywhere in the United Kingdom used to designate a Medical man as distinguished from a layman. Among people who make more or less pretension to education, it is limited to a Physician, as distinguished from a Surgeon; in Medical circles it is very generally applied to Licentiates of a College of Physicians, and Bachelors in Physic; while among the more strict sticklers for rank and status, it is given only to those to whom it is legally due:—to Doctors of a University.

So completely has the Doctorate become identified with the Profession of Physic, that few lawyers who hold the degree of LL.D. or D.C.L., prefix the "Dr." to their names. A "D.D." is mostly a "Rev."; and is so distinguished in popular phrase from the Doctor Medical; a Graduate in Music is an academic exception; though a veritable M.B. or M.D., as the case may be, equally with his Medical brother; while no Bachelor in any of the faculties, save physic, ever dreams of assuming or of allowing himself to be styled by the title of Doctor.

In England Doctors in Physic are few; in Ireland they are numerous; but in Scotland, their name is legion. From this it happens that in Scotland nearly every practitioner who calls himself M.D., has a legal right to the title. In Ireland, many have the degree, many have it only by professional courtesy, and many have it solely by popular diploma. In England the vast majority, while popularly spoken of as "the Doctors," are not addressed as such; they have no claim to the title, and, for the most part, they clearly signify that they have no wish to be called by a name which does not properly belong to them.

Now, while we think that usage, or some other good reason, may often make it desirable for a man to drop a title which rightfully belongs to him—as when Dr. BUTT in the Consistorial Court is Mr. BUTT in ordinary high class legal practice; and Dr. ADAMS, in his capacity of University Professor, is Mr. ADAMS the eminent Surgeon before the public. Yet the opposite plan is not equally justifiable; and after all the fair and honest plan is for a man to call himself what he is, and not what he is not. We cannot, of course, hope to change the popular meaning of the word "Doctor," nor do we wish to do so; but unless the usage of some body corporate, or some plainly defined rule, permit, we hold that a spade should be called a spade, and nothing else.

There is something dignified in a first-class Surgeon calling himself "Mr." even though he be a Doctor; and there is something inexpressibly shabby in a Surgeon who is not a Physician usurping the title of the latter.

We have spoken of peculiar usages of Medical Corporations in this matter. The London College of Physicians distinctly repudiates giving the title of "Dr." to any of its members or licentiates, as such; and so, we believe, does the Edinburgh College. The usage of the Dublin College is remarkable, and that there may be no mistake about it, we shall here give it in the form of an extract from the published Register of that body for the present year. At page 17 we thus read:—

"By ancient usage in this country, analogous to the title 'Rev.' in the case of a clergyman, and 'Esq.' in that of a barrister, the title 'Dr.' has always been applied to a physician as distinguished from that of 'Mr.' in the case of a Surgeon.

"Accordingly this College invariably applies the title 'Dr.' to its fellows, honorary fellows, and licentiates, whether graduate Doctors or not."

From the foregoing, it would appear that members of the Dublin College are justified in using the professional prefixed title "Dr.," while it is equally plain that they have no right to assume the academic M.D.

In Ireland it has always been the custom to give the courtesy title of Doctor to a Bachelor in Physic. This originated, if we may hazard a conjecture, on the same principle by virtue of which a Lieutenant-Colonel is commonly styled "Colonel," and a commander in the Royal Navy "Captain,"

In these cases the Lieutenant Colonel and the Commander are really *the* men; and wherever they may serve under their superiors of analogous title, the latter are

looked on as more or less honorary officers, so far as their higher rank goes; the *work* is expected to be done by the others. Just so with the Bachelor in Physic in the older Universities; he differs from the Doctor only in his junior rank, and not at all in his professional qualification. The Bachelor is qualified to practise; the Doctor, on academic theory, is in addition licensed to teach (docere). This, however, is but a roundabout way of justifying a clearly wrong usage. We see nothing at all derogatory to the character or status of a Physician in his calling himself, for example, "Mr. JOHN PICKWICK, M.B.;" but to ordinary observers, it does sound not unlike usurpation that he should style himself "Dr. PICKWICK," and yet sign his name "JOHN PICKWICK, M.B." The number of Doctors of Medicine in the Universities of Oxford, Cambridge, and Dublin, is now very much greater in proportion to graduates from other places than it has been within the last century; and we confess it does seem a little unfair that the style and title of their degree, representing, as it does, a *triple* graduation should be taken by their juniors, who each and all can do as they did, and take the higher degree, when they are of sufficient standing to do so.

There is another point to which we may refer before concluding these remarks. When any graduate of Oxford, Cambridge, Dublin, Edinburgh, or London, signs M.D. or M.B. after his name he usually appends the name of the University from which he has his degree. Why do not all other graduates adopt a similar honest course? For many we cannot answer; but for many others we must say that they seem rather to shrink from informing the public to what Universities they belong. Thus we have one man signing himself "M.D.Dub., F.R.C.S.I." This is plain enough. He thinks both his qualifications highly creditable, and he is not ashamed of them. Another, however, signs himself "M.D., F.R.C.S.I." Why this difference? we ask. In many instances the only answer to be given is that M.D. is M.D., but as to any further particulars the less said the better. Now, all Universities in these kingdoms are legally equal so far as degrees go; the value of the education and qualification given by the different bodies must and always will vary; and so we must expect grades in the value of degrees, as in everything else in this world. We are convinced, however, that one large set of quack advertisements must come to a speedy end if we all sign after our degrees the place from which we have them. We have an advertising "Dr. SMITH," and any quack can with practical impunity call himself "M.D."; but, as soon as the custom begins to run in the direction now advocated, the quack, if he wish to pass for the genuine article, must attach the name of some University to his title; and *then* we forthwith arrive at the state of things in which what was formerly every one's business, and therefore no one's, becomes the peculiar affair of some corporation, which, for its own sake, must fight it out with the usurper.

On the whole question, as before remarked, we think the profession should utterly oppose the assumption of titles which have no foundation in law or recognized usage; while, as to courtesy titles, we do not see why a spade should be called anything but a spade.

THE NEW VACCINATION BILL.

THE long and rather interesting debate on the motion of committing the Vaccination Bill in the House of Commons on Wednesday last, terminated by the Bill being referred to a Select Committee, with the full understanding, however, that the principle of the proposed measure was to remain untouched. Mr. H. BRUCE, in introducing the subject, made a very able speech, in which he traced the history of vaccination from its discovery to the present time, and showed, in the most conclusive manner, the necessity of passing stringent measures for the purpose of securing the efficient vaccination of the community. A great part of the debate was needlessly occupied by the recital on the part of some members of the foolish objections made by some ignorant persons against the practice of vaccination, and of course some jocularity was indulged in with reference to the Medical Profession; but on the whole, the tone of the different speakers was in favour of a more adequate remuneration to the vaccinators, the Government being rather blamed for parsimony in this respect than for undue liberality, and the comparative failure of compulsory measures for ensuring vaccination was in some degree attributed to the false notions of economy which have hitherto prevailed.

The Bill now introduced proposes to give the Poor-law Board additional powers to enforce the general practice of vaccination, to revise existing contracts, and to re-arrange the districts but it makes no difference in the rate of remuneration, and it leaves the superintendences of vaccination practically in the hands of the local Poor-law Guardians.

Now it is impossible to conceive anything more absurd than to leave it to such persons, and we wonder why the Poor-law Board and the Guardians are not interested also with the nomenation of the Bishops, or the command of the Channel Fleet, or the appointment of the judges, or the patronage of the Army, or the direction of the Bank of England, or any other office or duty which could be just as appropriate as the superintendence of a Surgical operation. It cannot be alleged that pauperism and vaccination are necessarily associated together, because it is expressly stated that the performance of gratuitous vaccination does not pauperize the person on whom the operation is performed, and it is most important to dissociate entirely the ideas of pauperism and vaccination, because while pauperism is properly discouraged, it is the duty of the State to encourage vaccination in every possible way. We state most unhesitatingly that the local Poor-law Guardians are utterly incompetent even to understand the principles on which the performance of efficient vaccination is founded, and

their gross ignorance of medical matters, their inherent love of petty jobbing, and their meanness in all that relates to the medical profession, make it imperatively necessary to relieve them from a duty which has been most inconsiderately imposed upon them.

We are not at all sorry that the Bill has been deferred for the present, and if it should be deferred altogether until the whole of the machinery of vaccination is removed from the control of the Poor-law, until a public prosecutor is empowered to inflict fines for non-vaccination, and until an efficient superintendence over the vaccinators is established, we shall not regret the delay.

THE VACCINATION (SCOTLAND) ACT.

From the Report of the Registrar-General in regard to the working of the Compulsory Vaccination Act during its first year, we learn the gratifying fact that only 2701 (2·71 per cent.) of all the children born during that year, amounting to 99,671 living children, remain unprotected by vaccination, and we also learn that during 1865 the number of deaths from small-pox sunk to less than one-half of the lowest number during the preceding ten years. It is obviously premature to connect the one fact with the other; indeed, knowing, as we do the wavelike manner in which the mortality from small-pox rises and falls, it would be absurd to attempt to do so until, from further experience, we obtain data sufficient to enable us to connect a certain percentage of unvaccinated children with a certain amount of mortality from small-pox. Years must elapse before we can obtain data sufficient for this, and after all we may well inquire, "Is this the object of the Vaccination Act?" And we unhesitatingly answer, "Certainly not." So long as one child can escape vaccination, and so long as there is no means of retrieving this failure, just so long there will be in this country a yearly increasing focus of contagion, the force and efficacy of which will only be ascertained as it is developed by the lapse of years. This, then, points to the first great defect of this Act, the impossibility of ensuring, by its provisions, the vaccination of *every child* born alive; without this the act, though not utterly valueless, is yet by no means so valuable as it might be. The maxim that if a thing was worth doing at all it was worth doing well, was early impressed upon us, and we think that Government would do well to remember that half measures are the bane of civilization, and that if it be worth while to compel all children to be vaccinated it is idle to say so without taking especial care that all shall be vaccinated. And there can be no difficulty about the matter; one or two inspectors of vaccination would very soon follow up the 2 per cent. of unvaccinated children and make sure of them. Till these are appointed the Vaccination Act is to a great and yearly increasing extent a dead letter.

There is still one other defect of this Act which requires redress, and it is this, that though compelling vaccination for the public weal, it yet leaves it to be paid for by private individuals, or to be performed gratuitously as an act of charity by the medical man. Now, this is absurd; Government has no more right to compel my child to be vaccinated than to compel my cattle to be slaughtered, and if it wishes either to be done it must, or rather from our past experience we must say---ought to pay for them. In our large towns there are thousands vaccinated gratuitously at dispensaries who would find it a very great hardship indeed to raise even the one shilling and sixpence which is the statutory fee for the service; and in the Highlands and islands of Scotland many families pinch themselves to raise the by no means exorbitant statutory fee of three shillings and sixpence, because they know they shall otherwise be mulcted of the sum of twenty-one shillings, and even in the Lowlands many children of the poorer classes are vaccinated gratuitously to save those from a fine which would be simply ruin to one unable to raise eighteenpence. All this gratuitous vaccination, whether by private or dispensary physicians, indefinitely delays the solution of this question, and imposes another hardship on the shoulders of medical men, most of whose burdens are, like this one, self-imposed. Suppose gratuitous vaccination were to cease, would only 2 per cent. escape vaccination? I trow not. And I wonder how many of those vaccinated have been done in this fashion for the truth of which I can vouch. Parochial Boards and Inspectors do not always do their part of the work in carrying out the Act. A child in one of the parishes here of which I am vaccinator failed to have a certificate returned to the Registrar in due time. The Registrar is also Inspector, as is the case in many country parishes. The Registrar did not send an intimation of failure, but spoke to the father of the child (sec. xvii.). My son, in the meantime, vaccinated the child (as small-pox was somewhat prevalent), but refused to sign the certificate, as the father would not or could not pay the legal fee. This occurred some time since, and I have got no intimation, or rather order, from the Board (sec. xviii.) to vaccinate this child, or to give in a certificate of insusceptibility. By sec. xxvii., when the Parochial Board of any parish fails to perform its duty in carrying out the act the Board of Supervision steps in to enforce obedience; but who is to intimate failure to the Board of Supervision, particularly in such a case as this? Is it possible that this child could be registered as vaccinated without a certificate, on the personal knowledge of the Registrar? Or does it form one of the 2 per cent. unvaccinated—a position it has no actual right to occupy.

Some few parishes pay their vaccinator the statutory fee for all the children of the poorer classes born within their bounds; but this only renders it the harder for the inhabitants of those parishes not liberal enough to do likewise. If general vaccination be necessary for the public welfare, it is quite proper that the public should pay for it in every case; if it be not, it is absurd to attempt to enforce it. Meanwhile we may add that we think it very questionable policy for medical men to interfere in this matter; their obvious duty is to be true

to themselves, to cease from gratuitous work, and to insist upon a proper fee for each vaccination, leaving it to the paternal Government to find some means of at once protecting itself—that is, the whole body of the people—at the same time that it relieves those who feel themselves unduly burdened in having to pay for what they are compelled to have done whether they wish it or not.

The Vaccination Act was always regarded as a mere stopgap. In the very first report of its working its evils crop out; and these are of such a character as necessarily to go on increasing till remedied by another and more perfect enactment, which, so long as medical men supplement the present Act by gratuitous vaccination, will be postponed to the Greek Kalends, *Scottice*, "The morn come never."

DEATHS OF DR. BABINGTON AND DR. HODGKIN.

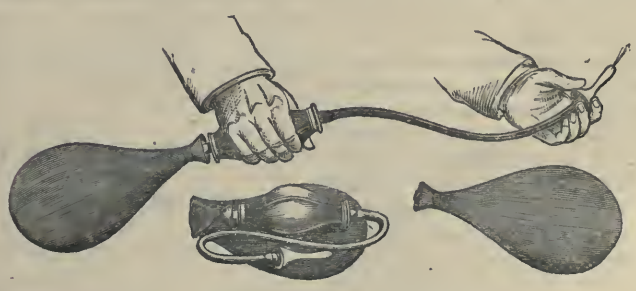
Two well-known luminaries of medical science have just departed this life, amidst general expressions of regret, as they were no less distinguished for their high professional attainments than for their urbanity and genial disposition. Although both were verging on old age, they were still engaged in the active pursuit of their duties, the one in his practice in London, the other died while on a temporary sojourn with Sir Moses Montefiore, in the East. Their figures will be missed by those who were acquainted with the medical celebrities of the metropolis—Dr. Babington, with his tall, slim, and gentlemanly form, in which the appearance of age was skilfully concealed; Dr. Hodgkin, with his long beard, strangely contrasting with his rigid Quaker attire. Both were men of distinction, Dr. Babington having long held the position of Physician to Guy's Hospital, and Dr. Hodgkin having been for some time Professor of Pathology at the same institution. Dr. Babington was at one time President of the Pathological and Epidemiological Societies; Dr. Hodgkin was the founder of the Ethnological Society, and was one of the earliest investigators of pathological science in the present century. Both were known as writers on medical subjects, Dr. Babington having translated a work on the "Epidemics of the Middle Ages," besides contributing a number of papers to the medical societies and to the medical journals; Dr. Hodgkin having written, among other works of merit, a well-known book on the "Pathology of the Serous and Mucous Membranes."

SPIRITUALISM IN THE OLD BAILEY.

On the occasion of a recent trial for libel at the Old Bailey, the Deputy Recorder, in passing sentence, indulged in some remarks on spiritualism which excited some surprise in the public mind. He is reported to have said that, "for his own part, he was rather inclined to believe in spiritualism, *although he had seen nothing of it.*" This declaration of an inclination to believe in a system of which he knew nothing appeared so extraordinary, as coming from the judicial bench, that we do not wonder the learned functionary endeavoured to explain it away last week, which he did by attributing inaccuracy to the newspaper reporters. He said, as he now tells us, "that he could not say with the learned counsel (Sergeant Ballantine) that he was a universal sceptic, as for his own part he was rather inclined to believe; but of spiritualism he knew nothing whatever." But the reporter of the *Times*, in a note appended to the Deputy Recorder's explanation, maintains the strict accuracy of his report; and to make the matter still more complicated, Sergeant Ballantine denies that he expressed himself as being in any sense a universal sceptic, and asserts that his (Sergeant Ballantine's) scepticism relates only to spiritualism. So that Mr. Deputy Recorder Chambers has not improved matters by his explanation, which only renders more obscure what was sufficiently unintelligible before.

NEW INVENTIONS.

SAVORY AND MOORE'S "REPTILE HEART" SYRINGE FOR ENEMA AND UTERINE INJECTION.



This apparatus acts by alternate contraction and dilatation, with a valve to direct the course of the current, thus resembling the action of a reptile's heart. It is very portable and occupies very little space, and is also very cheap. It consists of a flexible tube terminating at one end in an ivory nozzle, and opening at the other end into an india-rubber bag, and this latter again is adapted by means of another flexible tube to another bag of the same material. The first-named bag acts like a syringe, expanding and charging itself by its own elasticity, and capable of being compressed and emptied by the pressure of the hand, and the other bag is a reservoir made to contain the fluid to be injected, and is easily detached when it becomes necessary to fill it. When only a moderate amount of fluid is required to be injected it may be contained in the reservoir; but if a larger quantity is necessary, the india-rubber entrance tube (not seen in the engraving) may be placed at once in the vessel containing the injection. Thus the amount of liquid employed can be varied to any extent, and the apparatus is equally

adapted for the administration of enemas or vaginal injections. It is easily cleaned by passing a little warm water through it.. The instrument is designed by Messrs. Savory and Moore of New Bond-street, and is manufactured by Messrs. S. Maw and Son of Aldersgate-street, London, and the high reputation of both these firms will at once secure for the new invention the professional and public support which its ingenuity, simplicity, cheapness, and portability eminently deserve. It is inclosed in a small waterproof covering, and is very compressible, so that it is quite inconspicuous, and may be carried easily in the pocket.

Correspondence.

☞ We are not to be assumed to agree with the views of our Correspondents whose communications we insert for the purpose of affording opportunity for the enunciation of all shades of opinion in things medical. Our revision of letters is, therefore, confined to the removal of statements or expressions which we consider unsuitable or irrelevant to the subject in hand.

HOSPITAL NURSES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In a leading article, a few weeks since, in this journal, the above subject is well and ably brought under notice. Emboldened by the suggestion thrown out in the concluding clause, I take the liberty of addressing a few lines, which should you think worthy of insertion, will, I trust, serve to draw attention to a subject of so much importance. Conversant with the routine of metropolitan hospitals for some years, I can bear witness to the difficulty, nay impossibility of obtaining good nurses for the sick, and I well remember one institution in this city having to depend on the services of *one paid nurse alone* for more than two months, and how she ever got through the duties of daily attendance on upwards of seventy patients (male and female) is a mystery to me; but such was the difficulty experienced in procuring suitable persons the board had to defer appointing nurses for more than two months.

As to the "religious" aspect of the subject, both in this city and in London, I think most people will concur in the well-earned and deserving praise bestowed on the "sisterhood;" but, although not entirely agreeing with Miss Nightingale, that "the idea of the 'religious order' is always more or less to prepare the sick for death," still I think on other grounds this system is not applicable to most of the institutions in our city. Therefore, some other method must be devised which would effect the desired end, and would it not be advisable to train young women as nurses *as a profession*. This I conceive may be accomplished in one of two ways; first, by receiving into our hospitals young women of good character as apprentices under the head nurse, and discontinuing the present practice of ward maids. This might be done if, as an inducement, good wages and a comfortable home were guaranteed to the pupil when the period, say four years, of apprenticeship had expired. If this were done, I believe many young girls who at present seek by emigration to better their condition, or crowd the offices for servants in this city, would be only too glad to take advantage of the system, and we would have hereafter no lack of trained nurses capable of attending on the sick in the way it should be done.

The second method I would suggest, though very desirable, is perhaps not so feasible; it is the establishment in the vicinity of the city of a convalescent home or sanatorium, which, while it would confer a boon on the profession by permitting removal of cases not requiring further medical treatment from the hospital wards, thus giving room for other urgent ones which at the present day have reluctantly to be refused admittance owing to the want of space; to the public in preventing the possibility of infection being carried from the hospital ward into the family circle, and effecting a quicker and perhaps more permanent cure on the sick patient; and, finally, would solve the problem of training hospital nurses by affording a *nidus* where the inherent gentleness of the sex might be taught to soothe the bed of pain, and even rob the fell-destroyer of half his terrors. Apologizing for trespassing so far on your valuable space, and hoping soon to see in our neighbourhood what your Edinburgh and Birmingham Correspondents announce (in the paper I have referred to) being accomplished in the sister isle with a large staff of young nurses in full training, I remain, yours faithfully,

John S. A. Cunningham, L.R.C.S.I., L.K.Q.C.P.I.

Rathmines, April 12, 1866.

AMENDMENT OF THE MEDICAL ACT.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I am glad to see by this week's issue that an Amendment of the Medical Act is in contemplation, and I hope the profession will respond to your call, and second the able efforts of The Press and Circular in obtaining insertion of clauses which shall protect the legitimate practitioner and not the quack, as the present useless and inoperative measure does. We were told by the optimists that the Registration Act of 1859 would raise the status of the medical profession immensely and demolish quackery. Well, Sir, the very opposite has been the result, and the latter vice was never more rampant than at present. The proposed Amendment of the Medical Act will certainly be a step in the right direction, as it will prevent unqualified and unregistered persons assuming medical titles; but that will not deter the quacks in the least. What more easy than to drop the title of Doctor, Surgeon, or Professor, and traffic on the ills of humanity as before. Until an act is passed prohibiting ignorant and unqualified individuals undertaking the treatment of disease and dispensing of drugs, all the efforts of the Medical Council will fail in purging these kingdoms of quackery. I am sure our profession is of much greater importance to the community than the "legal;" nevertheless, the safeguards in the former are few and imperfect, in the latter numerous and secure. If the Medical Council have wasted a great deal of time and money heretofore with little benefit to the profession, at present good service is being done in erasing obnoxious names from the Registry, and I beg to suggest to the members of that body the desirability of placing in the same category those gentlemen who disgrace their profession by meeting quacks in consultation.—I remain, dear Sir, yours very truly, Chas. Garland, L.K.Q.C.P.I., L.R.C.S.I.

Newry, April 7, 1866.

Parliamentary Intelligence.

HOUSE OF COMMONS.—April 9th.

THE PROMOTION OF ASSISTANT-SURGEONS IN THE GUARDS.

The Marquis of Hartington said, in reply to Mr. O'Beirne, that up to the time of the warrant in 1858 the system of promotion in the Guards was, no doubt, a regimental system; but in that year a warrant was issued which conferred several advantages, as to pay and rank, on the medical department, and that warrant also recommended that the mode of promotion, as a general rule, for the rank of assistant-surgeons should in future be by seniority in the service. In 1860 the question arose in regard to the surgeons of the household cavalry, whether the pro-

visions of the warrant would apply to that branch of the service, and it was decided by her Majesty, on the recommendation of the Commander-in-Chief to the Secretary of State for War, that in the household cavalry and in the Guards also, in consideration of the surgeons having accepted the warrant, they should enjoy the advantages it conferred upon them.

THE CATTLE PLAGUE ACT.

Sir G. GREY said, in reply to Mr. C. Read, that the provisions of this Act had been merely temporary, but an order in council had been passed to continue those provisions with regard to the slaughtering of animals and the payment of compensation to the 10th of May.

CONTAGIOUS DISEASES BILL.

On the motion of Lord C. PAGET, the following members were nominated the select committee on this Bill:—Lord Clarence Paget, Sir John Pakington, Mr. Walpole, Mr. Hunt, Lord Hotham, Sir James Fergusson, General Peel, Sir Harry Verney, Admiral Erskine, Sir Morton Peto, Mr. Ayrton, Mr. Kinnaird, Mr. Locke, Marquis of Hartington, Sir George Grey, Colonel Herbert, and Mr. Morley.

APRIL 10TH.

MORTALITY OF TROOPS IN CHINA.

On the motion of Colonel NORTH, the following gentlemen were appointed a select committee on the mortality of troops in China:—Colonel North, the Marquis of Hartington, Lord Hotham, Mr. Baxter, Mr. Adderley, Lord F. Cavendish, Mr. Roebuck, Colonel P. Herbert, Mr. Dalglish, Lord H. Percy, Mr. Calthorpe, Major Anson, Lord J. Hay, Mr. Trevelyan, and Major O'Reilly.

PROMOTION OF SURGEONS IN THE GUARDS.

Sir R. ANSTRUTHER gave notice that on the 16th of May he should call the attention of the House to the proposed alterations in the system of promotion amongst the medical officers in the brigade of Guards, and that he should move for a copy of the Warrant or order of 1860, under which the alteration was made.

APRIL 11TH.

The Cattle Contagious Diseases Bill and the Labouring Classes Dwellings Bill were read a third time and passed.

VACCINATION BILL.

Mr. H. BRUCE, in moving the committal of the Vaccination Bill, after sketching briefly the history of vaccination, and the legislation in regard to it, and quoting copiously from numerous medical returns and reports to illustrate its efficacy in checking the spread and virulence of small-pox, described in detail the defects of the present system, which the Bill was intended to remedy. The Bill, he explained, besides consolidating the existing law, would enable the Poor-law Board to re-arrange districts and revise contracts periodically; it would provide for more complete and permanent registration, and would give increased facilities to Boards of Guardians to enforce an universal system of vaccination.

Mr. HENLEY, in criticizing the Bill, pointed out two principal defects—the want of security for a due supply of healthy lymph, and the inadequate payment of the medical officers, to which last cause he attributed the comparative failure of the system of compulsory vaccination.

Sir R. PEEL agreed with Mr. HENLEY in censuring the niggardly payment allowed to the vaccinators, and enumerated nine or ten clauses in the Bill which he predicted would be inoperative. He suggested that it should be postponed to give time for further consideration.

Mr. LEWIS moved that the Bill be referred to a Select Committee, and this amendment was seconded by Sir J. C. JERVOISE, and supported by Lord HENLEY, Mr. BARROW, and other members.

After some further discussion,

Mr. BRUCE consented to refer the Bill to a select committee, but upon the express understanding that the committee were not to interfere with the principle of the measure, which was the establishment of a compulsory and efficient system of vaccination.

The Bill was then ordered to be referred to a select committee accordingly.

On going into committee of supply—

Mr. MCEVOY—That in the opinion of this house, her Majesty's Government should now adopt the recommendations of the Select Committee of 1858, which recommended "her Majesty's Government to take into consideration the claims of Ireland to a grant of the half cost of medical officers of unions, with the view of providing for the same in future, as is now the practice in England and Scotland," fortified as such recommendation is by the report of the Select Committee on Taxation of Ireland in June, 1865, who reported that with regard to the grants for Poor-law Medical Officers and Workhouse Schoolmasters, "it would be reasonable that the same aid should be extended to Ireland as is already extended to England."

THE CATTLE PLAGUE IN MIDDLESEX.

Mr. DUCANE asked the Secretary of State for the Home Department whether his attention had been called to what took place at the Middlesex Sessions, held yesterday, with regard to the cattle plague. A Mr. Glossop was represented to have said, in moving for a rate of a penny in the pound to meet the expenses of compensation, that he regretted to have to state that the cattle plague was increasing in the county. Great ravages had occurred in consequence of the introduction of diseased Dutch cattle in the ship *Mars*, which were landed at Blackwall, and taken through the metropolis to the extreme verge of the county and smuggled in by the agents of Lord Granville and Lord Taunton. He wished to ask whether the right hon. baronet would inquire into this, and if he were convinced it was true, whether he would devise some remedy against a similar affair taking place.

Sir G. GREY said he had first heard of this only about five minutes ago, and he was unable to answer the question as he knew nothing of the circumstances. He thought there must be some misstatement, but he would take care to inform himself of the facts, and he would then be in a position to lay the information before the house.

THE annual meeting of the shareholders of the Briton Medical and General Life Association was held on Saturday last, presided over by Dr. G. H. Barlow. A most satisfactory report was presented, as it showed that 2769 policies had been issued during the year, assuring £829,926, and yielding in new annual premiums the sum of £25,200; and, further, that out of the gross income of £171,994, after payment of claims and other outgoings, the sum of £70,634 remained as a balance to be added to the reserve fund. A dividend of eight per cent. was declared.

EARLY BRITISH SKELETON.

IN the autumn of last year, near Malton, the North-Eastern Railway Company commenced the formation of cofferdams on each side of the river. In the first formed, on the Malton side, as reported at the time, after ten feet of the fluviatile post-tertiary clay had been excavated, a three-feet bed of alluvial silt was entered, which abounded with water, and caused the cofferdam to burst. Beneath this sand was the Kimmeridge clay of the Vale of Pickering, and upon it, at a depth of thirteen feet, the femoral and pelvic bones of a human being were thrown out, the skull then being left within the piles forming the dam. An enlarged dam having been formed, operations were re-commenced last week, when the skull so much desired was fortunately obtained, and is now deposited in the collection of pre-historic *crania* of the Rev. William Greenwell of Durham. The bones, from long steeping, have become blackened and devoid of lime, resembling leather more than bone, and are much impregnated with vivianite. The body has been that of a male of small stature, apparently from 40 to 45 years of age. The teeth have all been present, and are not much worn, but the sagittal suture of

the skull is almost obliterated, and so is the coronal suture. It has been supposed that the body was one of an early British race, but the skull is not at all typical, and not in the least like those obtained from either the long or the round barrows of the Britons. It is very broad in the occipital region, and rather narrow in the frontal: but the main characteristic is flatness. Mr. Greenwell says the skull is very like some he has from a Kentish Roman cemetery, but is relatively broader in the occipital region. He can offer no conjecture as to race, but the supposition that the man may have been a dependent on the Romano-British camp at Malton, probably an auxiliary. This view is strengthened by the finding in another excavation, but on the other side of the river, and also below the clay and silt, a rudely-formed vessel upturned.—*Times.*

Meetings of Scientific Societies.

Geological.—March 21.—The following papers were read:—"On the Fossil British Oxen: Part I., Bos Urus, Cæsar," by Mr. W. B. Dawkins.—"Further Documents relating to the Formation of a New Island in the Neighbourhood of the Kameni Islands," by Commander G. Tryon.—"Note on the Junction of the Thanet Sand and the Chalk, and of the Sandgate Beds and Kentish Rag," by Mr. T. McKenny Hughes.—"On the Lower London Tertiaries of Kent," by Mr. W. Whitaker.

Royal Society of Literature.—March 21.—Sir Patrick Colquhoun, LL.D., in the chair.—Mr. Vaux read a paper, communicated by Mr. Fox Talbot, V.P., "On the Translation of the Clay Cylinder called that of Bellino," containing the annals of the two first years of the reign of Sennacherib. The two principal subjects of these annals are the successful campaign against Merodach Baladan, the King of Babylon, who is noted in the Bible as having sent presents to Hezekiah, when he heard that the Jewish king had recovered from a fit of sickness; and the building of a new magnificent palace at Nineveh, together with a restoration of the city itself. The war with Merodach Baladan is described very graphically, the details of many passages being capable of illustration from the sculptures in the Koyunjik Gallery at the British Museum; while, in the same room, we find Sennacherib presiding over the preparation and construction of great works, which may fairly be supposed to represent either this new palace at Nineveh or, at all events, some other great building in Assyria. Mr. Vaux pointed out to how great an extent this cylinder might be taken as a description of the sculptures which were procured by Mr. Layard during his last visit to Nineveh, and added several notes in confirmation of Mr. Talbot's translation.

British Archæological Association.—March 28.—J. R. Planché, Rouge Croix, V.P., in the chair.—Mr. J. W. Bailey exhibited an ancient iron dagger, excavated from the railway works near to Barclay's brewery, in Southwark, the handle and blade in one; also an iron trident found in Southwark, and pronounced to be the weapon of a Roman gladiator. The same gentleman exhibited a curious ancient hammer-head made of stag's horn, and a vase or bottle of late Roman or early Saxon fabric, remarkably formed.—Mr. Brighouse exhibited a vase of Peruvian fabric.—Lord Boston exhibited a photograph of the famous Lee penny, which his Lordship had with much trouble obtained. The coin in which the gem is set has been termed a Byzantine coin, a shilling and a penny. The proper description of the coin it was his wish to determine; and the photograph proves it to be an English groat, temp. Edward III.

Linnean.—March 15.—The following papers were read: "Account of a Lusus Naturæ, a Double-headed Indian Water Snake," by Dr. J. Shortt.—"Descriptions of Six New Species of Simple-fronded Hymenophyllaceæ, by Mr. J. G. Baker.—"Lichenes Amazonici et Andini," by the Rev. W. A. Leighton.

Anthropological.—April 3.—The following papers were read:—"A New Reading of Shell-mounds and Graves at Keiss, near Wick," by Mr. J. Cleghorn.—"On Human Remains at Keiss," by Mr. R. J. Shearer.—"On Human Remains at Keiss," by Mr. J. Anderson, Mr. G. Petrie, and Dr. J. Hunt.

Zoological.—March 27.—A letter was read from Dr. G. Bennett, giving details concerning the habits of the Lyre Bird (*Menura Novæ Hollandiæ*) in captivity.—The Secretary communicated an extract from a letter addressed to him by Dr. Schlegel, concerning the correct localities of the different species of Cassowary.—Dr. Murie and Mr. St. George Mivart communicated a joint memoir on the anatomy of the Lemuroidea, principally relating to the myology of these animals.—Mr. Sclater and Mr. Salvin read a catalogue of birds collected by Mr. E. Bartlett during his recent expedition up the River Ucayali, in Eastern Peru, with notes and descriptions of the new species. The total number of specimens contained in Mr. Bartlett's collection was about 700, referable to 252 different species, of which 12 proved to be new to science.—Mr. A. G. Butler communicated a supplement to his monograph of the genus Danais, lately read before the Society, founded on specimens in the collection of Mr. O. Salvin.—Dr. J. E. Gray gave a notice of an apparently new species of Monkey of the genus Cercopithecus, living in the Society's Menagerie, and proposed to be called *C. erythrogaster*, and a notice of a new species of Nasua, from South America, proposed to be called *N. dorsalis*.—Dr. Gray also pointed out the characters of a new species of Spatangus in the collection of the British Museum, which he proposed to call *S. variegatus*.

ON THE USE OF THE BROMIDES OF POTASSIUM, CADMIUM, AND AMMONIUM IN THE TREATMENT OF INSANITY.

The experiments related in this paper were instituted by Dr. Belgrave of the Lincolnshire County Asylum, chiefly to ascertain the therapeutic value of the bromides in the treatment of general paralysis, and they seem to show the possibility of controlling some of the more serious occasional manifestations of that disease, as also similar symptoms in other forms of mental disorder. Fourteen cases of general paralysis were treated with the bromides of potassium and ammonium with variable results; but the general effect of the bromides appeared to be to tranquillize the system. Eleven cases of epilepsy were also subjected to treatment by the bromides, the patients being selected in consequence of their extreme irritability and proneness to violence. The results did not prove that these drugs have the power to diminish permanently the number or the severity of the fits, but they afforded evidence of their influence in allaying some of the most violent manifestations of the disease. The bromide of cadmium was tried in eleven cases of mania, with a view to relieve severe temporary excitement, and in doses of one grain it was found to exert a very rapid and powerful effect, causing abundant vomiting and some purging, diminution in the force of the pulse, and temporary mental quietude, bordering on depression. Dr. Belgrave concludes, from his observations, that the bromide of potassium is antiphlogistic, and a sedative to the cerebro-spinal functions; that it subdues the force of the pulse and induces loss of flesh and debility, and that it exercises a powerful temporary effect over the number of fits in epileptic cases. The bromide of ammonium resembles the bromide of potassium in its action, but is less powerful, and does not induce emaciation or general depression. The bromide of cadmium is probably an irritant to the mucous membrane of the alimentary canal, its brief but marked calmative effect being principally the depression following the action of a powerful emetic and purgative. The action of this drug resembles that of tartar emetic or sulphate of zinc, but it has treble the power of the former and twelve times that of the latter (*sic*). It is said by Dr. Belgrave to be exceedingly useful in severe exacerbations of mania.—*Jour. of Mental Science.*

Colchicin and Colchicein.—Dr Huebler has examined this poisonous alkaloid. He finds its best precipitant to be tannic acid. Treated with strong sulphuric acid it is converted into *Colchicein*, an isomeric nitrogenous body, of a slightly bitter taste and acid nature. It combines with soda, baryta, and oxide of copper to form crystalline salts.—*Year-Book of Pharmacy.*

Medical News.

Royal College of Surgeons of England.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 10th inst., and when eligible will be admitted to the pass examination :—

J. L. Moseley, A. H. Baines, C. J. Sells, F. S. Daldy, Charles Munden, J. G. Carruthers, W. B. Lewis, C. J. Worts, George Stokell, W. J. Bennett, J. W. Barry, William Kipling, John Lloyd, J. J. Bingham, William Price, David Havard, C. H. Joubert de la Ferte, Inman Welsh, Friend Lewin, T. A. Roberts, R. C. Sanders, W. H. Causton, George Salt, W. J. Barkas, T. O. Wood, J. T. Parkinson, W. A. Cox, Edward Jackson, T. W. Lee, H. L. Snow, William Dobson.

The following passed their examination on the 11th inst. :—

Edward Hewer, R. M. Bradford, J. T. Williams, C.B. Crowfoot, N. H. Jarvis, George Andrews, Richard Rendle, R. L. Wilson, J. G. Wiseman, J. B. Saundry, Frederick Taylor, Edward Sunderland, A. H. Buck, Adam Wilkinson, William Powell, Edward Stephens, William Younghusband, J. R. Haynes, C. C. Winckworth, H. E. Hetling, T. D. Saunders, George Thompson, F. W. Wimberley, John Bately, Clement Dukes.

The following passed on the 12th inst. :—

William Roche, John Curnow, A. F. McGill, Daniel King, Wm. Webster, W. B. Kendall, John de Liefde, T. W. Joy, F. W. Salzmann, Branford Edwards, R. M. Cole, Charles Higgens, J. A. Lormier, Alex. McGregor, John Gosse, D. H. B. Anderson, John Giles, William Anderson, N. C. Dobson, John Fairbank, Alfred Hollis, J. J. Swindell, Walter Maine, J. G. Black, B. P. B. Burroughs, Anthony Foster, Evan Williams.

It is stated that of the 108 candidates who offered themselves for examination, 5 were rejected on the first day, 8 on the second day, and 9 on the last.

Royal College of Surgeons in Ireland.—The following gentlemen having been duly examined, received letters testimonial in the month of March :—

Anster, William Blacker, Dublin.
Doyle, Patrick O'Connell, Milltown, Dublin.
Weir, John, Portadown, county Armagh.
De Merick, Eugene, Dublin.
Park, Duke, Ballywilliam, county Fermanagh.
Knox, Martin, Dublin.
Begg, Joseph Thomas, Dublin.
O'Leary, William Patrick, Charleville, county Cork.
Bolster, Thomas, Summerville, Mallow, county Cork.

Apothecaries' Hall.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 5th inst.:

Macgowan, Alexander Thorburn, Caversham-road, N.W.
Pratt, William Thomas Cassell, Newport, Monmouthshire.

The following gentlemen also on the same day passed their first examination :—

Barroll, George William, St. George's Hospital.
Bately, John, Sydenham College, Birmingham.

Mr. Hermann Otto Post, lately deceased, has left a legacy of £100 to the German Hospital.

A young man died of hydrophobia in the neighbourhood of Manchester, after two days' illness, on Wednesday last. He was bitten in the leg by a bull-terrier in August last.

At the London Quarter Sessions, on Saturday week, a report of a committee was adopted, increasing the salary of the city coroner to £885 a year.

Mr. H. Edwards, Surgeon to the Cardiff Workhouse, has been charged with manslaughter: two men having died after taking some medicine for which they had applied to the workhouse surgery.

The gross income of Christ's Hospital for 1865 amounted to £71,855 11s. 10d. Of this the medical officers of London and Hertford received £745. The average number of boys maintained and educated in the London and Hertford establishments was 1205.

Mr. Peale of Maidstone, has offered to the Town Council of that borough £1000 to purchase a healthier site for the Grammar School.

Dr. Hillier, in his report to the vestry of St. Pancras, stated that only one fatal case of small-pox had occurred in the parish, but that ten cases were under the care of parochial surgeons. The Small-pox Hospital is quite full.

A false report has been spread that trichiniasis had appeared in Chicago; the object being to favour speculation in the meat trade.

The Duke of Cambridge will preside at the annual festival of the University College Hospital on the 18th inst. at Willis's-rooms.

The old College of Physicians in Warwick-lane, which was built by Sir Christopher Wren, is to be pulled down in a few days.

Royal Irish Academy.—Lord Talbot de Malahide, the newly elected President of the Royal Irish Academy, has appointed the Very Rev. Dean Graves, the ex-president; Sir W. R. Wilde, M.D., Rev. Geo. Salmon, S.F.T.C.D., and Professsor W. K. Sullivan, C.U., Vice-Presidents of the Academy.

According to a report prepared by Dr. Percy since the session began, it is stated that the system of ventilation adopted in the Houses of Parliament is that of exhaustion, the air being put in motion by means of heat, applied by coke fires in great upcast shafts, the chief two being in the Victoria Tower and the Clock Tower.

The Constantinople Cholera Conference have agreed upon a plan of procedure. It groups the questions to be considered into four classes: 1, the nature and origin of cholera; 2, its transmissibility; 3, the measures of prevention against it; and 4, the form to be given to the resolutions of the conference.

An Alkaloid in Rhatany.—Wittstein has obtained, from an extract of American rhatany, an alkaloid, apparently identical with tyrosine; an analogous result has been obtained by M. Ruge, excepting that he regards the alkaloid as distinct, and differing from tyrosine, by two atoms of carbon.—*Year-Book of Pharmacy.*

Reciprocal Action of Cream of Tartar and Sulphate of Lime (Bussy and Buignet).—It has long been the custom of wine-makers to put gypsum into their wine before or after fermentation. The result of this addition may or may not be pernicious, most probably it is not. MM. Bussy and Buignet, on bringing sulphate of lime into contact with bitartrate of potash, in an alcoholic mixture, found that the results were neutral tartrate of potash, tartrate of lime, and bisulphate of potash.—*Year-Book of Pharmacy.*

Ferrum Redactum (Oberlander).—The author analyzed a sample of reduced iron, and found it to contain only five per cent. of metallic iron, the rest being protoxide with sulphide. He surmises it to have been the wasted residue from the preparation of cyanide of potassium according to Liebig's process.—*Year-Book of Pharmacy.*

Mortality in Children.—Out of 100 children born in Norway, 83 attain the age of five years; in Sweden, 80; in Denmark, 80, including Schleswig and Holstein, down to the Elbe, the country of the Angles of old; in England, 74; in Belgium, 73; in France, 71; in Prussia, 68; in Holland, 67; in Austria, 64; in Spain, 64; in Russia, 62; in Italy, 61. Thus the chance is always in favour of the life; but here it is 8 to 2, there only 3 to 2. What is the proportion of *deaths* under the age of five out of 100 children that see the light? In Norway, 17; Denmark, 20; Sweden, 20; England, 26; Belgium, 27; France, 29; Prussia, 32; Holland, 33; Austria, 36; Spain, 36; Russia, 38; Italy, 39.

Detection of Santonine in Urine (Notta).—When santonine is taken before bed-time, the urine next morning will be found to turn a cherry-red on the addition of liquor potassæ, even without heating—an indication similar to that of diabetic sugar.—*Year-Book of Pharmacy.*

Test for the Purity of Essence of Mustard.—the oils most frequently used to adulterate essence of mustard become brown or red in the presence of concentrated sulphuric acid, while the pure essence dissolves in it. Five drops of the essence with 50 drops of concentrated sulphuric acid should be introduced into a small tube and shaken together. If the essence is adulterated, the coloration will at once become apparent. Should rectified petroleum be present, the acid will not colour it; but it may be recognized by its insolubility in the acid floating in the form of a limpid oil.—*Year-Book of Pharmacy.*

Notices to Correspondents.

The Royal Institution.—The notice has been received.

Mr. R. D.—We have not noticed the case because we suspect that both parties really belong to the same fraternity, and if so, it is better to let them settle their disputes themselves. We cannot find the name of either in the Medical Directory, but that of one of them is well known.

X.Y.Z.—The term "haloid salt" signifies a salt having an analogous constitution with that of sea salt.

Mr. T.—We have received the pamphlet, but we regard it as only a puff.

POOR-LAW MEDICAL SERVICE.—VACANCIES.

ENGLAND.

Chard Union.—First Ilminster District; area 7032; population 4608; salary, £68 8s. 4d. per annum.

Driffield Union.—Kilham District; area 13,880; population 2035; salary £16 per annum.

Hartley Wintney Union.—Heckfield District; area 7759; population 1492; salary £70 per annum.

Keynsham Union.—The Workhouse; salary £50 per annum.

Uppingham Union.—Barrowden District; area 16,874; population 3887; salary £45 per annum.

Wrexham Union.—Fourth District; area 15,941; population 3299; salary £25 per annum.

Builth Union.—Abergwessin District; area 68,480; population 3784; salary £42.

Penkridge Union.—Brewood District; area 20,721; population 5629; salary £50.—*Workhouse.*—Salary £20.

Banbury Union.—Hornton District; area 9740; population 3062; salary £61 8s.

Bridgewater Union.—Chilton Polden District; salary £50.

IRELAND.

Westport Union.—Islandeady Dispensary; election May 4; salary £75; vaccination and registration fees about £25.

Devlin Union.—Clonmellon Dispensary; election May 2; salary £80.

MEDICAL VACANCIES.

ENGLAND.

Leeds Sanitary Inspector.—Salary £500 a year; election May 9.

West London Hospital, Hammersmith.—Resident Surgeon.

Samaritan Free Hospital.—Physician for out patients.

Northampton Infirmary.—Assistant House-Surgeon; salary £30, with board, &c.

Sheffield Public Hospital.—House-Surgeon; salary £100, with board, &c.—Assistant House-Surgeon; salary £65, with board, &c.

Stockport Infirmary.—Assistant House-Surgeon; salary £50, with board, &c.

Worcester Dispensary.—Resident Medical Officer; salary £100, with two and a half per cent. on the subscriptions, and with apartments.

Carmarthen Lunatic Asylum.—Assistant Medical Officer; salary £100, with board, &c.; candidate must speak Welsh.

Margaret-street Consumption Infirmary.—Visiting Physician.

Stamford Hill Dispensary.—Assistant Medical Officer; salary £40, with board, &c.

Isle of Man Hospital.—Resident Medical Officer; salary £75, with rooms, &c.

Wiveliscombe Dispensary, Somerset.—Medical Officer; salary £50, with a house.

MEDICAL APPOINTMENTS.

LONDON.

W. R. Rogers. M.D., Physician for In-Patients to the Samaritan Free Hospital.

Wm. Hickman, M.B., Surgeon for Out-Patients to the Samaritan Free Hospital.

F. E. Junker, M.D., Physician for Out-patients to the Samaritan Free Hospital.

Fish, R., M.R.C.S., Assistant-Surgeon to the London Rifle Brigade.

Grubb, R.T., M.R.C.S., House-Surgeon to St. Mark's Hospital.

Hayward, Sidney, M.D., M.R.C.S., Honorary Medical Officer to the Royal Pimlico Dispensary and Lying-in Charity.

Mushet, W. Boyd, M.B., M.R.C.P., Physician to the North London Hospital for Consumption.

Page, W. J., M.R.C.S., Surgeon to the Peckham Rye Dispensary.

A. W. Williams, M.D., Physician for Out-Patients to the Samaritan Free Hospital.

De Tatham, H., L.R.C.P., M.R.C.S., House-Surgeon, to St. Mary's Hospital.

PROVINCIAL.

Bottle, A., M.D., Senior Resident House-Surgeon to the Leeds Public Dispensary.

Butler, T. M., M.R.C.S., Honorary Assistant Medical Officer to the Surrey County Hospital, Guildford.

Cookson, E., L.S.A.L., Resident Assistant House-Surgeon to the Leeds Public Dispensary.

Ellerton, John, M.D., Surgeon to the North Riding Infirmary, Middlesbro'-on-Tees.

Rioden, G. W., M.R.C.S., House-Surgeon to the Taunton and Somerset Hospital.

Schollick, T. J., M.R.C.S., Honorary Assistant Medical Officer to the Surrey County Hospital, Guildford.

Morton, J., M.B., Honorary Assistant Medical Officer to the Surrey County Hospital, Guildford.

Veitch, William Young, L.R.C.P.Edin. House-Surgeon to the North Riding Infirmary, Middlesbro'-on-Tees.

J. H. Quin, M.R.C.S.E., House-Surgeon and Apothecary to the Lincoln General Dispensary.

P. Q. Karkeek, M.R.C.S.E., House-Surgeon to the General Infirmary, Chester.

J. Taylor, M.R.C.S.E., Assistant House-Surgeon to the General Infirmary, Chester.

IRELAND.

T. S. Murray, L.K.Q.C.P.I., Medical Officer for the Manorhamilton Dispensary District, has been elected Medical Officer for the Tobercurry Dispensary District of the Tobercurry Union, vice J. M. McCarthy, M.D., deceased.

SCOTLAND.

Simpson, J., L.R.C.P.Edin., has been appointed to the Leith Hospital and Edinburgh Humane Society and Dispensary.

J. Godfrey, L.R.C.S.Edin., has been elected Assistant Medical Officer to the Barnhill Poorhouse, Glasgow, vice J. Taylor, M.D., deceased.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS—ENGLAND.

Buchanan.—On April 7, at 63, Harley-street, the wife of G. Buchanan, M.D., of a daughter.

Fitch.—On April 5, at Chaddesley Corbett, near Kidderminster, the wife of F. Fitch, M.D., of a son.

Fitzpatrick, John.—On March 31, at 39, Elgin-road, Kensington-park-gardens, the wife of John Fitzpatrick, M.D., retired Surgeon-Major, Madras Army, of a son.

Gamgee, J. S.—On March 31, at Birmingham, the wife of J. S. Gamgee, M.R.C.S., of a daughter.

Gell.—On March 27, at Great Ayecliffe, the wife of A. S. Gell, M.R.C.S., of a son.

Harvey.—On April 7, at 31, Grosvenor-street, the wife of John Harvey, M.D., of a son.

Macann, A. B.—On April 5, at 22, King-street, Portman-square, the wife of A. B. Macann, M.R.C.S., of a son.

Morphew.—On April 8, at Sevenoaks, the wife of A. Morphew, Staff-surgeon, of a daughter.

Perkins.—On April 2, at Bentinck-terrace, Regent's-park, the wife of R. H. Perkins, Surgeon, Bengal Army, of a son.

Russell.—On April 5, at Accrington, Lancashire, the wife of W. S. Russell, M.R.C.S., of a son.

SCOTLAND.

Adam.—On April 2, at 137, Princes-street, Edinburgh, the wife of H. Adam, Assistant-surgeon, Madras Army, of a son.

Caldwell.—On March 28, at Dreghorn, Aryshire, the wife of J. Caldwell, L.R.C.P.Edin., of a daughter.

McQuibban.—On the 28th ult., at Constitution-street, Aberdeen, the wife of Dr. McQuibban, of a daughter.

Neilson.—On the 2nd inst., at Blairgowrie, Perthshire, the wife of J. Neilson, M.D., of a son.

IRELAND.

Wilmot.—On the 2nd inst., at Merrion-square, North, the wife of S. G. Wilmot, M.D., of a daughter.

MARRIAGES.

Drake—Elliot.—On April 4, at All Saints', West Ham, T. Drake, M.R.C.S., to May, daughter of W. Elliot, M.D.

Pugsley—Oatway.—On April 5, at Old Cleeve, Somerset, L. Pugsley, M.R.C.S., to Susannah Risdon, daughter of the late R. Oatway, Esq.

Ward—Burnand.—On April 10, at Cuckfield, W. P. Ward, Surgeon, Royal Artillery, to Eleanor, eldest daughter of H. Burnand, Esq.

Welch—Slater.—On April 10, at St. James's, Clapton, Charles H. Welch, L.F.P.S.Glas., of Cambray-villa, Clapton, to Ellen F. Slater, only child of the late Isaac Slater of the Cape of Good Hope.

Lawson—Brooks.—On the 3rd inst., at Blackpool, Wm. Lawson, Surgeon, of Brierfield, near Burnley, to Anne, daughter of J. Brooks, Esq.

Coombs—Franklin.—On the 4th inst., at Coventry, Carey Pearce Coombs, M.B., of Beckinton, Somersetshire, to Mary Leslie, daughter of W. Franklin, Esq.

SCOTLAND.

Duncan—Thomson.—On April 4, at Mains Tillicoultry, John Duncan, M.D., of Edinburgh, to Jemima, daughter of Alex. Thomson, Esq.

Erratum—In your issue of the 4th inst., which details the proceedings of the last Surgical Society meeting, contains a typical error in the report of one of the cases which I had the honour to bring before that meeting. The words "now malignant," should have appeared *non-malignant*.

J. H. Davys, A.B.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING APRIL 14th, 1866.

By J. H. Steward, Strand, and Cornhill, London.

April, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
8th	30.005	64	42	48	48	N.E	—	000	Pleasant.
9th	29·095	48	42	45	45	N.E	—	024	Showery.
10th	29·082	56	42	48	48·05	N	—	023	Heavyrain
11th	29·065	60	42·05	52·05	52.05	E	—	000	Dull.
12th	29·070	61	54·05	54·05	54.05	S.W	—	000	Pleasant.
13th	29·090	65	58	58	55	S.W	—	002	Showery.
14th	30·	62	41.05	54	55	W	—	003	Showery.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

HOUSE OF INDUSTRY HOSPITALS,

NORTH BRUNSWICK-STREET.

INTRODUCTORY LECTURE IN THE THEATRE OF THE RICHMOND HOSPITAL.

By Sir DOMINIC J. CORRIGAN, Bart.,

PHYSICIAN-IN-ORDINARY TO THE QUEEN, CONSULTING PHYSICIAN TO THE HOSPITALS, ETC. ETC.

SUMMER SESSION, 1866.

GENTLEMEN,—The course of lectures and clinical instructions we inaugurate this day, appears to me to be one of the most important and useful movements in hospital teaching that have occurred in the Dublin School of Clinical Medicine for many years.

I return my best and warmest thanks to my kind colleagues, the Physicians and Surgeons of these great hospitals, for the very great compliment they have paid me, not only in permitting me, but in asking me to inaugurate this movement.

The resignation of my appointment as Physician would have entailed my separation professionally from this great institution and from them, which I should have greatly regretted; but they, in their kindness, forwarded to the Board of Governors, and through it to the Lord Lieutenant, their unanimous desire that the distinction of Consulting Physician should be conferred upon me, to which representation His Excellency Lord Wodehouse was pleased to accede.

I should not express my feelings were I not to take this opportunity of sincerely thanking them, and of adding that I feel, and shall ever feel, very proud of their approbation, and of their mode of evincing it.

I cannot say I have deserved it, but I accept it as a testimony from them, that during more than twenty years of my connexion with those hospitals I have laboured to merit it.

And here I may remark, as an observation to my young friends, that cordiality of action and mutual good feeling among the members of the medical staff of an hospital are to be cultivated, not only for their own sakes, but for a higher purpose—the care of the sick poor, so that all may confide in one another in their doubts or difficulties, and seek one another's advice mutually and unreservedly.

It is in a hospital where there is such cordiality cultivated that the poor are best cared for.

The instruction commenced is intended to supply a want which is much felt—viz., the want of opportunities to students attending some of our other hospitals of studying fever and the acute contagious diseases.

Some of the recognized institutions, both in Dublin and elsewhere, are prohibited by their charters or bye-laws from admitting fever or contagious diseases, while others have not the necessary accommodation for their reception.

It is now proposed to open to advanced students from other hospitals the wards of the Hardwicke Fever Hospital during the summer session, where they can see the various forms of fevers and contagious epidemic diseases on a great scale.

The hospital contains 120 beds. Within the past year there were admitted into it 1411 cases, of which there were:

Fever . . .	1163
Small-pox . . .	103
Scarlatina . . .	12
Measles . . .	27

For a moment I may digress here on the subject of small-pox, in the hope that the facts mentioned may induce increasing attention to vaccination. We had 103 cases of small-pox in the past year. Of 71 vaccinated only 3 died, or little more than 2 per cent.; of imperfectly vaccinated 1 died out of 3, or 33 per cent.; while of the non-vaccinated 29 cases, 8 died, being 27 per cent.; or putting it perhaps more fairly, and classing imperfectly vaccinated and not vaccinated together (and indeed imperfectly vaccinated is worse than not vaccinated at all, for the mark lulls apprehension), the result will be this: the deaths in the vaccinated cases were only 2 per cent., while the deaths in the imperfectly and non-vaccinated were 30 per cent.

On the absolute need of your cultivating an acquaintance with the several varieties of fever it ought not to be necessary to dwell; but I know that some pupils pay little attention to this important class of diseases, and they have cause deeply to regret it afterwards, when placed in circumstances where they want the knowledge but cannot acquire it.

Fever in some form or other is never absent from country or town.

In our army, even in our most active campaigns, for every hundred men killed in action or dying of their wounds, ten thousand perish of fever and its cognate diseases.

How is it, then, that our students generally do not give that attention in fever wards that they give in surgical wards? I fear I must attribute it to indolence.

A broken or dislocated limb is recognized generally with little trouble, and with some students their hospital rounds are confined to what they learn without trouble; in fact, walking a surgical hospital is a kind of "sight-seeing."

But it requires long and attentive observation to recognize the shades and phases of fever, where it is not a single limb or joint that is engaged, but all the functions of the living body, and where it becomes necessary to observe and to estimate the amount of disturbance in each, and those disturbances as difficult to describe and as changing as the hues of clouds are, yet in fever are the signs of recovery or death.

You can learn all these phases and changes if you stay quietly and silently in the fever wards for hours learning for yourself, but you must teach yourself by studious and patient observation; you cannot learn what you want from others or from description, your own eye must be, and can alone be, your instructor.

In no branch of medical studies is the trite quotation more true than in the study of fevers—

> "Segnuis irritant demissa per aurem,
> Quam que subjecta sunt oculis fidelibus et quæ
> Ipse sibi tradit spectator."

Let me suppose you now at the bedside of a fever case; stand there quietly, don't disturb the patient, don't at once proceed to examine pulse, or chest, or abdomen, or to put questions. If you do, you may be greatly deceived, for under a sharp or abrupt question a patient may suddenly arouse himself in reply, answer your questions collectedly, and yet die within three hours.

Look at your patient as he lies when you enter the ward or sick-room; his very posture speaks a language understood by the experienced eye.

It is not unusual for the anxious and young resident to draw the earliest attention of the physician in his morning round to some patient who had appeared to him to be in a most dangerous state all night, and for the physician to take a single glance at the patient, and say in reply, "Never mind him, he is all right, come to the next case, it is a very bad one." What is the difference between the two? Merely that of posture. The first, or apparently very bad case, had gone through the agitation of crisis during the night, but at morning visit was asleep, lying three-quarters on his side, or half on his face, in the posture instinctively chosen to relieve the diaphragm from abdominal pressure, and with

muscular strength enough to retain that posture; while beside him lies the serious case, the man who gave no disturbance during the night, who did not complain, but lies on his back without the preservative instinct and without the strength to change it, and with the abdominal viscera like a nightmare on the diaphragm.

Go next in your study to brain and nervous system. Again, you need not question, and you have wakefulness, eye, and tongue to guide you.

Of all the changes we have to dread, that arising from want of sleep is one of those most to be feared.

Never forget that a patient in fever may die from want of sleep, and want of sleep alone, without one single organic lesion. Sleep is the rest of the brain, as repose is the rest of the limbs.

The brain can no more continue to work without sleeping, which is its rest, than the muscles of our limbs can continue to act without repose, which is their rest.

A man will die from fatigue of his muscles without other disease, just as the hunted hare dies; so will man die from fatigue of his brain without organic disease, and whenever a patient passes a day and night without sleep, though all other symptoms seem favourable, look out for danger.

The eye of a fever patient will tell you much. The appearance of the pink sclerotic that indicates acute congestion in the vessels of the head, and the livid red of the conjunctiva in typhus that indicates passive congestion or atony of the capillary system, are very much alike in appearance, and easily mistaken for one another; but seen and recognized and painted on the tablet of your memory, will never be forgotten. In the child in fever there is another sign revealed to you from merely looking at the countenance, and always to be dreaded—it is frowning, however slight. A frown is not natural to a child, and it is often the first sign of commencing mischief in the child's brain. Wakefulness, headache, and frown are of more serious import in the child in fever than in the adult.

There is an apparently trivial sign about the eye of a fever patient, which you will lose if you rudely disturb the patient or question him. It is the passage of the tear. If the secretion of the lachrymal gland flow in its natural course, and pass out through the nasal duct, having performed its office of washing the eyeball and keeping it moist, it is a good sign, for it indicates that the instinctive functions of organic life are still performed; but if the eyelids cease to act, and that the tear-drop falls over the outer angle of the eye, it is a sign that the functions of organic life are beginning to give way.

The cheek alone will tell you much; and the red patch on each cheek, eminently characteristic of typhoid fever, or "follicular enteritis," without a question tells the experienced eye that the case before it is not typhus.

There still remains one other remarkable sign speaking to the eye, the pulsation of the carotids. These vessels may throb either from increased impetus from the heart, or from increased rapidity of circulation with debility.

Here, for the first time, the eye is at fault, and we must bring in the assistant sense—touch. Small-pox illustrates what I mean. During the progress of the pustular stage, for about eight days from its commencement, or eleven from the commencement of premonitory fever, there are the usual febrile symptoms, but about the eighth day of the eruption, when the pustules are fully matured, the patient often becomes delirious; the pulse is more frequent, the circulation is carried round in its circle with increased rapidity, and every artery in the body throbs. The carotids seem to throb violently, but lay your finger on them, and you find they bear little or no pressure, and that what seemed a pulsation of violent force is the appearance produced at each filling of the vessel as contrasted with its immediately comparatively empty state. It may be likened to the rush of fluid without force along a tube previously flaccid. It is scarcely necessary to add that these appearances in the carotids, so like in their resemblance, so different in their nature, indicate very opposite lines of treatment, and a mistake may involve the loss of life.

Again, the eye will distinguish between cerebral breathing and pulmonic oppression.

You can now form an idea of how much may be learned from the mere inspection of a case of fever without askir , the patient a question, and I think you will agree with me that you learn much from eye and touch alone; but again I must impress on you that you must learn all this for yourself, and that the study you are now entering on in many particulars requires more patience, more attention to niceties, more cultivated observation than your previous studies.

In reference to the examination of the system of circulation, on the sustainment of which so much depends in the treatment of fever, I would impress on you in judging of the strength of the heart's actions, to depend on the pulse, radial or carotid, not on the examination of the heart's sounds or impulse by the stethoscope.

I think you will not impute to me any, even the faintest, desire to disparage the stethoscope, but when information is wanted, always choose that way which is surest and safest.

When it is desired to ascertain the force with which a gun propels its shot, the power is not estimated by the noise of the explosion or the force of the recoil. The force with which the shot is impelled and the distance it reaches are the tests of the power of the gun.

The heart is the gun which at each contraction discharges into the aorta a cylinder of blood of about one inch long, which propels before it the blood already in the aorta and branch arteries, and the force with which that cylinder propels before it the blood in the arterial tube and strikes your finger in radial or carotid pulse, is the best and surest measure of the force of the heart's action, just as the force with which the cylindrical shot strikes the target is the best and surest test of the force of the gun. But even could the stethoscope give as accurate information as the pulse, I would still counsel you to rely on the pulse, for which you are all practised daily and continuously in educating your sense of touch, while you never can become as accomplished in judging of the sounds of the heart.

There are other causes of fallacy in relying on the stethoscope. The heart may lie close to the ribs, as it nearly always does in the female and often in the male, and then both sounds and impulse will be sharp, even with a heart of weak but irritable muscle, while in a strong man, with a large round chest and strongly acting heart, so thick a layer of lung may intervene between heart and rib that the layer of lung will act like padding to deaden sound, and like a buffer to intercept impulse.

Again, suppose you come to the conclusion that pulse and stethoscope contradicted each other, which would you trust?

The pulse indicated antiphlogistics, antimony, and depletion, while the stethoscope indicated, as you supposed, feebleness of heart's action and stimulants, which indication would you rely upon?

I think you will answer with me—Trust to the pulse in preference to relying on the stethoscope.

There is another portion of the great circulating system which you can examine with the eye—the great capillary system.

The preservation of this great part of the function of circulation is of vital importance in the treatment of fever, and hence the use of flying blisters, sinapisms, external heat, pure air, &c. &c., by which we hope to stimulate and sustain it.

You will not fail to recognize the great importance of attending to it, when you recollect what comparative anatomy and physiology teach us, that the capillary circulation is the fundamental circulation of life; that large vessels are added as animals ascend in the scale; that even in fishes the great function of circulation through the system is carried on without a heart, and that the heart is but a supplemental organ in the upper classes of animals

to propel a supply for the capillaries, as the donkey engine lifts the great water supply for the main machinery.

If it were possible to make a selection, it would be more important in fever to maintain the function of circulation in the capillary system than in the heart; but in the upper classes of animal life, and especially in man, so intimate are these relations that if one fail so must the other soon succumb.

Both or either may fail from over-loading or congestion, or, on the other hand, from feebleness, and on this difference often depends what is called the type of fever; that is, whether its form is such as that, by antiphlogistic treatment, by simply relieving the vessels, they can return to their former state, like elastic tubes that have not lost their resiliency; or whether, even if their distended state be relieved, they then require a stimulant treatment to excite them to action; or, following the illustration of the elastic tubes, they require stimulation to restore them, resembling elastic tubes that have lost their resiliency.

The colour of the maculæ on the skin guides us as to the state of the capillary circulation.

We know that in experiments on the capillary circulation the first change of colour is from the blood moving slower and slower, and in the same proportion becoming darker and darker, until at last its movements cease altogether, its colour is black, and life in the bunch of capillaries has ceased.

We see this change going on in the maculæ of typhus fever. Dots of dusky red to-day become darker to-morrow, and in one or two days after nearly black, and whenever, as in lying on hip or back, there is the additional impediment of pressure to circulation, the capillary circulation ceases, and gangrene or death of the part is the result.

Proceeding with the examination you now pass to the abdominal viscera, which claim your attention, not only on their own importance, but as their state may seriously interfere with the respiratory movements of the lungs, either by their weight and mass pressing against the diaphragm, or by their distension interfering with its descent among the organs within the abdomen. There is one, the bladder, which preëminently should ever have your continuous and unremitting attention.

Trust to no one's report of its state, not even the patient's own.

It will distend to great size, containing often two quarts of fluid, putrefying or throwing back its poisonous urea into the system, and all the time, perhaps for several days, the overplus passing away leads the careless or the ignorant to suppose that the bladder has emptied itself; and, paradoxical as it may appear, the most accomplished and most attentive surgical intern is even more likely than another to overlook the state of bladder.

He has been accustomed to relieve the bladder of its contents most often when a mechanical obstruction has existed for some short time, when the bladder still maintains its muscular power, or when the obstruction being complete, the bladder is distended tensely, like a globe in shape, and is visible as such even to the eye and felt as such under the hand.

This is not its state in fever. The obstruction is not complete; while the fluid is dripping into the fundus, it is leaking out at the neck through the urethra, while a portion continues to accumulate behind in the passive bladder, which makes no ball-like protuberance, but lies as a passive flattened bag among the intestines.

It offers no resistance, but recedes on pressure, and in this state it may be productive of much mischief, of convulsions or death.

The contained urine passes into putrefactive fermentation with great rapidity.

In twenty-four hours it becomes intolerably ammoniacal and fœtid.

There are only two ways of detecting this state, by percussion and by the catheter. A very little practice is sufficient by percussion to determine whether there is water in the bladder; but if at all in doubt, use the catheter. Its introduction gives neither pain nor annoyance.

I did not intend to make any observation whatever on treatment, but I have made this exception, having too often seen the neglect I have noticed occur, and its sad consequences.

I shall conclude with a few observations on a question that has created considerable attention—viz., whether typhus fever and typhoid fever are merely modifications of one another, or whether they are different diseases. Judge for yourselves, you will have abundant opportunities; you will see them in the Hardwicke lie side by side; compare them at the same moment and watch their progress from day to day, and I think you will come to the same conclusion at which I have arrived, after an observation of many years, that they are distinct and separate diseases.

I would not spend your time or mine on the question if it were merely theoretical, but it is essentially practical, seriously affecting treatment, and the use of two of our most important therapeutic agents, opium and stimulants; for while, in many cases of typhoid fever, we can keep the patient with great advantage under the mild and continued influence of opiates, we must be very wary indeed, as to their use in typhus, and while we may use stimulants very freely in typhus, we must often be very chary of their administration in typhoid fever.

It is to be regretted that the name "typhoid fever" has ever been used, for the very name typhoid gives a bias to the mind to think that typhoid is a variety of typhus, just as typhoid applied to erysipelas and scarlatina mean a low type of those diseases.

Another name has been lately introduced, "pythogenic fever," which presents this objection, that the name is founded on a supposition as to the cause, not the nature, of the disease. I think it is hard to contemplate even in mere aspect the two diseases and consider them as one, so strongly do the bright pink-patched cheek, fissured tongue, and lenticular prominent eruption of typhoid fever contrast with the livid countenance, brown tongue, and dark maculæ of typhus. It would take us too long to go at length into the diagnostic symptoms.

One of the reasons advanced by some who look upon them as varieties of the same disease, is that they have the same origin, arise from the same poison, either of contagion or malaria; but surely, although the poison and sting of a hornet may give rise to pyæmia, erysipelas, anthrax, or gangrene, no one could argue that all those diseases are the same because they owe their origin to the same poison.

Another argument to the like effect has been drawn from typhus spots or maculæ, occasionally making their appearance in the course of typhoid fever. Typhus spots or maculæ are simply congestions of bunches of capillaries, with or without effusion of blood under the cutis, but these maculæ or typhus spots may appear, and often do appear, in scarlatina or measles, and surely no one would argue from the combination that maculæ and measles, or purpura and scarlatina, are the one disease.

The real practical point for your consideration is, not whether they owe their origin to the same or similar causes, but whether the principles that guide treatment in typhus fever should guide it in typhoid, or *vice versa*—judge for yourselves. I believe you will come to this conclusion, that for all practical purposes you must consider them different.

It now only remains to thank you for your attention to an introductory lecture, that I have not attempted to make either deep or learned, but to consist only of those modes of thoughts and observations that I found useful to myself in studying fever, and which I trust may, perhaps, be not always fruitless to you, and while I again thank my kind and esteemed colleagues for their kindness, I have a favour to ask which I know they will grant, that while they have done me the honour to name me "Consultant," they will allow me to be a "perpetual pupil," and still come to these wards to learn, though not to teach.

THREE CASES OF DISTORTION OF HAND.

By RICHARD BARWELL, F.R.C.S.,
ASSISTANT-SURGEON, CHARING-CROSS HOSPITAL.

In June, 1865, was brought to my notice a child aged 6, the fingers of whose left hand were webbed—viz., the index, middle and ring fingers were united.

Previous to coming under notice two operations had been performed on the hand with the knife, an attempt also had been made to establish separation of the fingers with the seton; both these had failed, but the parents were still anxious that the hand should be, if possible, restored.

On examining the fingers I found them connected together, not merely by a thin web, but by a thick layer of tissue covered in front and back by skin from corresponding parts of the fingers; or, in other words, the three outer fingers appeared as one broad mass, marked before and behind by two shallow grooves indicating the normal but absent separation. There were marks of old scars at different parts of these grooves, and a separation existed between the last phalanges of middle and ring fingers to nearly half their extent—the persistence of movable joints was in some parts doubtful, as between the first and second phalanges of the index, and all the joints were certainly stiff from want of use.

In considering the conditions of this case, the thickness and fleshiness of the bonds between the fingers, the three previous futile attempts at producing permanent separation, it appeared to me useless to try any other means than implanting a fresh piece of skin into the wounds left by cutting the fingers asunder. The next point was the place whence the fresh skin should be taken, and I chose the buttock behind the great trochanter, because a scar in that situation is seldom visible.

On the 22nd July, chloroform having been administered I thrust a straight bistoury in a sloping direction from behind forwards through the tissues, uniting the index and middle fingers, keeping the blade much closer to the latter, so that, when the whole length of the digits had been separated, so much tissue was left on the forefinger that its edges could be brought neatly together and sewn with wire. The same proceeding was then used at the next interspace, the greater amount of skin being left and sewn round the inner side of the middle finger. Thus the wounds to be filled up lay on the outer side of both middle and ring fingers and at the fork, or point of their bifurcation. Of these wounds an impress was taken on a piece of paper and the necessary pieces were cut from the haunch in such wise as to leave a portion of skin between the two excavations and also so as to enable me to lift up each strip-like piece in a loop while it remained attached at either end. The wound in the buttock was closed with silver wire, the fingers to be covered were thrust through their respective loops, and first the palmar edge was stitched—a process which required much care and ingenuity—then the dorsal aspect was secured, and afterwards the hand and arm were carefully bound *in situ*.

The child slept well during the first two nights, on the third pain kept her restless, and on the fourth day—viz., on the 25th July—I removed the bandage and cut away the skin connexions with the haunch. The hand had swollen from position, but only a very small part of the implanted skin had died, the rest was fairly united. It is unnecessary to follow the details of the case further; it did uninterruptedly well, and in a month the hand was healed, passive motion had begun to render the fingers more mobile.

Case 2.—This girl's eldest sister, aged 13, had a small cartilaginous tumour developed in one of the flexor tendons of the ring finger; the case was interesting to me, as showing the amount of muscular contraction necessary to produce movement of limb. Thus when the fingers were straight and the wrist fully extended, the tumour lay under the annular ligament of the wrist, the distance between it and the internal condyle measured 8½ inches, when the fingers and wrist were flexed to their full, the tumour moved up the arm and became placed at the distance of 6½ inches from the inner condyle; thus the muscular structure to which the swelling was affixed contracted if it were fixed to the superficial flexor very nearly a quarter of its length.

I removed the tumour with the knife of course, without dividing the tendon, and found it to be imbedded among the fibres of the deep flexor tendon of the ring finger, and therefore the proportion of muscular contraction must have been much higher.

The piece of cartilage was the shape of and about as large as a horse bean. The wound healed quickly; although a little synovial oozing continued for eight days, there was no suppuration, and the case did perfectly well.

Case 3.—Miss L., aged 19, was brought to me by her parents, October 4, 1865, with the middle finger of the right hand bent down and doubled into the palm—a source of such inconvenience that the hand became nearly useless. The origin of the affection was a fall three and a half years ago, in which the hand and wrist appear to have been doubled up under the body. Great pain and some considerable swelling were produced, the whole hand remained lame for some months, and when it became capable of use, the middle finger, even then much bent, curled up more and more into the palm. She has sought surgical advice and has been greatly persuaded to allow the tendons to be divided.

I found the middle finger strongly retracted, the first phalanx bent down forcibly, and each one flexed on its neighbour. By the exercise of some force it could be slightly brought out of the palm, giving to the hand of the surgeon the sensation of stretching a spring. As soon as the finger was released it flew back again. The movements of the ring and little fingers were constrained and awkward, but this seemed rather owing to the position of the middle finger than to any inherent defect. The patient's health being perfect, there remained for consideration only the form of operation to be adopted, and this alone is a subject presenting difficulties sufficiently grave; but which are in this sort of case neither duly studied nor recognized. Indeed, operations for the cure of distorted and stiffened joints are, as a rule, described as though after cutting tendons, &c., the limb, being easily placed in position, rapidly regains its mobility and power. Such, however, is never the case; the true restoration of a joint is difficult and protracted, according to the amount and duration of fixity and distortion. The division of tendons or muscles in some joints certainly does facilitate restoration of posture. In other parts it does not even effect this object, while it frequently protracts recovery of function, and in some parts of the body renders such recovery impossible. This is especially the case with the fingers. The method in which the superficial and deep flexors are bound into their sheaths, the peculiar attachments of the interossei, and the false bands from the palmar fascia, as well as ligamentous contracture, all combine in enforcing the abnormal posture. Thus the section of one or both flexors in the palm has very slight influence on our power of straightening a crooked finger, but has vast influence in rendering the subsequent mobility of the limb very slight indeed. After such section, the second and last phalanx, one or both, are frequently incapable of voluntary flexion, and even if they can bend, their movements are confused and difficult.* The anatomical conditions properly understood fully account for such a result; but I would here refer especially to the foregoing case, which shows that if a tendon of a retracted flexor muscle be cut and the fingers straightened, the divided ends will lie two inches asunder, and thus even if the tendon unite, the union cannot possibly be isolated; its action must, therefore, be confused and chaotic. For these reasons I refused to sanction any division of tendons until, at all events, every other means had been tried. I

* See account of a commission on a case of M. Guérin.—*Bulletin de l'Académie de Médecine* (viii).

proposed stretching the parts under chloroform, once certainly, perhaps twice, or even three times, cautioning the parents that after-treatment would occupy a considerable time, and that power of perfect extension could not be ensured. In spite of this not very favourable prognosis, my proposal was after a time accepted, and on 6th November chloroform was very fully exhibited, and I proceeded to straighten the finger. It yielded at first pretty readily, but after a time the utmost limit of what the unassisted hand could do was reached. I had, however, provided myself with a wooden lever, ten inches long, the middle part of which was hollowed so as to fit with sufficient accuracy the back of the finger. While the first and second phalanx and the wrist were flexed to their full, the third phalanx could be with tolerable ease straightened on the second. These two were bound tightly by a narrow band (half-inch broad), and with many involutions to the lever; then with great caution, but also with a certain vigour, the second phalanx was straightened on the first, and the first, as nearly as seemed prudent, on the metacarpal bone. Then while these parts were held in place, the wrist was straightened, the splint was bound to the hand. The patient soon after recovery from the anæsthesia complained of pain. I waited as long as it was endurable, then removed the wood and applied in its place a splint, which kept the finger semi-flexed. Application of cold was ordered to the hand, wrist, and forearm; half a grain of morphia with ammonia was ordered to be repeated in four hours, if necessary.

On the fourth day the splint was removed, the swelling had all but disappeared, passive movement was quite endurable, as long as extension was not carried beyond a certain limit; however, by firmness of hand and careful management, I day by day got the finger straighter. I wished to employ some force which would keep up extension without acting as a rigid band. Several methods of applying steel springs completely failed, either from their twisting round, pressing too violently in places, or other cause. I adopted, therefore, the following plan:—A strip of strong plaster, three-eighths of an inch broad and about a foot long, was split from one end to a little beyond the middle, the two split parts were crossed at the fork, so that the right one became left, and *vice versâ;* this portion was then laid upon the pulp of the finger, the unsplit strip was carried over the end and nail, and made adherent to the back of the phalanx; the split parts were then wound round and round until the whole phalanx was covered, the unsplit piece of plaster projecting on the back to the middle of the hand. A similar mechanism was adapted to the second and first phalanges. Thus to each internode of the finger was attached a strip of plaster after the manner of an extensor tendon, and to each could be attached an elastic force springing from the forearm after a method fully described elsewhere.* By these means a variable degree of extension, without rendering the finger immobile, could be maintained, and the limb could be extended by manual force, without undoing the dressing. In six weeks the finger, considerably straighter, did not further improve; it was therefore determined again to give chloroform, and this time, during insensibility, attention was expressly directed to the fascial and subcutaneous bands. However, the straightening was accomplished with greater ease than the last time, and a further effect produced. The same plan of after-treatment was carried on. In another six weeks the finger appeared in the usual position of the hand normal—that is to say, in all posture in which the fingers are slightly flexed; but the second could not be quite straightened on the first phalanx nor the latter on the metacarpal bone. With this exception, the functions of the part were perfect; lateral movement and flexion quite free.

Under these circumstances, and seeing that the want of extension was so slight as no longer to be considered a deformity, that the hand was again useful for needlework and the piano, I recommended the patient to be, at all events for the present, content with the result, and simply to prevent any tendency to return by straightening the finger frequently with the other hand and wearing a splint at night. There is at present date no tendency to relapse.

* "Cure of Clubfoot," &c.

Hospital Reports.

[The following reports are particularly worthy of notice. I am indebted to Mr. Hamilton, not only for the kindness with which he showed me the cases hereafter referred to, but also for his correction and revision of the report. To Dr. Lyons I am also indebted for affording me every facility for insuring the due publication of his cases, and for the use of his private notes which he kindly handed to me for the purpose. Some important reports from the Meath and Mater Misericordiæ Hospitals are unavoidably deferred to our next issue.—T. W. B.]

RICHMOND HOSPITAL.

THREE CASES OF CHRONIC ABSCESS.

(Under the care of Mr. HAMILTON.)

These cases exemplify the different methods advantageously used in the treatment of these abscesses according to the peculiar nature of each. Such abscesses are frequently mistaken for other surgical affections, chiefly tumours, of which the second is an interesting example. The relation of a well-authenticated case of the kind is of considerable practical importance to the surgeon.

E. G., æt. 29, was admitted to the Richmond Hospital on the 10th January, 1866. She stated that in June previous she received a hurt from a door on the crest of the right ilium, but until the following September she did not experience any pain. At that time she felt a dragging pain in her back, and this continued until about six weeks before her admission to hospital, when she remarked a small lump on her side (on the crest of the ilium); this gradually increased until it attained its present size.

On admission, she complained of great pain in the back and right side, and was unable to lie on her back. The abscess was very large and diffused, extending over the ilium from the crest to the sacrum; fluctuation was very distinct, and there was no discoloration of the integuments. The matter was covered by the glutæus maximus. On the 15th of January, after some preliminary treatment, Mr. Hamilton opened the abscess and inserted one of Chassaignac's drainage tubes.

A good deal of thin greenish matter, with yellow curdy and flaky material through it, was given exit to. This was followed by much relief. At four o'clock the same evening she had a rigor, and the abscess was painful.

17th: Thin fœtid discharge very profuse, coming out by the sides of the tubes and not through them. The tubes merely acting as setons to keep the openings from closing.

21st: Became affected with pleuritis of the left side of the chest with bronchitis, which yielded to treatment, and towards the end of the month she had recovered from both, but she was greatly cut up by the illness, and still more by the profuse discharge and night perspirations, want of appetite and of sleep, with pain and great tenderness in the abscess. Mr. Hamilton removed the drainage tube, and on the 30th January he made a large opening in the centre of the abscess, giving exit to much fœtid pus and air. From this she continued rapidly to improve in health and strength.

On the 5th of February there was no pain and no matter discharged from the abscess, and on the 12th it was quite healed.

Case 2.—B. P., æt. 27, a stout healthy-looking country-woman, unmarried, was admitted into No. 10 ward on the

26th of February, 1866. She states that about three and a half years ago a small tumour appeared near her shoulder; and that it gradually increased in size until her admission. She further stated that the tumour had grown more rapidly during the last six months than before that time; that she got no hurt, so far as she knows; and that she never felt any pain in the part.

She had been in the habit of blistering and poulticing it, and she observed that the poulticing increased its size.

The following were the most prominent symptoms on admission:—

There was a tumour about the size of a small melon, round, and with a well-defined margin, situated below the clavicle, and lying in the depression between the great pectoral and deltoid muscles, it was quite movable and unattached save at the inner edge of the deltoid, in some of the fibres of which the cyst appeared to be entangled. The integument covering it was colourless, and there was a distinct sense of fluctuation imparted to the touch all over the tumour. The cyst appeared to be very thick and dense, but was thinner in some places than in others.

The diagnosis was the practical point in this case; and that it was difficult may be inferred from the fact that it had been sent into hospital as one of encysted tumour, which it had been pronounced to be by some surgeons of good authority.

Mr. Hamilton, on careful examination, doubted it was so, and arrived at the conclusion that the case was one of chronic abscess. Seeing, however, that there was some difference of opinion about it, he determined to make an exploratory puncture, and accordingly on the 7th of March the patient was brought to the operating theatre. He made a puncture with a bistoury, and on its withdrawal there followed a gush of rather thick and very yellow pus. Two days after the patient complained of slight headache and shivering, but this soon passed off, and the wound healed.

12th March: It appeared as if the sac was filling up again, and it was rather tender. On the 17th the strong tincture of iodine was ordered to be applied over it. A week after it was noted that "under the application of the tincture of iodine, the tumour appears to be gradually growing less." I saw it on the 11th of April in company with Mr. Hamilton, who showed its position, but it had then become so small that it was not very clearly to be made out. A few days after, the girl, wishing to go home, and as Mr. Hamilton considered there was still some fluid in the remains of the abscess, which, were there time, would be absorbed, he thought, under the circumstances, that it was best to let it out before she left the hospital. He accordingly made a small puncture with a lancet and a small quantity of thin pellucid fluid came out. Next day there was no sign of the tumour and she went out.

Case 3.—Edmond Murphy, aged 12 years, was admitted into the Richmond Hospital on the 7th of March, under the care of Mr. Hamilton, for a chronic abscess situated over the seventh and eighth ribs on the left side.

The history of his case is as follows:—

About two months ago, while at play with other boys, he received a blow of a policeman's hat (made of very strong material to afford protection to the wearer) on his left side. From the date of the receipt of the blow he suffered occasionally from pain in his side until a fortnight before his admission into hospital, when the tumour on his side appeared.

The patient is a delicate-looking boy, having a scrofulous diathesis, marked by the fairness and transparency of his skin, by his light grey eyes, and by his neck being covered with the cicatrices of numerous scrofulous ulcers. The boy states that he occasionally has night-sweats; otherwise, his general health appears good.

On examination Mr. Hamilton found a chronic abscess about the size of a half orange, having its long diameter parallel to the axes of the ribs, lying on the eighth rib, and most probably connected with caries of this bone; fluctuation distinct, and the tumour, as it were, bound down to the rib, so intimate is the connexion between them.

A week after patient's admission an eschar was made over the tumour with potassa fusa; a few days later the slough separated and a copious discharge of greenish yellow matter containing a few shreds of lymph took place. The discharge continued for some time, and finally the cavity having closed up, the boy was discharged cured on April 5th. In this case the opening of the abscess was not followed by the slightest constitutional disturbance, indeed the boy appears to have put up flesh on the hospital regimen.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

PHANTOM TUMOUR OF THE ABDOMEN.

A. B., aged about 20, a florid and healthy-looking girl, of sanguineous temperament, unmarried, was admitted into the Whitworth Hospital, labouring under a combination of muscular and arthritic rheumatism. Menstruation was regular, and, under the influence of appropriate treatment, the rheumatic affections were very sensibly improved in all parts except in the muscles of the upper extremities and the shoulders, elbows, wrists, and small joints of the hands. On the slightest attempt at either voluntary or forced motion of any part of either upper extremity, extreme pain in the corresponding joint was complained of, and the patient lay in bed, unable, or unwilling, to assist herself in the most simple and ordinary offices of life. This condition persisted after all trace of pyrexial action had subsided; and, with a clean tongue, cool skin, and quiet pulse, the statements made as to the inability to perform or support ordinary movements of the upper extremities without exquisite pain seemed not a little apocryphal. It may be mentioned, in illustration of any presumed moral obliquity on the part of the patient to simulate sufferings which she did not really experience, that example was abundantly supplied by the undoubtedly feigned performances of a hysterical pseudo-epileptic for a considerable period an inmate of the same ward. Before the subsidence of the acute symptoms in this case, attention was attracted to the presence (unconsciously to the patient) of a considerable tumefaction of oval form, somewhat tender on pressure, very firm to the feel, in the situation, and apparently somewhat of the dimensions of the gravid uterus at about the fifth or sixth month, and in no small degree simulating the characters of such a tumour, save that it was distinctly bifid at the upper extremity. The circulatory system was at this period singularly excitable; the face flushed up at the least emotion, and the pulse rose to 120 or 130 under the most trivial influence. The rapid action of the aorta heard in the supposed tumour, under these circumstances, might have been, by a hasty or superficial observer, confounded with the action of a fœtal heart, and would have materially strengthened the supposition, had such been entertained, that the patient was advanced in pregnancy. The absence of mammary enlargement and of discoloration of the areolæ, the alleged menstruation of very recent occurrence, the bifid character of the superior extremity of the tumefaction, and, above all, the clearness of sound elicited on percussion, plainly pointed to a condition not that of pregnancy; and, on very careful exploration, it was ascertained that the swelling was due to a rigid and somewhat tumefied state of the inferior divisions of the recti abdominis muscles. This opinion was in a day or two subsequently found to be still further borne out by the occurrence of a precisely similar state of rigidity and tumefaction of the superior divisions of the same muscles, well-defined in the mesial line by a deep sulcus, into which the fingers sank, corresponding to the linea alba, and externally by the linea semilunaris on either side. Under the use of bromide of ammonium and bark, with daily

electric shocks through the upper extremities, strictly low diet, and the combination of decided, though gentle means of moral suasion, this patient has daily improved, and is now able to sit up. The tumefaction of the recti has subsided, and the phenomena of a tumour have disappeared.

The case is worthy of record as another example of a possible source of error in the exploration of abdominal disease.

Pneumonia—Tonic Treatment—Recovery.—The following case may be very briefly noticed, as an example of the successful employment of the tonic plan of treatment in a case of extensive inflammation of the right lung:—

J. M., aged 33, of slight frame and delicate, if not cachectic aspect, a cutler's helper, was found on admission to be suffering from very extensive pneumonic consolidation of the entire posterior half of the right lung, with concomitant bronchitis in both lungs. The general debility of the patient, the feebleness of the circulation, and his somewhat cachectic aspect, seemed clearly to contraindicate the use of either mercury or antimony. He was at once placed on five-grain doses of sulphate of quinine, with beef-tea, milk, and four ounces of wine.

On the third day after admission the pulse had fallen to 92; respiration was becoming much freer; crepitus redux was extensively audible, and expectoration was copious. The quinine was continued as before, his wine was increased to six ounces, and nourishment as previously ordered, with the addition of an egg daily.

On the three following days the pulse fell successively to 68, 64, 60, and in all respects amendment was rapid and permanent, as evidenced by clearing up of the lung, and returning appetite and strength. Slight acceleration of the pulse took place a day or two subsequently, but without arrest of the general improvement in the patient's condition, who was soon able to sit up and walk about the grounds; and having infringed the rules of the institution and left the hospital for some hours, on the twelfth day after admission, it was not deemed necessary to re-admit him, nor was there anything in his state or sypmtoms to call for it.

This case presented in many points a very unpromising aspect at the outset, and Dr. Lyons feels convinced that under any lowering plan of treatment, such as general abstraction of blood, mercurialization, or the employment of nauseating doses of tartarized antimony, the result would have been different. The patient took in all about 240 grains of sulphate of quinine in nine days, and about 68 ounces of wine. As it was, defervescence took place with very unusual rapidity, resolution of the lung, *pure et simple*, must be assumed to have been accomplished, and that rapidly, as there was a total absence of purulent expectoration, and convalescence was established within a very brief period.

Old and renewed Tuberculization of Lung—Advanced Renal Degeneration — Dropsy — Death — Remarkable condition of parts of the Brain—Gangrene of the Brain.—The patient, a female, aged 20, unmarried, was admitted into hospital in an advanced stage of phthisis with general anasarca and effusion into the abdomen. Cough was frequent and distressing, and there was constant and copious expectoration of purulent and offensive sputa. The urine was albuminous and of sp. gr. 1016. This unfortunate sufferer showed an extraordinary tenacity of life, and notwithstanding her distressing cough, dyspnœa, occasional nausea and vomiting, frequent diarrhœa, the irritation of bed-sores, and extreme prostration, she lingered on for a very protracted period. For two or three days previous to death she lay apparently but little conscious of what was going on around her, occasionally moaning and crying out in pain and distress, but no symptom indicative of special cerebral lesion was at any time observable.

On post-mortem examination, the left lung exhibited at the apex, two or three well-marked puckered cicatrices, the unmistakable evidence of old tubercular lesion. Several vomicæ of recent date, and still containing purulent fluid, but of no considerable size, were found throughout this lung; the right lung was in a state of engorgement, and supplementary emphysematous distension. The kidneys presented well-defined evidence of vanced fatty degeneration.

On removing the brain the arachnoid was found studded with deposits of lymph in numerous situations in both hemispheres, and in the subarachnoid spaces there was considerable effusion of yellowish and somewhat grumous serum. The lateral ventricles contained a very considerable amount of the same grumous serum, mixed with small yellowish lymphy flocculi. The colour and appearance of the corpora striata at once arrested attention when the ventricles were opened; the left presented a decided olive green tint, and the vessels on its surface were of a dark hue; the right corpus striatum exhibited a similar appearance, but the colour was less dark. On section being carried through the left corpus striatum, the green tinge was found to extend about one-quarter inch through its substance; the optic thalamus and the fibres which pass upwards through both these bodies from the crus cerebri were in a state of perfect integrity, and the morbid condition was rigidly limited at the junction of the thalamus opticus and corpus striatum.

The under portion but not the surface layer of the anterior and part of the middle lobe of the right hemisphere was in a condition very similar to that of the corpus striatum; the colour, however, being rather a greenish yellow than dark, the skin green, which characterised the affected portion of the left corpus striatum.

On microscopic examination the cerebral substance presented evidence of much disorganization; the nerve cells and tubes were broken down, and only here and there recognizable; much granular and molecular matter filled the field, but there was an absence of corpuscles of compound granular growth, pus corpuscles, or other definite elements indicative of vital metamorphosis. Vessels blocked with blood corpuscles were here and there observable; and on the whole the condition seemed to be the result of excessive disintegration, with no effort at repair, and was so far analogous to the state of sphacelating tissues. The vessels in the Sylvian fissure, as well as those of smaller size in the choroid plexuses, and those crossing between the thalami and the corpora striata, as well as upon the latter, were carefully examined, but without any embolic or other obstruction being detected. This morbid condition, in all probability, occurred but a few days before death, and during the period when the patient lay in a state of insensibility, occasionally giving utterance to moans and cries. Neither its exact pathological origin nor its significance appears to be definable, but Dr. Lyons regards it as analogous to, if not identical with, the condition of gangrene of the brain substance, alluded to by several writers, but very imperfectly described by all.

PROFESSOR BOECK'S TREATMENT OF SYPHILIS.

Mr. Henry Lee of St. George's Hospital, London, after an elaborate series of experiments, concludes his lectures on this subject with the following axioms:—

1st. That no evidence has hitherto been adduced satisfactory to the profession that the infecting form of syphilis can be inoculated upon a patient who is at the time the subject of constitutional syphilis.

2nd. That both from a soft sore, and also occasionally from the surface of an indurated sore, matter may be taken which may be made to produce a number of local specific ulcerations having the characters of the soft chancre.

3rd. That during the continued irritation of such ulcerations the manifestations of secondary syphilis will disappear.

4th. That the time required for the treatment of syphilis in this way is so long, and the inconveniences attending it are so great, that it is not in any degree likely to be adopted in private practice in England.

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 10TH.

Dr. ALDERSON, F.R.S., President.

NOTES ON THE PATHOLOGY OF PNEUMONIA AND HEPATITIS.

By C. MOREHEAD, M.D., F.R.C.P.,
LATE PRINCIPAL AND PROFESSOR OF MEDICINE AT GRANT MEDICAL COLLEGE, BOMBAY.

I. THE object of this paper is to show that the pathology of inflammation of the lungs and of the liver cannot be rightly understood unless it be kept clearly in view that in both organs there is a double system of capillary circulation; that of the bronchial and hepatic arteries being for the nutrition of tissue, and that of the pulmonary artery and of the portal vein for functional purposes; the one being of arterial blood, and the other of venous blood.

The pathological question in respect to both organs is, which system of capillaries is the seat of inflammation in pneumonia and hepatitis?

II. *Pneumonia.*—It has been lately argued before the Society by Dr. Waters that the branches of the pulmonary artery which constitute the pulmonary plexus are the nutrient vessels of the air-cells and the seat of inflammation in pneumonia, because—1st, capillaries of the bronchial artery do not exist in the air-cells; 2nd, the absence of the bronchial arteries in some animals shows the capability of the pulmonary vessels for the purpose of nutrition.

It is argued in the present paper that if inflammation be an altered state of the nutritive processes of the affected part, then the capillaries immediately concerned in inflammation must necessarily be those which in their normal state circulate arterial blood for purposes of nutrition; that the blood which is a factor in inflammation must always be blood which in the normal state is a factor in nutrition. It is maintained, therefore, that capillaries of the bronchial arteries are those immediately concerned in the nutrition of the air-cells and in pneumonia, because—1st. They are the nutrient vessels of the visceral pleura, of all the tissues of the bronchial tubes, the coats of the bloodvessels, the nerves and lymphatics, and the connecting areolar tissue of the lungs, and the seat of inflammation in visceral pleuritis and bronchitis. 2nd. It is improbable that bronchial capillaries should ever be discoverable in the air-cells, because (*a*) inflammation of the air-cells must always be followed by turgescence of the pulmonary plexus, and (*b*) artificial injection of a bronchial artery always in part fills the pulmonary plexus; hence bronchial capillaries, if existing in the air-cells, are almost certain to be veiled by the larger pulmonary plexus under the only circumstances in which it is reasonable to expect to see them. 3rd. Though admitting, as is very likely, that bronchial capillaries do not exist in the air-cells, it does not follow that the blood of the bronchial arteries is not the nutrient blood of the cells and the factor in inflammation. May not the thin walls of the cells be nourished by a process analogous to that which is effective in the cornea, articular cartilages, and lamellated osseous tissue? The capillaries of the termini of the bronchial tubes and of the interlobular areolar tissue carrying the blood near enough to the air-cells to admit of their nutrition by imbibition of the plasma. 4th. The argument, from analogy, that because there are animals without bronchial arteries, there may be nutrition by the pulmonary plexus, fails because we are dealing with an animal *with*, not *without*, bronchial arteries, and because it applies with equal force to the other tissues of the lungs as well as the cells.

Further reasons are also advanced, drawn from the manner of termination of the bronchial arteries and from facts of the fœtal circulation.

III. Then it is explained that though the pulmonary capillary circulation is not the immediate agent in the nutrition of the cells or in inflammation, still it plays a very essential (secondary in point of time, though not of importance) part in the pathology of pneumonia, because inflammation of the air-cells obstructs in various evident ways aëration, and this must be followed by more or less stagnation of the blood in the pulmonary capillaries, small in degree in the first stage, but complete in the second stage (hepatization), and unless this be borne in mind we cannot understand the morbid anatomy of pneumonia; and, as is fully explained in the paper, there are questions relating to symptoms, progress, and treatment which are not intelligible without a distinct recognition of stagnation of blood in the pulmonary plexus, not as constituting inflammation of the air-cells, but as a necessary sequence of it, and a part of pneumonia.

IV. The question of position of the exudations, whether into or external to the cells, is shortly noticed, and regarded as one of great simplicity, not requiring the microscope for its elucidation, but bearing in the structure of the lung the proof that the exudation must be chiefly into the cells.

The analogy between pleuritis and pneumonia is noticed, in the slight anatomical difference in the tissues concerned, in the exudation being on a free surface in both—in pleuritis tending to become organized, in pneumonia to liquefy. The difference depending on the exudation in pleuritis being on the free surface of a closed sac; that of pneumonia on the free surface of sacs exposed to the air.

V. *Hepatitis.*—The question in regard to hepatitis is noticed very briefly. It is argued that the capillaries of the hepatic artery are the nutrient vessels of the liver and the factor in inflammation; but that the symptoms, pathology, and treatment of hepatitis cannot be rationally explained unless the important facts in the anatomy and physiology of the portal circulation in the liver be borne in mind.

Dr. WILLIAMS said that he had not been able fully to comprehend the meaning of the author in the elaborate and ingenious views just read; but Dr. Morehead, who was his old and valued friend, had apprised him that he was about to communicate a paper on the subject, and requested that he (Dr. Williams) would attend. He was very happy to do so, although the opinions expressed by Dr. Morehead appeared to be in opposition to those entertained by himself. It was upwards of thirty years since he (Dr. Williams) first propounded the opinion that the essential seat of pneumonia is in the great capillary plexus of the pulmonary artery and vein. This view seems to have been generally adopted by the profession; and even during the present session they had had a paper confirmatory of it from Dr. Waters of Liverpool. Dr. Morehead now maintained an opposite view—that the first and essential seat of pneumonia is in the capillaries of the bronchial arteries, the congestion of the pulmonary capillaries being a secondary effect. But all the prominent features of pneumonia declare it to be, from first to last, an affection of no subordinate or diminutive set of vessels, such as those of the bronchial membrane, but of an important vascular plexus standing in close relation with the blood of the whole body: so that, as he (Dr. Williams) had remarked when Dr. Waters' paper was discussed, pneumonia might be represented to be a general or blood disease, rather than a mere local inflammation. He would not reiterate the arguments which he had used on that occasion, but would point out, as an objection to the notion of Dr. Morehead, the remarkable diversity which existed between the two diseases, pneumonia and bronchitis. For if pneumonia always originated in the same vessels that were the seat of bronchitis, there ought to be more or less of a constant tendency of the diseases to pass into each other. There could not be general or capillary bronchitis

without more or less pneumonia; and pneumonia could not exist without a considerable and spreading bronchitis. Yet how different was the fact if we appealed to actual observation. Considering the proximity of their seats in the same organ, it was most striking to observe the marked difference between the two diseases, pneumonia and bronchitis. This difference has reference to their causes, their symptoms, their physical signs, and their anatomical effects. Of course he spoke of the typical forms of the maladies; for he was ready to admit that cases occur in which the diseases may be mixed or in combination, so that we have a broncho-pneumonia, or pneumonia with bronchitis. But these cases are by no means so common as those of the pure diseases, in which their respective characters stand out boldly and distinctly as affections that cannot and ought not be confounded. The causes of pneumonia would be found to be those acting more generally and profoundly on the bloodvessels and blood than those which excite bronchitis. The latter might result from common chill or exposure to cold; but if the cold was intense or so long continued as to deeply disturb the circulation, as in prolonged cold bathing, or if after fatigue or exhaustion from other causes, or if combined with the operation of deleterious gases, then the great pulmonary plexus would be congested, and pneumonia would be the result. Some causes of pneumonia operate through the blood itself. Thus he might cite an experiment of Magendie, that of injecting phosphorated oil into the veins, and inflammation of the lungs was produced. So febrile poisons and the poison of the rattlesnake and of some fungi, operating through the blood, at once develop inflammation in the capillaries of the lungs, which constitutes a formidable complication in the operation of these deleterious agencies. In all these and similar causes of pneumonia we recognize influences which seriously and extensively affect the blood and its circulation, and develop their operation on the great blood purifying organ; and if we study the symptoms of pneumonia, we find the same evidence of profound and general impression on the system. The rigor is more marked and more constant than in any other inflammation, and was mentioned by Chomel and Grisolle as a symptom characteristic of pulmonary inflammation. Then follows an equally distinctive intensity of heat. How often when applying his ear to the back in examining the chest had he been struck by the feel of pungent heat in the patient's body—a heat often rising several degrees above 100° Fahr. So in sthenic cases at this period the face is flushed with the throbbing headache of fever; the skin dry; the urine scanty, dark, and without its normal saline matter, which is retained in the inflamed lung. And if to these symptoms we add a strong, frequent pulse, we have such a condition of inflammation, local and general, that it is no wonder that bloodletting should be trusted as the great remedy. He (Dr. Williams) had used it frequently in years long past, and with the best effects; but he admitted that of late years it was very rare to meet with a case in this state, and bloodletting was seldom called for. The flush soon gives place to pallor, and the pulse loses its strength and fulness, and assumes the liquid jerky character of a half-filled artery; the blood, in fact, being in great part arrested in the inflamed lung, and, therefore, not available for the general circulation. No wonder, then, that now an opposite treatment is called for, and that stimulants become the best remedy. And now, if we compare the corresponding symptoms in bronchitis, we shall find a marked difference. The rigor, if present, is less marked; the heat and flush are more transient, and less intense; the pulse, though frequent, has neither the strength of the first stage of pneumonia, nor the collapsing liquidity of the second. In extensive bronchitis it becomes small and frequent as the disease advances; and instead of the pallor of pneumonia from the arrest of blood in the lung, we have the purple lividity of the surface from the blood circulating in an imperfectly arterialized state. Again, the blood-stained expectoration of pneumonia is another token of its origin in a large and blood-filled capillary plexus, beyond the mere mucous secretion of bronchitis. Then, if we come to the physical signs of the two diseases, we find further evidence of their difference, even in the commencement. In bronchitis the signs are those of bronchial obstruction, more or less complete. Rhonchi attending inspiration and expiration, first lengthening both, subsequently shortening the former and prolonging the latter, with more or less diminution of the proper vesicular murmur. In pneumonia the first sign—the crepitation—comes at once from the vesicular tissue. There may be no general or bronchial rhonchi; but at the seat of the inflammation the fine crepitation comes out sharp and close to the ear at each inspiration, and so confined to the spot in the vesicular tissue of the lung that if you remove your ear to a spot an inch or two from it you cease to hear it altogether. Like vesicular respiration, it is heard only in the spot in which it is produced; and unlike tubular respiration and rhonchi, which are commonly heard to some distance. In the second stage of pneumonia the consolidation develops the tubular sounds of breath and voice, while in advanced bronchitis there are no such signs. In the naked-eye anatomical results of the two diseases we find the distinction equally marked. In bronchitis the lung is distended with air imprisoned in the obstructed bronchi; spongy and frothy on incision; and although parts are often much congested from weakened circulation and impaired aëration, yet this condition is not sufficient to supersede the air in the cells, and there are no signs of consolidation. In pneumonia, in the first stage there is still air in the cells; but the lung feels heavy, pits on pressure, and on incision exudes abundantly frothy serum or spumous blood. The transition to the stage of hepatization is marked by the gradual substitution of solid deposit for the air and part of the fluid previously present. Seeing, then, that bronchitis, the acknowledged affection of the bronchial arteries, so entirely differs from pneumonia in its whole course, could any further light be thrown on the subject by an appeal to microscopic anatomy? In his early attempts in this mode of investigation he (Dr. Williams) had been struck by the large size and number of blood-filled capillaries, even in the earliest stage of pulmonary inflammation; which forcibly suggested the idea that they were pulmonary, and not merely bronchial. Subsequent observers had come to the same conclusion; Dr. Waters being the most recent. Still this field was open to further investigation, which would be more conclusive than speculative reasonings on the subject. The attempt of Dr. Morehead to explain the development of pneumonia from a primary affection of the bronchial capillaries was ingenious, but far-fetched and wanting in simplicity. Why should not this very characteristic inflammation have its origin as well as its seat in the pulmonary capillaries?—which, conveying arterial blood, and backed by the force of the right ventricle, have in themselves all known capabilities of inflammation; while their intimate relation with the whole mass of blood in the body serves to explain much of those remarkable features which distinguish pneumonia from the common group of visceral inflammations.

Dr. Sibson said that he, like Dr. Williams, had some difficulty in following Dr. Morehead's paper. He gathered, however, that the author, while he considered that in pneumonia the bronchial capillaries were the primary seat of pneumonia, yet that the pulmonary capillaries were also affected with congestion and stasis, and that the air-cells were the seat of exudation. He in this respect coincided with the observations of the best recent pathologists. In a paper in the Provincial Medical Transactions for 1844 (p. 440) the speaker described the condition of the pulmonary vessels in pneumonia, from preparations in which those vessels were injected from the pulmonary veins. The pulmonary capillaries were much enlarged, irregularly swollen, and tortuous in the bronchial tubes entering the inflamed air-cells, which were filled with exudation; and it was very remarkable to notice the

abruptness with which the injection stopped short at the point where stasis was established. The rapidity with which the disease usually passed through its whole stages, from the first ushering in of inflammation to the complete restoration of the junction of the lung, was surprising. Active congestion, stasis, exudation into the whole of the air-cells, solidifying the affected lung, softening and conversion into pus of the exudation, its complete evacuation, and the readmission of air into the cells, the removal of stasis and reëstablishment of circulation in the capillaries, succeeded each other in steady progression, and in doing so occupied, on an average, only the short space of nine or ten days. The speaker owned that every time he witnessed these remarkable changes he was filled with wonder. It must be allowed that both the bronchial and pulmonary capillaries were affected in pneumonia, when it was considered that the bronchial vessels were distributed to the whole structure of the lung (bronchial tubes, connective tissue, interlobular structure, and pleura—structures which were all involved in the inflammation), and that they not only immediately adjoined, but anastomosed extensively with, the pulmonary capillaries. The existence of this anastomosis had been established by Ruysch, Haller, and Reisseisen, as well as by Guillot, Rossignol, and Adriani. The question as to whether the bronchial or the pulmonary capillaries were first affected in uncomplicated acute pneumonia would perhaps never be brought to the test of direct observation, owing to the difficulty of obtaining the lung at the earliest stage of the disease; it would therefore probably have to be decided by a process of reasoning. In some of what might be termed the marginal pneumonias the primary vascular seat of the affection could be fixed upon. Thus it could with precision be said that the disease commenced in the pulmonary capillaries in those cases depending on passive congestion, from obstacle to the flow of blood along the pulmonary veins, as in hypostatic pneumonia, and in pulmonary apoplexy, which differed from pneumonia in the character of the exudation (being almost pure blood, composed of fibrin and red corpuscles, with a few white; while in pneumonia there were, in addition, numerous exudation—white—corpuscles), and in the extent and kind of limitation, but agreed with it in the seat of the exudation, its stages, and the existence in many cases of pleuritic exudation superficial to the part affected with pulmonary apoplexy. In bronchitis, a subject to which the attention of the Society had just been called by Dr. Williams, the injections described in the paper alluded to showed that the pulmonary vessels were enlarged, tortuous, varicose, and looped on the inner surface of the bronchial tubes; the bronchial capillaries, which were superficial to the pulmonary, were also undoubtedly affected.

Dr. Salter wished, in the first place, to correct an erroneous impression to which, from some remarks that had fallen, the paper seemed to have given rise—viz., that the author meant in any way to confuse bronchitis and pneumonia, or to imply any connexion between them. What the author evidently meant was, not that in pneumonia there was any bronchial inflammation, but that true pneumonia, having the recognized symptoms, signs, seat, and morbid anatomy of pneumonia, might nevertheless be due to derangement, not of the pulmonary, but of the bronchial vessels. The anatomical question involved in the paper was a very interesting one—namely, the fact of communication between the two independent circulations—bronchial and pulmonary. The purpose served by these two coexistent circulations in the lungs (the nutrition of the lung-tissues with arterial blood and the carrying off of venous blood without its going to the left side of the heart) is such as to imply that there should be no communication between them. Such a communication, however, undoubtedly existed. But it had been shown by Rossignol and Adriani that the communication was such as not to involve a mixture of the bloods. Thus the bronchial arteries could be injected from the pulmonary veins, and the pulmonary veins from the bronchial arteries, in both cases the blood being arterial; but the bronchial vessels cannot be filled from the pulmonary arteries—that is, venous blood cannot get into the bronchial circulation. These observers had also shown that the mucous membrane of the smallest bronchiæ was also supplied from the pulmonary artery; and there was one circumstance, otherwise difficult of explanation, that this distribution satisfactorily explained—the fact, namely, that the production of slight asphyxial congestion by the shutting off of air, as for instance in asthma, was always attended with exudation and discharge of little pellets of bronchial mucus. The circulation in which engorgement was produced by the shutting off of air being the pulmonary, and not the bronchial, it would be difficult to understand how it should give rise to mucous exudation unless the pulmonary vessels had to a certain extent a bronchial distribution. But such being the case, the phenomenon was perfectly intelligible. He (Dr. Salter) thought that the author's definition of the inevitable seat of inflammation, based on the word "nutrition," gave to that word too narrow a signification. When inflammation is said to be a disturbance of nutrition, the word nutrition is taken in its widest sense, as standing for all those vital or other processes of which the capillaries are the seat. In relation to the arterial condition of the blood, there was not really that difference between pulmonary capillaries and other capillaries which had been supposed. No doubt the blood delivered to the pulmonary capillaries was venous, but it immediately became in them arterial, and in that state left them, so that while in the systemic capillaries it passed from arterial to venous, in the pulmonary it passed from venous to arterial, and was probably as much arterial in the latter as in the former; so that as far as the arterial character of the blood went, the pulmonary capillaries might as well be the seat of inflammation as any other.

SURGICAL SOCIETY OF IRELAND.—April 6.

Dr. WILMOT, President of the College, in the Chair.

TUMOUR ON PERICARDIUM CAUSING HYDROTHORAX ON ONE SIDE.

Dr. Benson said he had a morbid specimen to exhibit which appeared to him to be interesting in many points of view, its peculiar locality, its size, its structure, the age of the individual in whom it was formed, and more especially the symptoms and physical signs which attended it during life, all seemed to render it not undeserving the notice of the Society.

He would first read the case, as noted down by Dr. Benson, jun., and then make a few observations on it:—

L. J., a female, aged 16, had resided in the country, and was admitted into the City of Dublin Hospital on March 13, 1866, for a disease of the chest.

The patient stated that about a month previous to her admission she was seized with a dull pain in the left side of her chest, and in the shoulders, without cough or any other prominent symptom, nor could she refer the commencement of this uneasiness to any exposure to cold or wet. She continued in her situation as nursery-maid, going through her usual business for about three weeks subsequently, after which a medical man recommended her to come to Dublin for advice. There was then extensive and complete dulness on percussion over the whole of the left side of the chest, it having been found impossible to elicit a clear sound in any part of that side. Auscultation revealed no positive sign whatever. Mensuration enabled us to discover a difference of three-quarters of an inch between the circumferences of right and left sides, the latter being the greater. The intercostal spaces were bulged, and the parietes so tense and hard that it was with difficulty one could discern the ribs from their interspaces. The area of dulness extended beyond the mesial line, and

the impulse of the heart was felt about that same line, and somewhat lower down than it is in health. Very loud supplemental respiration was heard in the right lung, which appeared free from organic disease. Dyspnœa was not a prominent symptom, though the patient preferred the sitting posture rather than the recumbent.

The face was somewhat congested; the pulse was so extremely irregular, intermittent, frequent, and weak, that it was found impossible to count the beats accurately. The mean frequency, however, after several observations was considered to be about 100.

On the 14th, the day after her admission, she was ordered a blister, eight inches by six, to the left side and the following pills:—

℞ Pilulæ hydrargyri, gr. vi.
Pulveris scillæ, gr. iii.
Pilulæ coloc. cum hyos. gr. iii.

Fiat massa. Divide in pilulas tres sumatur una sexta quaque hora.

On the 16th, a blister, four inches by three, was placed under the left clavicle. Next day, 17th, upon auscultating the left side, we found no râles whatever, and but very feeble respiration in the upper and back part of the same side. There was very slight bronchophony of a peculiar ringing metallic kind, in that part of the left side where respiration was audible, but not having any of the ægophonic character.

℞ Potassii iodidi, gr. xxx.
Tincturæ opii ♏xxx.
Spiritus chloroformi, ʒi.
— ætheris nitrosi, ʒij.
Misturæ camphoræ ad. ʒviij.

Fiat mistura. Sumatur cochleare amplum tertia quaque hora.

On the 18th it appeared she had gotten a sharp attack of bronchitis from exposure to cold. The râles peculiar to this complication were audible all over the previously sound side, and slightly so in the diseased side. Some slight dulness was perceptible at this time at the back of the right lung. The dyspnœa, which was before but slight, now became formidable orthopnœa, the patient having to sit up in bed both by night and by day.

On the few following days of her life, she got brandy and various stimulants, was dry cupped, blistered again, &c. &c.

The bronchitic râles on the 21st were extremely loud all over the right side, and on the left they were audible, not only along the side of the spine, but could be distinctly traced outwards to a distance of six or seven inches from the posterior mesial line. The orthopnœa was this day very distressing indeed.

The 23rd the sufferer died.

Autopsy.—On opening the chest an immense quantity of clear serum escaped from the left pleural cavity, and a small amount from the right.

The left lung was found to be compressed against the spine, and carnified, and contained numerous very small abscesses. The left pleura was everywhere somewhat opaque and thickened, though perfectly smooth and without lymph or adhesions; but that part covering the pericardium seemed, at first sight, to be converted into a thick, fatty mass, with separate collops, somewhat resembling the appendices epiploicæ on the large intestine, but not so free.

Upon handling these masses, however, it became evident they were not composed of fatty material. Though of nearly the same colour as fat, they were much harder and less elastic, and were quite friable between the blades of the forceps. On opening the pericardium, a considerable quantity of bloody serum escaped from its cavity, and now a new and unexpected condition appeared. It was found that the pleura covering the anterior aspect of the apex of the pericardium, corresponding to the base of the heart, and the pericardium itself in that place, were converted into a dense mass of the same material as those collops spoken of above. This tumour measured about three inches in thickness, four in breadth, and five in length. It was conical, or rather wedge-shaped. Its base lay above at cervico-thoracic septum, and its apex, or the thin edge of the wedge, corresponded pretty nearly to the apex of the heart. The under surface of the tumour lay in close apposition to the upper or anterior aspect of the heart, which was somewhat displaced downwards by this growth, as well as towards the right side by the effusion. The heart itself was remarkably small, but not organically diseased. The tumour completely enveloped a part of the transverse portion of the arch of aorta, the upper half of the superior vena cava, and parts of the pulmonary and innominate arteries and veins, the left carotid, and left subclavian vessels, besides the anterior and lateral aspects of the thoracic portion of the trachea. This latter tube bore off from the œsophagus the *direct* pressure of the morbid growth, yet from its *indirect* pressure one might have expected that there would have been some dysphagia. Such, however, does not appear to have been the case. We should not expect that there would have been dyspnœa specially depending on any pressure on the trachea or bronchi, for the tumour has evidently been formed around these tubes, as also around the vessels in this neighbourhood, without exerting any pressure. At the upper part and left side of the tumour's base a fluctuating spot was detected, which, when cut into, was found to contain thick, bloody, purulent matter, having very much of the cerebriform appearance. The microscopic characters of this tumour were rather obscure. A thin section of it when placed under the lens showed itself to consist almost entirely of myriads of spherical corpuscles, smaller than pus or blood cells, each having one large nucleus in the centre, and very much resembling scrofulous tubercular matter, both as to size and general appearance. Though no cancer cells of any kind were visible, it was thought probable that the tumour was malignant in its nature.

Dr. Benson then proceeded to say that this morbid growth had been subsequently examined by Dr. John Barker, who thought it malignant, though he could scarcely say that there were cancer cells in it.

It appeared very strange that such a mass as this should have formed in that particular situation, and the symptoms connected with it were somewhat peculiar. This large mass had formed on the upper part of the pericardium, and there was no disease whatever of the pleura itself. The cavity of the pleura was enormously distended with a clear serous fluid, and the only change the membrane underwent was that blanched satiny appearance which the peritoneum gets in ascites. It was a case of hydrothorax then, and it was peculiar in some respects; hydrothorax was more generally met with on the two sides, and especially so if it depended on Bright's disease or any interruption to the circulation; so much so that the accumulation of a fluid on one side was given by some writers as a diagnostic feature by which empyema might be distinguished from simple hydrothorax. But a tumour might so press on the vessels on one side as to cause obstruction to the circulation to take place on that side only, and in that way one might have hydrothorax, as in this case, affecting only one side. The side was considerably enlarged owing to the quantity of fluid which accumulated in the cavity of the pleura. It was, therefore, plain that the distension of one side only does not prove that a disease may not be hydrothorax.

There were some other points of interest in the case; one was that the intercostal spaces were dilated and raised to a level completely with the ribs. This was so rare in cases of hydrothorax that Dr. Stokes, in his valuable work on "Diseases of the Chest," said he never saw an instance of it. He (Dr. Benson) had seen some instances, and in the present case it was remarkable. The enlargement was obvious even to the eye, and on measurement was three-quarters of an inch more than on the other side. The intercostal spaces were dilated and pressed out on a level with the ribs, disproving the explanation which Dr. Stokes gave of the puffing out or yielding of the intercostal muscles. Dr. Stokes stated what he considered to be the fact, that the

intercostal spaces were never pressed out to the level with the ribs, except where there was inflammation of the pleura, and he thought that this inflammation gave rise to paralysis of the muscles, and that they then yielded to pressure from within which they would not have done but for this inflammation of the pleura; yet here was a case where there was not any inflammation of the pleura, and yet the intercostal muscles had the appearance of being paralyzed and the spaces dilated. Another point was that the respiratory murmur was heard six or seven inches from the spine. The left lung was so pressed back to the spine that when examined it was found to be carnified. Though this murmur might not be easily accounted for, yet he supposed its occurrence was a fact every one had met with. It appeared to him that perhaps the sound was conveyed by the walls of the thorax, along the ribs. The lung was incapable of admitting air into its cells, and could only allow it into the larger tubes and very little there, and yet the respiratory murmur was heard six or seven inches from the spine. As to the nature of this tumour it was not likely to be malignant in a person so young as this girl, who was only 16 years of age. She did not show by her countenance any sign of the existence of malignant disease in her system. Her face was florid and congested; she was not at all emaciated; she was only ten days in the hospital, and had been, she said, not more than a month complaining before her admission. Her death was, obviously, not occasioned by any malignancy in the tumour, but by the hydrothorax to which it gave rise by its pressure on the vessels, thus totally depriving her of the use of one lung, while an acute attack of bronchitis rendered the other lung incapable of supporting life.

Mr. B. Wills Richardson read the following paper on the question as to the frequency of

ABSORPTION OF THE CRANIUM BY THE PRESSURE OF ORDINARY NON-CONGENITAL ATHEROMATOUS TUMOURS.

You may recollect, Sir, that during the debate upon Professor Hargrave's communication at the meeting of the Society on the 2nd of last February, it was stated by Mr. Symes that he had seen the cranium absorbed by the pressure of sebaceous cysts. As I thought absorption of the cranium by the common sebaceous cyst to be a very unusual circumstance, I ventured to ask Mr. Symes if he had ever an opportunity of verifying by post-mortem examination that ordinary sebaceous or atheromatous cysts usually caused absorption of the underlying cranial bone. It struck me on that occasion the fingers might be deceived regarding the exact site of the cups or depressions in which sebaceous cysts are imbedded, and that condensation of the scalp at the brim of the cup would give the sensation to the finger that it was of an osseous nature, and the surgeon might thereby be induced to believe the depression was actually in the bone, whereas it was in reality formed in the superjacent scalp. Within the last few days I had an opportunity of removing one of these cysts from the vertex, and found that it was lodged in a regular depression, with a tolerably hard margin. I ascertained, however, after the extraction of the cyst, that the depression was movable, for, on placing the end of one of my fingers in it, I could, with some trifling force, displace it backwards and forwards. If, then, Sir, I was not deceived in this manœuvre, it appears to me to be quite evident, that cup-like nests may be formed in the scalp for the lodgment of atheromatous tumours, and that it does not follow, if we feel depressions of the kind, that absorption of the cranial bone has taken place.

My friend, Mr. Fleming, took an opposite view to the one I raised regarding the *rarity* of absorption of the cranium by ordinary sebaceous cysts, and seemed to think that they frequently caused absorption of the underlying bone. And he not only stated so at the meeting referred to, but reiterated the opinion at a subsequent meeting after Mr. Stapleton had exhibited a tumour of the scalp which he described as having caused absorption, I believe, of the frontal bone. And, again, at the meeting of the 2nd of March, when he presented to the Society a small tumour which he described as an ordinary atheromatous tumour, and which he removed from a man far advanced in life, and who had the tumour about twenty years. So positive was Mr. Fleming that the cranium was absorbed by the pressure of that small sebaceous cyst that he offered to show the patient to any gentleman who wanted to satisfy himself as to whether tumours of this kind ever formed indentations in the skull, and he was most explicit in stating "they would find in this case a distinct cavity in the skull corresponding to that portion of the tumour which was bound down *in situ*. He begged to repeat that there were cases in which these tumours, distinctly atheromatous, caused, from the length of time they existed, an indentation of the skull. There could be no doubt but that this tumour was quite superficial to the periosteum and pericranium." If I am not in error, Professor Hargrave himself seemed to think that ordinary sebaceous cysts rarely caused absorption of the cranium; and, as well as I can remember, Mr. Collis and Dr. Wharton were of a similar opinion, and coincided with the view which I put forward.

It is scarcely necessary to observe that this question has resolved itself into a pathological one, and can therefore only be satisfactorily solved by pathology. We all agree that the cysts are frequently imbedded in cups or depressions on the head, the question being in what structure are they usually situated. Are the cups formed in the scalp alone, or in the bone, or in both these structures? In order, if possible, to collect evidence decisive of the question—whether ordinary atheromatous cysts usually caused absorption of the cranium—I placed myself, immediately after the February meeting alluded to, in communication with several gentlemen of well-known pathological experience, and who would therefore be most likely to throw light upon the matter. And I take this public opportunity of thanking the gentlemen to whom I wrote upon the subject, for the promptitude with which they replied to my queries. Dr. Barker, the curator of our College Museum, has informed me that there is no specimen in the Museum demonstrative of absorption of the cranium in the manner alluded to. It might be said that people do not often die from the effects of sebaceous cysts of the scalp, and therefore the rarity of such museum specimens. Individuals with these cysts, however, die of other diseases. Subjects, for instance, Mr. Macalister, the excellent demonstrator of anatomy in the school of the College, informs me, have been brought into the dissecting room here, in whose scalps sebaceous cysts existed, and yet the cranium was not indented by any of them. If I do not mistake, Dr. Mapother has seen similar cases.

If I may be allowed to theorize, the fact, Sir, that persons with sebaceous cysts of the scalp rarely die of them, may be used as an argument against their having the power to effect cranial absorption. Because, if cranial indentations are so frequent in the practice of others as in that of Mr. Fleming, it is difficult to understand when these tumours are multiple, why the brain should not occasionally suffer from the proximity of the mischief going on in the skull-case.

Mr. Timothy Holmes, the accomplished editor of the "System of Surgery," was so kind as to write to me to say that he had only "seen a few cases in which sebaceous or cystic tumours of the scalp have been *accompanied by* absorption of the cranium, and in these cases," he says, "the tumours have (he thought in all) been congenital, and not the common atheromatous tumour, so that it is impossible to say whether they had caused absorption of the bone, or had interfered with its complete formation, or had been developed in a part where congenital deficiency of bone existed."

The cases he could remember were but three. He assisted Mr. Prescott Hewett in removing a cyst from the corner of the orbit in a girl about twelve, and "which was found to pass through the roof of the orbit and lay in contact with the dura mater." Mr. Athol Johnson had, he

thought, "two cases at the Children's Hospital." The cups in these cases, he imagined, are formed in the bone of the skull itself. He also mentioned that there is in the Museum of St. George's Hospital a specimen in which there is a similar depression in the internal table of the skull from the pressure of a congenital cyst, which was included in the ossifying cranium.

In some other letters which I received from Mr. Holmes upon this subject, he mentions that "Mr. Hewett has notes of ten cases, in all; some congenital, others not." At all events, when we deduct the congenital ones from the number, assuming for a moment the remainder were ordinary atheromatous tumours, they afford but a limited support, indeed, to the opinion, that absorption of the cranium was a frequent consequence of the pressure of common sebaceous cysts. Mr. Holmes, I should here observe, wishes it to be understood that his opinion is the result of his own limited experience and not of any special investigation of the subject.

There is but one specimen I am informed by Mr. Flower, the curator of the College of Surgeons Museum in London, in the college pathological collection, in which perforation of the cranium was caused by the pressure of a sebaceous tumour. From the history of this case it appears likely to have been a congenital and not an ordinary sebaceous cyst. The specimen was taken from a girl, æt. 17, who was admitted into the Hôpital Necker, Paris, in November, 1842, under the care of M. Lenoir, with a small sebaceous tumour of the size of a walnut in the upper and middle part of the frontal region, a little beyond the roots of the hair. This tumour had been first noticed when the patient was *two years of age;* it was then very small, and its increase had been gradual. Some years back an incision was made into it, but the cyst was not removed. In cutting into the cyst, M. Lenoir found that it was lodged in a deep cup-like cavity in the frontal bone, to which it was very firmly attached. The whole cyst was, however, got out. Two days afterwards erysipelatous inflammation made its appearance about the scalp, and the patient sank on the tenth day after the operation. In this specimen the frontal bone was perforated. It was presented to the museum by Mr. Prescott Hewett.

If you bear in mind that this tumour was first discovered at two years of the patient's age; that it took fifteen years to grow to the size of a walnut, it is probable it was also growing for the whole of the first two years of the patient's life, and that it likewise was a congenital tumour. From the fact also of this specimen being a French one, and considered by Mr. Hewett worthy of being deposited in the London museum, I argue that absorption of the cranium by ordinary sebaceous cysts must be exceedingly rare, or this specimen would hardly have been deemed worthy of being imported from Paris. Be this as it may, it can hardly be called an ordinary sebaceous or atheromatous cyst.

The Edinburgh College of Surgeons Museum is as barren of specimens of cranial absorption by ordinary atheromatous tumours as our own and the London Colleges are; for Dr. Wm. Sanders, its Curator, took the trouble to search it carefully for me, but could find no preparation in it of atheromatous tumour of the scalp, causing absorption of the underlying cranial bone.

Mr. Savory of St. Bartholomew's Hospital, in London, writes to me that he could not find in the hospital museum any specimen of the kind I referred to.

Mr. Wilks of St. Thomas's Hospital obligingly searched the hospital collection, and states that they have not any specimen showing absorption of bone by sebaceous tumours, and considers the case I have mentioned to be very rare.

Mr. Spencer Cobbold tells me that there is not in the Middlesex Hospital a specimen of the kind I described in my letter to him; nor could he remember any such specimen in the Edinburgh Anatomical Museum of which he had the charge for several years.

Mr. Paget, who, I am happy to say, has quite recovered from his recent illness, informs me that he does not remember to have seen any cases of "ordinary atheromatous tumour of the scalp that caused absorption of the underlying cranial bone."

All the tumours of this class that he has seen imbedded in bone have been congenital cutaneous cysts, or, if not congenital, formed in very early life.

It would appear, Sir, if I may judge by the letter I am about to read, that French crania are as uninfluenced by ordinary sebaceous cysts as English skulls, and probably also most Irish ones. Although this letter is the last upon my list, I received it several days ago, but thought it better first to read all the English answers I could get to my questions, and wind up the correspondence with this most interesting note:—

"Paris, 16th March, 1866.

"Monsieur, honoured Confrere,—You ask me first if I have seen cases in which an ordinary atheromatous tumour of the scalp has caused absorption of the subjacent bone?

"2nd. If the cups or depressions seen in these cases, are formed in the bone or in the tissues which cover it, or if they are formed in both?

"This is my answer.

"1st. I have never seen cases in which an atheromatous tumour of the hairy scalp caused absorption of the subjacent bone. I add that is impossible, because these tumours are nothing else but cysts, which cysts have for their starting point the sebaceous follicles of the hairy scalp, and consequently always are developed on the side of the epidermic surface of the skin. The aponeurosis of the occipito-frontalis muscle is an obstacle which the cyst could not surmount; whereas, it finds an easy development on the side of the epidermic surface of the skin.

"2nd. The cases of absorption of the bones of the skull are entirely foreign to the cases of sebaceous or melicerous cysts of the hairy scalp.

"The fungous tumours of the dura mater can wear out the bones from the inside to the outside. The pressure which they exercise on the bones of the skull, the rising of the brain at each contraction of the heart, seem to me to explain perfectly the bony atrophy which sometimes goes as far as perforation.

"I beg you, Monsieur, and very honoured Confrère, to accept the assurance of my friendship.

"Cruveilhier."

A somewhat analogous cause of perforation, but from without inwards, I may remark, is occasionally seen. I allude to the destruction of the cranium from the pulsatile pressure of arterio-venous aneurism, originating in the scalp. And that it may be perforated by other tumours is well known to surgeons, and is also evident from some of the opinions and cases I have already alluded to.

I must now take the liberty of again reminding the Society that the question, whether absorption of the cranium is a usual result of the pressure of ordinary sebaceous cysts, has resolved itself into a purely pathological one, and therefore can be only conclusively decided by pathology. We all know that scalp sebaceous cysts may be lodged in cups or depressions, but we disagree as to the structure they are situated in. Mr. Fleming, as I before stated, took issue with me upon the subject, and remarked, when I raised the question, that he had frequently observed these cups in the bone. That opinion, he repeated at two of our more recent meetings, and on the last occasion was most positive, a small atheromatous tumour of the scalp, which he then presented to the Society, had caused absorption of the cranium. I do not for a moment doubt the accuracy of his observation, but I, notwithstanding, believe such a result must be extremely rare in the practice of others. As I have stated, this question can only be unmistakably decided by post-mortem examination, and therefore it is to be hoped that those gentlemen who believe that absorption of the cranium is a common result of ordinary atheromatous tumours will send the first specimens of this description they meet with to our

College Museum which does not contain a specimen illustrative of the point. When we see the specimens, I, and I am sure those gentlemen who think with me that this is a most unusual result of ordinary atheromatous tumours, will hasten to give full credit to the gentlemen who may send such interesting donations to the College. I am myself, however, so very dubious as to the frequency of absorption of the cranium by these atheromatous cysts, that it will require very unequivocal specimens, indeed, to induce me to change my opinion, and I will not be convinced that absorption of the cranium is a common result of ordinary non-congenital atheromatous tumours, or of tumours that are discovered so soon after birth that it is doubtful whether they are congenital or not, unless I see the tumours actually lodged in the depressions in the cranium. When a few such specimens are produced, I shall then, and not till then, admit that absorption of the cranium by ordinary sebaceous cysts is more common than I hitherto thought it to be.

Mr. Symes said that the patient, to whose case he referred some nights back, was a policeman, aged 19 years. The tumour was situated in the frontal region, and might be called an ordinary atheromatous tumour; whether congenital or not, he was unable to say, but it had existed for some years. He was perfectly certain he had his finger in that man's frontal bone, and he left some of the tumour in the cavity unremoved. Instead of benefiting the patient by the operation, he did him an injury, for he remained in the hospital for a long time in consequence of particles of the bone exfoliating, and he had some difficulty in getting him taken back into the police force. It was said these tumours were obstructed sebaceous ducts. He remembered seeing Sir William Fergusson taking a number of them from a woman's head, and Sir William on that occasion altogether denied that they were obstructed sebaceous follicles.

Dr. Fleming said if he had any idea that Mr. Richardson intended to bring forward such an elaborate paper on this subject, he should perhaps have been prepared with cases, many of which had come under his observation bearing on the question. The matter was hardly worthy the elaborate treatment it had received from Mr. Richardson. He (Dr. Fleming) merely stated some facts respecting cases he had treated, and he had no hesitation in repeating his former statement, that in many of these cases—he did not say in all—of sebaceous tumours in the scalp, there were indentations produced by progressive absorption of the bone. He thought there were special situations, such as that alluded to by Mr. Symes, in which this effect was more likely to occur than in others—that is, where from the site of the tumour it is more subject to pressure from without; for instance, in a situation where the hat or cap would produce some pressure upon it, he thought this pressure would have a tendency to produce a certain effect on the skull underneath. He was aware of more than two cases in which tumours existed of this description, and where indentations existed, and these tumours were not congenital and not subpericranial. They possessed diagnostic peculiarities by which they could tell that they were atheromatous, and most of them were movable, which would not be the case if they were under the pericranium. In the cases he had seen, the indentations might have been caused by pressure from without, but that they did exist he was perfectly satisfied. He had removed tumours from the temporal region. In that special locality there was a difficulty in placing these tumours under the class of atheromatous tumours (for their situation gave them a peculiar character); but in these cases also he had seen indentations, and on one occasion he assisted a gentleman (who was in the room) a short time ago and Sir William Wilde in removing one which was situated near the orbit. Unquestionably they were not subpericranial, and unquestionably they were indentations. The tumour which he removed the other day had existed for at least twenty years.

Dr. Hamilton said there were two distinct issues in respect to this question which Mr. Richardson did not appear to keep sufficiently separate; one was, whether it was a general rule for tumours of this kind to produce indentations in the skull; and the other, was it possible for them to do so? Every practical surgeon would admit that it was not a rule, but an exception to the rule, and he believed it did occasionally occur that indentations were caused by absorption of the tendon of the occipito-frontalis resulting from a peculiar condition of the tumour.

Mr. Croly said he did not think any of the surgeons with whom Mr. Richardson communicated said he had dissected scalps to see whether such indentations existed. This was a matter to be tested by actual examination and dissection of the scalp. They all knew that it was laid down in books of surgery that dislocation on the dorsum of the ilium was a result of hip disease, yet, as Mr. Richardson on a former occasion had shown, but few cases of the kind were to be found in museums. He thought it was not unreasonable to suppose that a slight indentation might occur in the outer table of the skull without the brain being affected.

Mr. Richardson—With regard to the observation of Mr. Fleming that this matter was not worthy of the trouble he had gone to, he would observe that he thought absorption of the bony covering of the brain well worthy of the surgeon's investigation. Mr. Fleming could scarcely forget that he himself made a special communication on the subject of absorption of the cranium by an ordinary atheromatous tumour on the last night of meeting. In reply to Mr. Croly, he would remind him that the gentlemen with whom he communicated on the subject had considerable pathological experience, and he was sure, if indentations of the skull were a common result of ordinary atheromatous tumours, they would have seen specimens of the kind. Mr. Croly seemed to misapprehend his argument regarding head symptoms in such cases. What he (Mr. R.) meant to convey was, that if absorption of the cranium was so common a result of ordinary atheromatous tumours that the cerebrum ought occasionally to suffer from the mischief going on in the bone, in cases, for instance, in which several existed in the same scalp, and in which cranial absorption ought to be extensive, according at least to those gentlemen who believe it to be a common occurrence. In answer to Mr. Hamilton, he would remind him that he commenced his paper by stating that he believed absorption of the cranium by ordinary atheromatous tumours a most unusual circumstance, and ended it with the observation, that when some few specimens of the kind were shown to him he would then admit absorption of the cranium by ordinary sebaceous cysts to be more common than he now considered it to be. This, it must be understood, was not a denial that it could not take place at all, but only that such must be very rare. Mr. Richardson did not consider Mr. Symes' case to be an ordinary atheromatous cyst.

The President stated he thought Mr. Symes' case a congenital one.

Exfoliation of portion of lower jaw after fever.

Dr. Grimshaw exhibited a portion of the upper jaw bone of the right side which had exfoliated immediately after an attack of fever.

OBSTETRICAL SOCIETY OF DUBLIN.

14th April, 1866.

Dr. HARDY in the Chair.

Dr. Atthill read a paper on

Inflammations of the bladder and vagina.

He stated that affections of the bladder were among some of the most distressing to which females were liable, and remarked that less attention had been paid to this subject by writers than to almost any

other, Dr. Churchill alone among authors having specially alluded to the subject. Dr. Atthill classed these affections of the bladder under three heads—namely, 1st, those in which inflammation of the mucous membrane of the bladder occurred alone as a simple and uncomplicated disease; 2nd, those in which inflammation of the bladder generally in a chronic form existed, but was complicated by some inflammatory or abnormal condition of the vagina or uterus; and 3rdly, those in which, while the patient referred all her symptoms to the bladder, that organ was healthy, the case being one of that class (termed by Dr. Churchill "reflex irritation of the bladder") in which the irritation of the bladder was caused and kept up by some unhealthy state of the vagina or uterus. The first of these forms being more within the province of the surgeon than of the obstetric practitioner, was on that account only briefly alluded to, one case being mentioned as remarkable mainly on account of the large amount of pus secreted daily for some time with comparatively little constitutional disturbance. This case terminated in perfect recovery.

In speaking of the second form, particulars were given of the case of a young unmarried lady who had been attacked more than eight years previously with acute inflammation of the bladder, but the affection having been either overlooked or neglected, it had become chronic, and the patient's life rendered a burthen from the distress caused by the constant desire to micturate. She was quite unable for several years previous to pass more than from an hour to an hour and a half with passing, or what was more distressing, straining to pass water, and this whether by day or night. The bladder having been examined proved not to contain either calculus or tumour; but pus being detected in the urine, Dr. Atthill determined to treat the case as one of chronic inflammation of the bladder, hoping that the inflammation of the vagina, which was also present, and which he thought was a secondary affection, would subside without his having recourse to special treatment for its cure.

The treatment pursued was the injection of the bladder twice a week with the following solution: Nit. arg., gr. x.; vini opii, gtt. xx.; aq. dist., ʒij. After a time the strength of this solution was doubled. The result was striking, the patient being able at the end of a month to retain urine for three hours by day and for five by night; but as the vaginitis did not subside the vagina had to be treated separately by brushing it over with a strong solution of nitrate of silver. At the expiration of two months from the time that treatment commenced this patient was enabled to return home in the enjoyment of great comfort. The treatment employed in this instance of injecting the bladder with solution of nitrate of silver was, Dr. Atthill stated, strongly recommended by the late Dr. Hutton in similar cases. The third form was dwelt on at some length. The most common cause of this distressing affection was stated to be, in the author's opinion, vaginitis—not the acute form, but the chronic varieties, which are frequently seen in practice, and which frequently cause great suffering. Vaginitis should always be looked for in such cases, as it is perfectly possible that its existence might escape observation should the practitioner be content with examining into the condition of the os and cervix uteri alone. Other causes of reflex irritation were also mentioned—namely, ulceration or excoriation of the os or cervix uteri, uterine leucorrhœa, and simple hypertrophy of the uterus.

The treatment recommended for vaginitis consisted mainly in the application through a small speculum of a solution of nitrate of silver, varying in strength from ten to thirty grains to the ounce. In cases, however, of extreme irritability of the mucous membrane of the vagina, the employment of Maunders's spray-producer, which throws the solution evenly over every portion of the vagina, was suggested.

A discussion followed, in which Dr. Churchill, Dr. Hardy, Dr. H. Kennedy, and others took part.

Mr. Wilson read a paper

ON THE OPHTHALMIA OF NEW-BORN CHILDREN,

and gave a brief historical sketch, in which he stated the earliest observation on the affection known to him was one by Albrecht, a German physician, in 1690. He also alluded to the writings of Dease, Ryall, Hugh Carmichael, Dr. Evory Kennedy, &c. &c.

The author, after detailing the symptoms and giving a description of the malady, explained the best method of examining infants' and children's eyes, and directed attention to the great danger attendant on an incautious examination. He believed the principal cause of the disease was leucorrhœa or gonorrhœa, but that cold draughts, sudden changes of temperature, and irritating substances might cause it. He did not believe either light or heat could give rise to it.

The chief part of the treatment recommended consisted in great cleanliness and ablutions, changing the patient to a different apartment, in severe cases clipping the chemosis, the application of astringent solutions, and of sulphate of atropia, &c. The author strongly condemned the liquor atropinæ of the British Pharmacopœia as being exceedingly irritating to the eye, and recommended in its stead the sulphate of atropia, which is soluble in distilled water.

A discussion ensued, in which Drs. Byrne, Cronin, and others took part.

THE SEAT OF THE RESPIRATORY PROCESSES OF COMBUSTION.

By MM. ALFRED ESTOR and CAMILLE SAINT-PIERRE.

M. Bert remarks, that when a warm-blooded animal is submerged, violent agitation of the body occurs, followed by a period of quiescence, with deep inspiratory movements; these diminish, then cease, and the animal, sometimes after a forced expiration, remains motionless. He dates the period of death from the commencement of this last period of quiescence. The sensibility of the animal is soon abolished, but the heart continues to beat for a variable period. The duration of life is scarcely in any way connected with the size of the animal. A rail, about the size of a thrush, retained life for four minutes thirty seconds, whilst immersion for one minute thirteen seconds, on the average, killed pigeons. Wrens, however, died in twenty seconds. Perhaps it may be stated very generally, that small birds are sooner asphyxiated than large ones. Violent movements accelerate death. A fowl, which remained very quiet, lived for four minutes forty seconds, though these birds usually die in three minutes thirty-eight seconds. The withdrawal of blood from the carotid artery or jugular vein of rabbits exercised no notable influence on their power of resisting asphyxia. No difference occurred between fasting and recently fed animals. Wounds and fatigue accelerated death. In an addendum to the preceding paper, M. Bert discusses the question, whether mammals, when plunged in water, draw the fluid into their lungs by aspiration? He gives the results of several experiments, and maintains that little or no water enters during the first period of submersion, when the animal is violently agitated, the glottis being then spasmodically closed; but that when fluid is found in the lungs, the quantity of which is very different in different instances, it enters during the second period, when loss of consciousness has taken place, and the animal makes some involuntary inspirations, the contraction and closure of the glottis sooner or later giving way. Much of the water that gains entrance may be absorbed by the pulmonary veins.

The conclusions at which MM. Estor and St. Pierre arrive are:

1. That the respiratory oxidations take place exclusively in the blood, and are not limited to any particular part of its course, continuing during the whole period of the passage of the blood from the lung till it arrives at the lung again.

2. That they are very active in the arterial system.

3. That the capillaries only augment the venous character of the blood by retarding its course.

4. That the respiratory processes of oxidation are progressive: that in the arterial system they are direct or indirect causes or consequences of reduction, whilst in the capillary and venous systems they are complete, extending to the destruction of the compounds..—*Robins' Journal de l'Anatomie* and *Brit. and For. Med.-Chir. Review.*

Reviews.

THE ELEMENTS OF PROGNOSIS IN CONSUMPTION; with Indications for the Prevention and Treatment. By James Edward Pollock, M.D., &c. &c. London: Longman, Green, and Co. 1865. Pp. 423.

This volume should have been noticed by us long since, but circumstances prevented our doing so. It is the work of an able and thoughtful physician, and its perusal will well repay even the experienced man. No one can have been long in practice who has not seen or known cases in which grave mistakes in prognosis have been made—that is, the patient, whilst labouring under phthisis, has been pronounced to be in such a state that his life could not last long, and yet, contrary to this deliberate opinion, they have survived not only for months, but even years, thus putting the physician and his practical skill in a very false position, and giving strong grounds to the non-professional public to sneer at medicine in general. We have known cases of this very kind, and it is to guard us against such mistakes that the present volume has been written, and it differs from any other work we have seen in the very elaborate way in which the subject is treated, for to each and all the several points discussed a separate chapter is given; thus the different stages of phthisis are discussed *seriatim*, and at great length, as also the many points which are known to influence the progress of the disease, such as age, sex, temperament, &c., and also the numerous complications, as they may be called, any one of which is capable of modifying, and in a very marked degree, the course, and above all, the derivation of phthisis. Several of the chapters, too, are illustrated by cases, detailed with great accuracy, and many under observation for years. We need scarcely observe that cases of this kind are of great value, as showing the changes in the physical signs from year to year, and so teaching us the natural history, as it were, of the disease. Nor are such cases easy to be observed. They need to be always carefully examined and noted at the time, and numerous circumstances tend to make us lose sight of them before their course is ended, and thus the many cases we have detailed in this volume are of the more value.

Nor has the author forgotten to avail himself of the assistance to be derived from statistics, for in each chapter we find numbers brought to elucidate the particular point under discussion, and when we recollect that he is attached to an hospital devoted solely to the treatment of phthisis, we can easily understand their value. We believe that statistics can aid every point connected with disease, except the treatment, and that a grave error has been committed by those who have attempted to regulate our practice by numbers. It has done much harm, and we might almost say that medicine has retrograded since statistics have come into vogue. Be this as it may, the chapters in this work in which they are introduced are most practical, whilst the numbers are so large as to give almost a certainty to the many questions discussed. We might, as an example, direct attention to the chapter on "Clubbing of the Nails," to which the author has given much observation; but we must refer our readers to the work itself for the details. And, again, in the chapter on "Age, as a modifier of the Course and Duration of Phthisis," will be found many important observations having a high practical value; but, in truth, all the chapters of the work are so valuable that we would be unable to notice them *seriatim*. There is, however, one chapter to which we must take exception—that in which the author speaks of gout and rheumatism in connexion with phthisis. He thinks that the latter especially is closely allied to phthisis, and gives a table of 142 cases, of which 49 had rheumatism before the phthisis showed itself. What form of rheumatism is not stated; but it does not accord with our experience in Dublin—we mean this connexion between rheumatism and phthisis. We believe, however, that rheumatism, especially of the acute form, is a much more common disease in London than Dublin, and this may in a certain degree be a cause of the difference. As to gout in union with phthisis, it must be very rare indeed. For ourselves, we look upon the two diseases as antagonistic, the one to the other. We believe if gout have declared itself that the chance of phthisis ensuing must be very rare; and, on the other hand, we have never seen an instance where gout declared itself in the course of phthisis; but gout, like acute rheumatism, is more common in London than with us in Dublin, and so the difference in our views may in part be explained.

In addition to the more usual symptoms of phthisis, and into all of which the author enters at length, we have also chapters devoted to the consideration of gastric symptoms, diarrhœa, fistula, &c. &c., as modifying the progress of the disease, and very valuable chapters these are.

The work concludes with several chapters devoted to the subject of treatment, arranged according to the stages, &c., of the disease, as also some valuable remarks on the prevention of the affection. We can heartily recommend the entire work to the notice of our readers.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, APRIL 25, 1866.

STATE VACCINATION.

It may be received as an axiom, that in order to make vaccination effectual in the eradication of small-pox, it ought to be universal, because if only a few persons are unprotected, they may receive the variolous infection and become the means of spreading the disease through the community. The data relating to the conditions under which the spread of small-pox may be arrested or encouraged, are now so well established as almost to deserve the name of scientific laws; and if a few persons are still found so ignorant or so prejudiced as to deny the value of vaccination as a preventive agent, they really deserve no more serious attention than those who would dispute the facts proving the rotundity of the globe or the principles of gravitation. The only objection to the performance of the operation of vaccination which deserves even a moment's consideration is founded upon the circumstance, that in a few cases out of many thousands or millions, children have exhibited on their bodies the marks of other cutaneous diseases besides those of vaccinia; but as it has been very truly explained, it is most probable that in such instances vaccination has only called into active existence a latent pre-

disposition which required some slight excitement for its development. The transmission of syphilitic disease by Vaccination, if it be really well authenticated, is at any rate a most rare occurrence, and the only wonder is, considering the great number of syphilitic children in existence, and the excusable ignorance of the fact in some cases on the part of the public vaccinators, that such cases do not occur. We do not, of course, deny that syphilis may be inoculated, and we have read of a few instances in France in which it appears that by some accident a syphilitic pustule was caused by vaccination, but the extreme rarity of such a circumstance (if, indeed, as we before observed, it ever occurred) really proves the general efficacy and safety of vaccination.

We regret to find that on the Select Committee appointed to consider the provisions of the New Vaccination Bill there is not one person, so far as we are aware, who practically understands the subject, and we can only hope that the Committee will avail themselves of the advice and assistance of those who do, and will turn a deaf ear to the wiseacres who pretend to a degree of knowledge they do not possess, and who make assertions the more recklessly as their ignorance is the more profound.

We wish that it were in our power to persuade the Legislature to remove the contract of vaccination altogether out of the hands of the Poor-law Board and their satellites, the local Guardians, all of whom are utterly incompetent to deal with or even understand the questions which must often arise in reference to the efficient performance of vaccination. What would be thought of a law which placed the regulation of the Navy in the hands of clergymen, or the affairs of the Church in the hands of the Horse Guards? And what earthly connexion can be proved to exist between the Poor-law Board and the performance of a sanitary operation intended for the prevention of disease? So far from there being a single reason for entrusting the superintendence of vaccination to the Poor-law Board there are a host of reasons against it. This Board has shown itself, and confessed itself, utterly incompetent to deal with the treatment of disease in the Workhouses, and what steps has it ever taken for the prevention of disease? Again, what necessary relation is there between pauperism and vaccination? It is absolutely essential that the very idea of pauperism should be banished from the minds of those who avail themselves of the services of the public vaccinator, and although the recipient of the benefit may be unable to pay a private medical man for the operation, he ought to understand distinctly that the acceptance of the favour involves no feeling of degradation. Vaccination is simply a public duty incumbent on the State and on individuals, and should be regarded in the same light as the franchise or any other institution sanctioned by the laws of the land.

The superintendence of vaccination should unquestionably be undertaken by the Government of a country, and the operation itself ought to be compulsory. In order to make it efficient, punishments must be not only devised but enforced in the case of those who refuse to submit to the law, and there is no more interference with the liberty of the subject involved in such a course than in punishing a man for doing any act injurious to the public health, or for evading the payment of a legalized impost. The Government of a free country does not hesitate to confiscate a man's goods, or to seize his person if he neglects or refuses to pay the taxes, and we cannot see why a man is to be allowed, without any punishment, to propagate a disease of a fatal and dangerous nature, by his obstinacy or his neglect.

We consider the whole system of vaccination in this country so unsatisfactory, and the remedies proposed in the recent Government Bill so inadequate to meet the existing evils, that we are not sorry at the delay of the measure. In the first place, as we have remarked, the Poor-law Boards ought to be entirely relieved from a duty which they are incompetent to discharge. They are disqualified by their ignorance of the whole subject of vaccination, although this ignorance is not culpable; but they are also disqualified by their inherent meanness and their love of jobbery, which prevent them from dealing with any matter involving scientific questions in a broad and comprehensive spirit.

Another great and palpable defect in all the arrangements made to promote universal vaccination is the want of inspectors to ascertain whether the operation is adequately performed, and whether the vaccinators are diligent and punctual in the discharge of their duties. All that the Poor-law Guardians do at present is to fix the rate of remuneration, and to appoint the vaccinators, and then to leave things to take their own course. The Boards receive the returns sent in from the different districts, but they take no pains to ascertain whether they are correct, and whether vaccination is carried out in the most efficient manner.

We desire in this place to express our decided opinion that no efficient system of vaccination can be adopted which does not involve the performance of the operation from arm to arm. We do not deny that in very many cases, dried or preserved lymph may be used with very great advantage and with perfect success; but we maintain that in order to keep up an adequate supply of lymph, and to ensure, as far as possible, from year to year, a thorough system of successful vaccination, it is necessary to vaccinate from arm to arm at regular and stated periods. We are writing from a practical knowledge of the subject, and we know the frequent disappointments and failures which occur from using preserved lymph, and which may almost certainly be obviated by operating from one subject to another.

Holding these opinions, we are also decidedly favourable to the appointment of only a limited number of vaccinators in each district, as it is only by keeping up

a regular series of vaccination cases from week to week that success can be uniformly secured. We are aware that many members of the profession think that every qualified medical man ought to be appointed a public vaccinator; but we regard this view of the case as a mistaken one. The remuneration for the operation (even if it were considerably augmented) could never compensate a practitioner who had only a limited number of cases in the year, while, on the other hand, it might fairly pay another whose cases were numbered by hundreds. To put the matter in what logicians call the concrete form, we consider a fee of half a guinea to a guinea quite little enough for an isolated case requiring in the first place a careful selection of a healthy arm at the due period of the maturation of the vesicle; next, the operation itself; then the necessary visits to ascertain the progress of the case; and the management of any collateral symptoms that may present themselves. But such a sum as that we have mentioned can hardly be expected, and cannot fairly be claimed by those who vaccinate children by the hundred, and whose trouble in attending a dozen cases is not much more than a private practitioner would have with a single case. It is also on many accounts desirable that a succession of children should be brought from week to week to some central spot, and the numbers thus operated upon would fulfil the double object of perpetuating the due supply of lymph and of remunerating the vaccinator.

As our remarks, however, are read not only by our brethren who dwell in cities and large towns, but also by those who are placed in wide and badly peopled districts, we are aware that the above remarks cannot have a universal application. In the highlands and islands of Scotland, for instance, vaccination can be performed often only on isolated cases; but notwithstanding the difficulty and trouble which must devolve upon the vaccinators, we are happy to learn that in this part of the British Empire vaccination is very efficiently carried out. The special reasons of this efficiency were ably pointed out by one of our correspondents in our last week's impression.

THE FELLOWSHIP OF THE ROYAL COLLEGE OF SURGEONS.

In opening our columns to the discussion of this question, and in the observations with which we started the discussion, we fully anticipated the course of the controversy, and we courted the inquiry for the purpose of eliciting the opinions of the profession in Ireland, and putting the Council of the Royal College of Surgeons in possession of the feelings of those most interested in the matter. Now that the effervescence of our correspondents has passed off, there appear various vested interests and contra arguments which cannot be adjusted without patience. We have in the field the old Licentiates, represented by Dr. Bewley and "A Militia Surgeon," who advocate their right to the Fellowship without examination, and we have the Fellows by examination whose views are enunciated by Dr. Hadden and "L.R.C.S.I.," upholding the special examination as the *sine qua non* for admission to the Corporate Body of the College. Thirdly, we have the gentlemen who hold extra collegiate qualifications, and think that they should be admitted to the Fellowship of the College by a year of grace without other restriction than a fee, the lower the better.

Each of these classes are sturdy in the defence of what they consider their rights, and fly to arms without sufficiently regarding the compatibility of their interests, and we refer them to a closer perusal of our own remarks in The Press and Circular for Feb. 7, for an antidote to any feelings of antagonism which they may experience. The Fellows of the College are very reasonably alarmed at a very unreasonable assumption, if they conceive that there is any probability of an indiscriminate opening to the rank which they enjoy. No such course has been thought of, nor, we believe, would the Council tolerate such a proposal without the unanimous assent of the Fellows. Practitioners holding other qualifications must regard their admission to the College strictly as a favour not as a right, and years of grace, are, as we think, an abuse of corporate privileges which, if tolerated at all, should be as a matter of expediency under some extraordinary circumstances. But the co-option of gentlemen already holding the diploma of the College—well tried and of high character—is a different case, and we cannot think that the Fellowship of the College would be degraded by their admission.

It is manifest that the Fellowship examination serves no good purpose. It does not protect the existing Fellows from association with ineligible persons, and it certainly excludes seventy-five per cent. of the class who it should be desired to attract to the College.

We repeat our former opinions:—

"The College should require in its Fellows social as well as professional position—education and experience for the dignified discharge of their duties, and without which their opinions can carry no weight—and unimpeachable honour and respectability to disarm suspicion of interested motives. For the possession of these qualities the present bye-law provides no security, and yet it interposes conditions which practically disbar the very men who possess them, and whom it would be most desirable to identify with the College. We neither hold that a newly-fledged Licentiate with ten guineas in his pocket and a knowledge of comparative anatomy, hot from the army examination, should be necessarily admitted, nor that a surgeon of perhaps thirty years' practical experience, but grown rusty in his "ologies," should be rejected, and any regulation which renders either course compulsory operates to the disadvantage of the College."

The proposal which we have put forward appears to us reasonable. Let young men, who are as yet untried by professional intercourse with their fellows and with the public, continue as they have done to win for themselves the first rank in their profession by examination; and let them sustain their right to consideration by giving proof of their talent and their assiduity. But let not men who have given as good security for the possession of such qualities by years of practical trial be refused

admission because they cannot enter by the same portal as their younger brethren. In a word, let us have in every case, good evidence of professional, moral, and social rank; and when such qualities exist, we are convinced the Fellows of the Royal College of Surgeons will waive their vested right in their earnest wish for the good of their College and in justice to their profession.

HOW SCOTCH PRISONERS ARE FED.

It is a common idea that in Scotland our prisoners are too leniently dealt with, and that their diet is both too good and abundant. And many people are of opinion that if the daily fare were restricted to articles of the plainest and coarsest kind, given in the scantiest measure consistent with the maintenance of life, our jails would be less crowded by those who care little for the restraints of imprisonment so long as they are provided with food and shelter. But they who entertain such ideas seem to forget that while the laws of our country provide for the punishment of crime, and the infliction of a just retribution on offenders, there is a higher rule which provides for the preservation of the health of our fellow-creatures, and whose enactments cannot be disregarded with impunity. It is the duty, therefore, of those in authority to see to it, that while they debar the criminal from everything in the way of diet which might be accounted superfluous or luxurious, they must at the same time furnish him with food in such quantity and quality as the requirements of health demand. In order to arrive at safe and satisfactory conclusions in regard to the best dietary scale for Scotch prisoners, an investigation was instituted some time ago, and the results of that inquiry have just been made public in a report on the prison dietaries in Scotland, printed by authority of the managers appointed under the Prisons Administration Act of 1860. The Commissioners furnish us with much information of a very interesting and important character, and the conclusions they have come to appear to be drawn with the greatest precision and care. The fact, that all the prisons in this country, the local prisons as well as the general prison for Scotland, are under one code of rules with respect to diet, has greatly facilitated their labours, and renders their deductions more reliable and correct.

The distinctive feature in our Scottish dietary tables, as compared with those of England and other countries, consists in the prominence given to certain articles of food—viz., oatmeal and milk, and we are glad to see that the Commissioners agree in their opinion as to the nutritive value and cheapness of this national dish. It has often been a subject of wonder, especially to Englishmen, how our farm servants are so hardy and healthy, and so capable of enduring continued labour, on what they consider such poor fare as porridge and milk; but they forget that modern scientific research has proved that milk and oatmeal provide an amount of nutriment at least equal and generally superior to that furnished by the diet of the majority of English labourers. And what is good for farm servants and labourers must of necessity be good for prisoners. But it is chiefly to an abundant supply of milk that the Commissioners attach special importance, and they believe that it is this that lies at the foundation of the success of the dietaries in present use. In most districts of Scotland a good supply of milk can almost always be obtained, and the Report says that it is now found that when a prisoner begins to droop and fail in health, a small extra allowance of this article sets him up better than anything else; and it further states that at one time the withdrawal of milk from the dietary was attended with serious mischief and extensive epidemic disease. Then, again, it has been found that in all cases of short-sentenced prisoners the use of milk enables the authorities to dispense with the expensive article of butcher meat, and this must prove a considerable saving to the country. With regard to the effects of the diet at present in use in the prisons of Scotland on the health of the prisoners, this Report yields the most satisfactory information, and we find that the diseases which previously prevailed on account of defective nutrition have during the past ten years entirely disappeared. The amount of sickness, too, has been reduced from 65 to 45 per cent., and the death-rate, notwithstanding the substitution of long imprisonment for transportation, has fallen from 1·41 to 1·15 per cent., while the number of diseases contracted after admission to prisons has also decreased from 27 to 15 per cent. Such results are most gratifying, and reflect the greatest credit on the wisdom and sound judgment of those who framed the scale of diet now in use.

The Commissioners bring out another important point which distinguishes the Scottish system as contrasted with that of England as regards the quantity and the cost of provisions. They find that the same amount of nutritive food is furnished in Scotland at much less expense than in England; while in the Scotch convict dietaries the probationary class have 18 oz. more real nutriment at less cost than the English convicts of the same class.

While expressing their approval generally of the system of diet at present in use, the Commissioners, after very careful and full consideration of the subject, have felt it their duty to suggest some alterations, and they propose that the following reductions should be made:—In the local and county prisons it appears that the food supplied to each prisoner is adequate generally for males, and more than adequate therefore for females and juveniles under fourteen years of age. While making no change in regard to the diet of the men, they propose to reduce the amount of food furnished to women and children, and we think this alteration is proper and judicious. Then in the general prison at Perth it is proposed to reduce the quantity of butcher meat supplied to female convicts in the reformatory classes, as well as

the amount of oatmeal porridge on three days of the week; cheese, however, is to be added, to the extent of 4½ oz. weekly. This change is founded upon the surplus returns of the food supplied on the days specified in the Report, and if carried out, will effect a saving of about £250 a year in the general prison alone.

In a few of the prisons it is found that milk cannot be got in sufficient quantity, and treacle-water is substituted; but it is found that under this fluid prisoners lose flesh and weight. The Commissioners, therefore, recommend that when milk cannot be procured, 4 oz. of cheese, or an addition of 6 oz. of oxheads, should be made to the broth or soup daily.

It is curious to observe from the Report that in some local prisons potatoes, which are well known to possess antiscorbutic properties, are never given, the only reason being that the cooking of them gives too much trouble. This is a paltry excuse, and the Commission advises that this vegetable should be given in all prisons during the potato season. Upon the whole, a perusal of the interesting information collected by the Prison authorities shows that at the present time the dietary of Scotch prisons is in a most satisfactory state, and as near perfection as could possibly be desired. It is proved by this enquiry that the system followed in this county is attended by the most beneficial results as regards the health of the criminals, and that it is also a more economical one than that acted on in England. Such an investigation is of great importance, and the results, as ascertained by the Commissioners from the most precise and accurate data, show that the scale of diet allowed to our prisoners is both scientifically and practically correct.

CLINICAL LECTURES.

We publish to-day an important and valuable lecture on "Fever," delivered by Sir Dominic J. Corrigan, Physician to the Queen in Ireland, introductory to a Fever Clinique, which is about to be delivered in the Richmond Hospital. This lecture, from the pen of the first authority in Ireland on fever, will be followed by essays on the same subject by Dr. R. W. Lyons, Physician to the Whitworth Hospital; Dr. Gordon, Physician to the Richmond Hospital; Dr. Banks, Professor of Practice of Medicine; and Dr. McDowel, Professor of Anatomy and Physiology in the University of Dublin. We hope to publish this valuable series of lectures as they are delivered.

We have also in type a communication from Dr. Duncan, Physician to the Adelaide Hospital, on "Gout," which we are compelled to postpone till our next issue, and we hope to publish shortly a series of essays on Clinical Surgery by John Hamilton, F.R.C.S.I., Dr. Geoghegan, and Dr. Hayden.

We are enabled to give to-day a communication from Mr. Barwell of the Charing-cross Hospital on "Distortion of the Hand," which we hope will be shortly supplementalized by communications from Mr. Gascoyne.

Notes on Current Topics.

THE ARMY AND NAVY MEDICAL OFFICERS.

It will be recollected that we warned our Military Medical brethren, especially those of the Army, a few weeks ago not to be too sanguine that all the Recommendations of the Select Committee lately appointed to report on the pay, rank, retirement, &c., of Army and Navy Medical Officers, will certainly be adopted. We also expressed our opinion that in all probability the concessions would be made in the case of the Navy, but that it would be necessary to make a new estimate of expenses to the House of Commons. Our predictions have so far been fulfilled, for we learn that the recommendations of the Committee will be acted upon by the Admiralty, and that a supplemental estimate, necessitated by the proposed augmentation of pay, will be submitted to the House of Commons. No intimation has yet been given of the decision of the authorities at the Horse Guards, at which, after the doubts we expressed, we are not surprised. The Council of the College of Surgeons of England, however, in anticipation that the whole of the recommendations will be carried out, passed the following resolution at their last meeting:—

"That the Council, in acknowledging the receipt from the Secretary to the Admiralty of the report of the Committee appointed to inquire into the whole question of the rank, pay, and position of the Medical Officers of the Army and Navy, beg to express to the Lords Commissioners of the Admiralty, the Secretary of State for War, and his Royal Highness Commanding-in-Chief, their cordial concurrence in the recommendations contained in that report, and their belief that those recommendations, if fully carried out, will obviate the objections at present felt to entering the Medical Service of the Army and Navy.

"That the Council further desire to express their opinion that the adoption of these recommendations will induce a better educated class of medical candidates to seek admission into these services than hitherto, and will thereby tend to promote the health and efficiency of her Majesty's Military and Naval forces."

It may be premature to assume the certainty of adoption of all the Recommendations of the Commission, but if they should become the basis of future arrangements, we think the claims of the profession will have been liberally and honourably met. Nothing is more powerful in the furtherance of the demands of the profession than strict moderation, nor can there be any course more injudicious than to ask for what is manifestly unreasonable, or to show dissatisfaction with just and equitable concessions. We cannot think that Army Medical Officers as a class have, under the Recommendations of the Commission, cause for grumbling, and we shall regret if the advances of the War authorities towards a reconciliation with the profession be met in an ungenerous or over-fastidious spirit.

THE ANATOMICAL MUSEUM "NUISANCE."

Another case illustrating the frauds inflicted upon the unwary portion of the public is reported in our legal intelligence of the present week. The plaintiff was a farm labourer, and the defendant is said to be the proprietor of an Anatomical Museum in Oxford-street. The story is an old one, and by changing the names, it might be regarded only as a reprint of many another transaction of a similar character. The victim enters the museum, he imagines that he is ill, he is persuaded to pay guinea after guinea, or

rather to give round sums varying according to the rapacity of the quack and the length of the countryman's purse, and the result is that instead of an imaginary diseases being cured, a real one is established. In the present case it appears that the miserable "patient" was violently salivated by corrosive sublimate, although his illness, if he had any, was a very slight one. No defence was made to the action, and the jury gave damages to the extent of £60. As far as the bare justice of the matter goes, perhaps in this instance, the result is satisfactory, but why, we emphatically ask, are these museums and their accompanying knaveries allowed to exist in the heart of the metropolis, which does not allow the small dealers in indecency to escape without punishment? It must be recollected that a person holding himself out as a qualified medical man at one of these filthy dens is never interfered with by the law, and it is only when some victim has the commendable boldness to come forward and bring an action, that the whole system of fraud and iniquity is unmasked. Surely this case shows the utter inefficacy of the Medical Act as it at present stands, and the urgent need of some further legislation.

THE POOR-LAW BOARD AND THE WORK-HOUSES.

In answer to a deputation which lately waited upon the President of the Poor-law Board to convey to him the resolutions passed at the public meeting in Willis's Rooms, that functionary announced that the Board was about to *make an inquiry* into the alleged imperfections of the Metropolitan Workhouses as receptacles for the sick poor. Now, if the workhouses were like the prisons in the time of John Howard, or like some of the lunatic asylums at the beginning of the present century, without any national control or supervision, the statement could be received with satisfaction. But the Poor-law Board *knows all the facts already*, as it is invested with an absolute and irresistible power to visit all work houses and to report upon their condition; and it has made use of its power, and possesses abundance of reports as to the inefficiency of the arrangements. It is perfectly true that there are certain parishes within the Metropolitan District which are not yet strictly under the immediate control of the Board, but are governed by local acts; still they are all practically under the government of the Board, which visits them all, and could enforce its regulations upon all, if it thought proper to do so. But we deliberately affirm that until a very recent period the Board has actually shielded the local Boards, even when it knew that they were open to the severest censure, and that with full and ample knowledge of abuses and defects it has refused even to institute investigation. The Poor-law Board has systematically neglected the interests of the sick poor, and has most cruelly ill-treated the Poor-law Medical Officers, who are the only friends to the patients. Mr. Rogers of the Strand Union, very justly observed at the recent deputation that the inquiries instituted by the Board were inefficient; but he also observed that he spoke in jeopardy of his position. In truth, the Medical Officers dare not speak out, under fear of dismissal; and the Poor-law Board, with a truckling and cowardly policy, which does them infinite discredit, would willingly allow a medical man who fearlessly did his duty, to be sacrificed, or perhaps ruined, by the local Guardians. We have no confidence in the so-called "inquiry" to be instituted by Mr. Farnall and Dr. Smith. The former has almost always made some subordinate person a scapegoat; and as to the latter, whatever may be his talents (and they are considerable) and his firmness of purpose, now that he is tasting the sweets of office he will probably fall in with the miserable policy hitherto pursued by the Board. We hope that our predictions may not be realized; but when the Poor-law Board offers us any benefits we may say, *Timeo Danaos et dona ferentes.*

TRANSMISSION OF SENSE AND VOLITION.

On Friday last M. Emile du Bois Raymond delivered a lecture on this interesting and apparently unfathomable subject at the Royal Institution, and performed a number of very remarkable experiments in demonstration of his views. M. Raymond likened the nerve system to a series of telegraph wires, the transmitting agent being, however, different from electricity in being arrested by a ligature on the nerve. He showed that the transmission of sense was not by any means instantaneous, for the eye could not estimate any less interval than about the tenth of a second. The instrument by which M. Raymond calculated the velocity of transmission of electricity through nerves consisted in a lever attached to the extremity of a fixed muscle in such a way that the moment the muscle contracted the current was arrested. The following table of velocity was exhibited:—

	Millimètres in one second.
Electricity	464,000,000
Light	300,000,000
Sound in iron	3485
,, water	1435
,, air	332
Cannon-ball	552
Wind	1—20
Eagle's flight	35
Greyhound or racehorse	25
Nervous agents	26—30
In throwing a stone 24 in. high	21·9
Muscular contraction	·8 = 1·2
Arterial wave	9·25

POISONING BY WATER-HEMLOCK.

Dr. Lender relates a case in which three boys ate of the roots of water-hemlock. In one vomiting set in, by which further symptoms were prevented. The second, who had eaten but little, vomited after some time, and became faint and unconscious, but had no very severe symptoms. The third, who had eaten most, vomited in about an hour; he became insensible and convulsed generally; his respiration became stertorous, and water, tinged with blood, flowed involuntarily from his mouth. Death followed, about three hours after the first appearance of the symptoms. At the post-mortem examination the vessels of the brain were found to be remarkably full of blood; there was about an ounce and a half of bloody serum in the pleuræ, and a singular effusion in the pericardium. The costal pleura was injected of a bright red colour; the lungs were hyperæmic, and the trachea and bronchial tubes were injected, of a bright red, and contained reddish mucus. The mucous membrane of the stomach and duodenum was of a dirty dark-red colour, but with spots of injection; the liver, spleen, kidneys and pancreas, were hyperæmic.—*Vierteljahrschr. fur Gericht. Med.* and *Brit. and For. Med.-Chir. Review.*

A separate department has been formed for the transaction of business relating to the cattle plague. Communications on the subject to be addressed to Colonel Harness, R.E., C.B., Cattle-plague Department, 7, Westminster Chambers, Victoria-street, S.W.

Correspondence.

☞ We are not to be assumed to agree with the views of our Correspondents whose communications we insert for the purpose of affording opportunity for the enunciation of all shades of opinion in things medical. Our revision of letters is, therefore, confined to the removal of statements or expressions which we consider unsuitable or irrelevant to the subject in hand.

POOR-LAW MEDICAL REFORM AND VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Permit me through the medium of your columns to say a few words on the subject of the Vaccination Bill, which most of your readers are now aware has been referred to a Select Committee of the House of Commons. A Member of Parliament, in writing to me on the subject, said, "By this morning's papers you will see the fate of the Vaccination Bill, which had not a single friend in the House." Yet this very Bill had passed a second reading without a single word being said against it, proving most incontestably that the check given to a Minister of the Crown is due to our profession, and in no small degree to our Association, which, so far as I know, was the only body that sent a pamphlet on the subject to each Member of Parliament. I have written to the Select Committee requesting to be allowed to give evidence, and I trust other gentlemen will do likewise.—I am, &c. Richard Griffin.

List of subscriptions recently received:—

Ellerton, F. C. G., Tadcaster, 5s.; Andrews, O., Monmouth, 10s.; Woollett, J. M., Monmouth, 10s.; Paget, James, Harewood-place, Hanover-square (not union), £2 2s. By Mr. Prowse:—Cresswell, R., Merthyr Tydvil, 10s.; Wyman, W. S., Dunmow, 10s. 6d.; Thompson, A. B., Epping, 10s. 6d.

THE IRISH COLLEGE OF SURGEONS—THE CASE OF THE OLD LICENTIATES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is by no means surprising to an oldster like me to find that your comparatively juvenile correspondents, Dr. Hadden and "L.R.C.S.I.," should attach an overweening degree of importance to the dignity of the Fellowship of the College of Surgeons in Ireland. Constituted as the College now is, there is, doubtless, a very marked difference between the rank of a Fellow and of a Licentiate who has obtained his diploma subsequent to the year 1844. Since the period when the Government unfortunately deemed it expedient to authorize the College to confer its license on men *not qualified by education or knowledge* to be Fellows, it is perfectly intelligible that modern Licentiates should experience a mortifying consciousness of inferiority, social as well as professional, when they compare their position with that of their more fortunate brethren; and therefore it is no wonder that spirited and sensitive men, as Dr. Hadden and "L.R.C.S.I." appear to be, should indignantly repudiate "the sale of Fellowships," or that the latter should impetuously exclaim, "I would not hesitate one moment to pay even forty or fifty pounds for the Fellowship, provided I was certain it will never altogether become a question of £ s. d." Under existing circumstances, this is a most commendable exhibition of wounded pride. "L.R.C.S.I." being probably a man of superior acquirements, and aware that "a strict and searching examination" would prove his indubitable right to the lofty honours of a Fellowship, naturally feels his position as a Licentiate to be both galling and derogatory, and perhaps is even convinced that worth should make the Fellow.

But your correspondents are, in my opinion, altogether in error as to the reason why so inconsiderable a number of the old Licentiates should have sought for or accepted the Fellowship of the College. To explain the true cause intelligibly, it will be necessary to refer to the history of the change which took place in the constitution of the College in 1844, and this I shall endeavour to do as briefly as possible.

Before that year the College consisted of "Members" and "Licentiates," the former being the governing body—in an executive as well as in a legislative capacity—there being no "Council" in those days. No candidate for "Letters Testimonial" was admitted to the *license* of the College unless he were qualified for the *Membership* also; and this qualification was duly recorded on the face of every diploma, no further examination being deemed necessary. Herein consisted the grand distinction between the old system and the new. The public had full assurance that nobody obtained the sanction of the College to practise as a Surgeon until he had satisfied a Board of Examiners, composed of the *élite* of the profession, that he was fully qualified for the highest position which the College could bestow. And to this fine old system is to be attributed, *me judice*, the high degree of estimation in which the College was held for so many years. Under the same fine old system Ireland could boast of such contemporary men as Colles, Crampton, Cusack, Wilmot, Jacob, Carmichael, Peile, Read, Kirby, Porter, and a host of other stars of almost equal brilliancy; whilst the humblest Licentiate honestly believed (and not without reason) that he was a scion of the most respectable Medical Corporation in the world. Then came the fatal blunders of 1844. "The sale of Fellowships," as your correspondents designate the transaction, was one of those blunders—sad and humiliating enough, no doubt, though it had some redeeming features too. But time, *edax rerum*, has well nigh obliterated the evil consequences of this step in the wrong direction; and so I pass it by for the present, merely reiterating my conviction that it was by no means the principal cause of the notorious disinclination of the old Licentiates to countenance the proffered Fellowships. The real cause lay deeper—namely, in the deterioration, if not in the destruction, of the high character of the College itself, coupled with a certain personal slight, to which I shall presently allude.

I have said that under the old system the College consisted of Members and Licentiates, and that no man could become a *Licentiate* until he had proved himself, by education and examination, fully qualified to be a *Member*. By the constitution of 1844 the designation of "Member" was abolished, and that of "Fellow" substituted in its place, whilst the designation of "Licentiate" was retained unaltered. This was a far more serious blunder than the "sale of Fellowships." If the pristine relation of the two ranks had been retained—that is, if there had been a single and uniform qualification for Fellows and Licentiates, little mischief would have been done. But when it was announced that for the future there were to be *two* distinct classes of Surgeons turned out of the Examination Hall—one a superior article, the Fellow; and the other an inferior article, the Licentiate—all the pride of the old Licentiates in their College became a thing of the past, like an unpleasant dream. Ichabod! the *prestige* of the College was gone, its glory had departed, and its most devoted sons were covered with shame and confusion of face.

I may be told that this was a case in which *the public* was the aggrieved party, seeing that the confidence of the public in the College was abused by the grant of its license to persons *not fully qualified*. Unquestionably the public had abundant reason to complain if it understood the merits of the question. Unhappily, however, the public has always been content to remain profoundly ignorant of medical affairs that do not immediately concern its own interests, and accordingly on this occasion it was silent and submissive

Again, it may be objected, granting that this fundamental change in the constitution of the College was injurious, and calculated to weaken, or even to destroy, the interest felt in its reputation by the old Licentiates, surely the old *Members* were equally aggrieved. Not *equally* by any means, though I have reason to know that many of the most distinguished men in the profession highly disapproved of the change, and keenly felt the injury which the character of their College had sustained. Others may have been partially reconciled to the new *regime* by the somewhat selfish consideration that their *status* in the College was unaltered, inasmuch as "Members," by a mere stroke of the pen, were converted into "Fellows." Some may have been tickled by the new title, and have fancied themselves on a par with Fellows of T.C.D.; and others, again, of a strong anti-democratic tendency, may have approved of the measure, especially as it afforded them a prospect of a seat in the new governing body, the Council. Be that as it may—and even allowing that the *sentimental* grievance was equal as regards both classes—there was a *personal* grievance, which peculiarly affected, and still affects, the old Licentiates, or perhaps I should say the remnant of them, for many have gone to their rest.

The College of Surgeons, by the charter of 1844, virtually pronounces its new Licentiates to be what I have termed, for want of a better phrase, an inferior article; and I am guilty of no disrespect in recording a patent fact. I cheerfully admit that many of these gentlemen are as liberally educated, and as fully competent to practise their profession, as many of the Fellows—the superior article; still it is a fact that the College has placed upon them the stamp of inferiority. Their acceptance of the position is, I willingly acknowledge, no affair of mine; and I urge no objection against that which may have been a matter of necessity as well as a subject for regret. But I do object to a personal slight offered by the College authorities to the old Licentiates in placing their names in the same list with those of the new creation, thereby leading the public (as well as the uninformed portion of the profession) to infer that the men who, by the solemn act of the College, have been declared *equal*—as far as education and knowledge are concerned—to the Fellows (or Members), are in reality only fit to be classified with those whom the same College (would that it were in truth the same!) declares to be *inferior*. I cannot believe that this slight was designed as a deliberate affront to the old Licentiates, or that it was perpetrated with the sordid view of inducing them to pay the price of a Fellowship. It may have been merely an oversight; in charity, let us suppose this to have been the case. But even with this charitable supposition, it was not, and is not, pleasant to the old Licentiates to discover that their interests should be overlooked and their feelings disregarded. The oversight—if oversight we must call it—was, I firmly believe, the means of severing the last link of affection which bound the old Licentiates to the College of their choice. Owing, in a great degree, to this sense of alienation, many of the old Licentiates—I believe a vast majority—have provided themselves with diplomas from other medical bodies; and when in 1859 the King and Queen's College of Physicians admitted to examination the Licentiates of the Irish College of Surgeons, with others, at a reduced fee, the opportunity of acquiring an additional and (as it was believed) a more creditable qualification, was eagerly seized by a considerable number of the survivors of those who had been sufferers by the fatality of 1844.

Your correspondents, Dr. Hadden and "L.R.C.S.I.," must have been ignorant of all these details, or they could not have contemplated the project of requiring the old Licentiates (previous to 1844) to undergo another examination in the event of their seeking the Fellowship of the College. This is a contingency, however, which is hardly likely to arise, for the reasons stated above.

If I am correct in the opinions which, as an "old Licentiate" of more than five-and-thirty years' standing, I have ventured to offer on the present constitution of the College of Surgeons, it only remains to devise a plan by which the former high position of the College may, in some degree, be restored. But this is a task which I must leave to wiser and younger heads than mine. Perhaps a step in the right direction might be taken by reviving the practice of a uniform examination for Fellows and Licentiates, letting the public clearly understand that no candidate shall obtain the diploma of the College until he has proved by a sufficient examination that he is qualified for the Fellowship. This reform should, of course, be supplemented by the restoration of election to the Fellowship, the Fellows to retain the privilege of appointing the Council and other officials of the College. As to the possibility of reclaiming the residue of the old Licentiates I am not very sanguine, nor is it a matter of much consequence, as in a few short years the last of them will have passed away. Certainly, the bait of the Fellowship for twenty pounds (as suggested by one of your correspondents), even without the formality of an examination, will not have the effect of catching them. The same offer was made for half the sum in 1844, and the abortive result is now a matter of history.—I have the honour to be, Sir, your obedient servant, ED. BEWLEY.

Edington, Clara, 14th April, 1866.

THE ARMY MEDICAL SERVICE.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—I beg to enclose you an extract from a letter received from a friend of mine, who is a Staff-Surgeon, and should you deem it worthy of a place in your columns, you will oblige me by inserting it in your next issue. I have three sons, and am in a position to educate them and give them their choice of a profession. I always looked forward with pleasure to the hope that they would adopt the Army Medical Department; but I must confess that I am so disgusted with the service, from the truthful picture here pourtrayed, that my ideas are completely revolutionized. I trust that it may be a warning to youthful aspirants for army medical honours, until a better state of things exist in that important arm of her Majesty's service.—Faithfully yours, AN M.D. AND J.P.

April 19th, 1866.

P.S.—The letter contains far more painful details, but I suppress them, from a feeling that their exposure would be *humiliating to the profession.*

"I am glad to see the profession (civil) are making a move to improve their social standing, by improving their course of education, &c. I do not know what they (the authorities) are to do about us; they must make it much more remunerative, and remove even the shade of objectionable regulations, to keep good men. It is a good school for a youngster for a few years, if he gets a good station, *but no career.* It is bad pay for a poor man; and a rich one is a fool if he stays in it, to spend his time in Bermuda, Barbadoes, Singapore, China, or India. The good stations are rapidly disappearing; and when none but tropical remain, a man had better go in for the Indian service altogether. If we had quarters fit for a married man to live in, or even lodging allowances, pecuniary allowances, or commutation for allowances in kind, as the Americans have, it would not be so bad; but as it is, it is a hard and generally unsuccessful struggle for existence. Apparent luxuries are heaped on you, and necessaries denied. I, for instance, as a Staff-Surgeon, might take two servants by mail steamer at Government expense, when I could not pay for my wife and children; and yet if I don't take the servants, they won't give me the money. I wonder this view of things has not been 'shown up;' I had thought of writing about it, but expected that perhaps some one else would, or that some fellow who had

left the service would. The youngsters look at the present, and are dazzled by the gilding on the gingerbread, but forget *respice qd finem*; or if they look, are caught by the retiring allowance, forgetting how few live to reach it, and of that few how many enjoy it any time. Take the pay of a Surgeon, deduct stoppages for band and mess, expense of moving, with loss upon furniture, &c. (if on the Staff there is no band or mess, but the moves are much more frequent), and see what professional income it represents. Deduct from that discomfort of an Arab make-shift existence, bad climates, not only for yourself (for a medical man's life must always be hard), but for your wife and children, who at least in civil life enjoy comfort and the society of family and friends."

THE EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—In your last number there appeared a letter in which, either wilfully or accidentally, a number of erroneous statements were put forward as facts; and I would be much obliged if you would permit me to put forward the truth on these points. I refer to the letter of "A Student" respecting the Edinburgh double qualification, in which it is stated—1st, that there are no grinders in Edinburgh; 2nd, that no students grind for the license in that city; 3rd, that no man ever goes in for the examination of the Irish College without grinding; 4th, that the examination in Edinburgh is not reputed to be easier than that of the Dublin College of Surgeons. Now, with regard to the first of these. To my certain knowledge, there are at least four grinders in Edinburgh. Secondly, I have known very many men—in fact the majority of the Irish students—who have gone over to the Edinburgh College, who have been prepared by grinders for that qualification. Thirdly, although most of the Dublin students do not try to combat the examination without the aid of grinding, yet I have known a good many men who have passed by the means of the knowledge derived from the ordinary means of instruction. Fourthly, it is a very well known fact that the instances are not few of men who have obtained the Edinburgh qualification after being rejected at the London and Dublin Colleges. Surely it is a sign of a weak cause for anyone to try and pass unfounded assertions as facts; and it is but common justice to let it be known that the main reason why a cheaper and inferior qualification is sought for, is, in the majority of cases, that the candidates are too conscious of their own ignorance to face an examination second to none in Britain. True it is a minute examination; but I appeal to any student who has ever sat before the Court of Examiners, or to any auditor who has listened to the questions, if ever any subjects have been examined on which are not to be found in books, or which should not be known by one who thoroughly knew his business.—I remain, dear Sir, faithfully yours,

L.R.C.S.I.

Parliamentary Intelligence.

HOUSE OF LORDS.—April 20.

STRAND UNION WORKHOUSE.

The Marquis of Townshend asked her Majesty's Government what explanation could be given for the continuance of the practice of carpet beating in the Strand union workhouse, notwithstanding the urgent remonstrances made against it many months since; whether any, and if so, what improvements had been made in the general arrangements of the casual wards of that workhouse, respecting which complaints were made also some months since, and what number of cubic feet of air was apportioned to each inmate in the ordinary wards of the workhouse.

Earl Granville was understood to say in reply, that as to the carpet beating the matter had been referred to the workhouse committee, and the answer they gave was that no complaint had ever been received from the medical officer or the inmates of the workhouse with regard to it. As to the general arrangements of the casual ward, the Poor-law Board had not received any complaints on the subject; but improvements had taken place in them and a new ward had been added. With regard to the last question, he thought the noble Marquis had been misinformed as to the accommodation which the Poor-law Board required for each inmate—it was 300 feet, not 1000 feet.

THE CATTLE PLAGUE.

The Duke of Buckingham and Chandos asked the Lord President what arrangements had been made by the Privy Council for the experimental treatment of animals suffering from cattle plague, under the provisions of the Cattle Diseases Act, and how many animals had been or were now under treatment, and whether the assent of the local authorities of the district had been obtained in such cases. He remarked that as the period for which the Cattle Diseases Bill was passed had nearly expired it was desirable that the public should be made acquainted with the result of the operations of that act. Under the act of parliament of this session powers were given for the slaughter of animals affected by disease; and the result of the working of the act had been that in many places the disease had been stamped out though at the cost of a considerable loss of that description of property. The act also gave powers for the retention of cattle for experimental treatment. The magistrates at Buckingham were not aware that any animals were so retained till a complaint was brought before them a few days ago that certain animals were, as the complainants believed, improperly retained. It was stated, that an order in council had been issued, giving the power to retain animals for experimental treatment. In this case twelve animals were being treated in a yard, and were permitted to be so treated. Unfortunately, however, the yard was badly drained, and it was in close proximity to the public roads of the county.

HOUSE OF COMMONS.—April 12th.

CATTLE DISEASES PREVENTION ACT.

In answer to a question,

Sir G. Grey said that no specific information had been received that the local authorities in any county or in any part of Great Britain had failed to carry out the provisions of the Act. He received one complaint in reference to a district in Staffordshire, and he addressed inquiries to the lord lieutenant of that county, and he had since received through him a very full answer from the magistrate whose conduct was complained of, which was perfectly satisfactory. It was to the effect that he had not refused to carry out those provisions of the Act. He had that day received a memorial from the Chamber of Agriculture in Edinburgh and the Scotch Farmers' Club, that some local authorities had refused to execute some of the powers conferred upon them, but no specific instances were given; and it was impossible to act upon mere general statements.

CATTLE PLAGUE COMMISSION.

In reply to a question,

Mr. Bruce said he expected that the third report of the Cattle Plague Commission would be published about the end of the present month. The commission was engaged in making certain elaborate medical investigations which required much time.

April 13th.

THE CATTLE PLAGUE

Mr. Du Cane inquired if the attention of the Secretary for the Home Department had been turned to a report which appeared in the *Times* of that day of certain statements made at the Middlesex Sessions on the previous day, to the effect that Dutch cattle in a state of disease had been introduced at Blackwall, having been smuggled in by the agents of Lord Granville and Col. Talbot.

Sir G. Grey said he knew nothing of the report except from the fact of its having been shown to him a few minutes since. He would make inquiries respecting it.

April 16th.

SURGEONS IN THE GUARDS.

Colonel C. Lindsay asked the Secretary of State for War whether he would state the reason of the proposed change of system in the promotion to the rank of surgeon in the brigade of Guards; whether the existing system of regimental promotion had ever been known to fail, and whether

public advantage was likely to be derived from the proposed change.

The Marquis of HARTINGTON said that, in order to afford a complete reply to that question, it would be necessary for him to enter in a variety of details which he thought it would be better to defer until the motion of his hon. friend the Member for Fifeshire (Sir R. Anstruther) in reference to that subject should come on for discussion.

THE CATTLE PLAGUE

In reply to the question by Mr. DU CANE,

Sir G. GREY said that he did not think it would be advisable to bring in a Bill for consolidating and extending the Factories Acts, until a commission which was inquiring into the expediency of embracing certain other trades within the operations of those Acts should have made its report. The right hon. baronet then proceeded to state that he would take that opportunity of giving all the information in his power with respect to a subject on which a question had been addressed to him a few evenings previously by the hon. member for Essex. That question related to the introduction of diseased Dutch cattle, or cattle supposed to be diseased, into the farms of Lord Granville and Colonel Talbot in the immediate neighbourhood of the metropolitan district. The subject had that day been brought under the notice of the local magistrates; and it having appeared from the evidence that the cattle had been driven to Lord Granville's farm from an adjoining farm to which they had been conveyed after it had been certified that they were free from disease, the magistrates unanimously dismissed the case against the noble lord. Colonel Talbot had already explained in the public press that the cattle had been driven by the dealer to his farm after a licence had been obtained from Sir R. Mayne; but it did not appear that in either of these cases the animals had been instrumental in spreading the disease.

APRIL 17TH.

VACCINATION BILL.

On the motion of Mr. BRUCE, the following members were nominated as the select committee on the Vaccination Bill:—Mr. Bruce, Mr. Henley, Mr. Lowe, Sir J. Pakington, Mr. P. Scrope, Mr. Mitford, Mr. Enfield, Mr. Barnett, Mr. Evans, Mr. E. Egerton, Lord Henley, Mr. Sclater-Booth, Mr. Hibbert, Mr. A. Egerton, Mr. Candlish, Mr. Reed, and Mr. O. Standley.

THE SMOKE NUISANCE.

Sir R. PEEL asked the Home Secretary when it was intended to introduce the promised bill on the subject of the nuisance resulting from the smoke of furnaces in towns and country districts.

Sir G. GREY replied that when his right hon. friend brought the subject before the House, he thought he was under a mistake that the smoke nuisance arose from the absence of any restrictive law. He thought it rather arose from a laxity of the authorities in instituting prosecutions. He had addressed a circular to some of the largest towns in the kingdom, making inquiries as to the facts of the case, and the answers had shown that in every one of those towns, there was a law in force requiring the consumption of smoke or the abatement of nuisance arising therefrom, and also that there was a great variety as to the manner in which the law was enforced. He would lay the circular before the House, together with a tabular statement of the results and the various answers received. A bill was now in preparation by the Vice-President of the Council, one object of which was to provide summary means, not only with respect to the abating the smoke nuisance, but also other nuisances with regard to which the local authorities would be compelled to do their duty.

THE PUBLIC HEALTH ACTS.

Lord R. MONTAGU asked the Vice-President of the committee of Council whether the Government had any intention to introduce a bill to amend the Public Health Acts; and whether it would contain any clauses which dealt with the pollution of rivers, in accordance with the recent report of the commissioners.

Mr. BRUCE said he thought he should shortly be able to lay on the table a bill for the amendment of the Public Health Acts. That measure, however, would not contain any clauses relating to the pollution of rivers.

Earl GRANVILLE was understood to reply that he had already stated in the House that the Government had referred the whole of this question to a Royal Commission, who had been labouring on the subject for a very considerable time. They thought it better not to communicate to the Government the results of their labours as they went on, but to confine it to one general report, which he believed would be ready at the end of this month. On that report it might be necessary for the Government to take further proceedings. They had thonght it much better that two departments should not be conducting the same business at the same time, and, therefore, authority had been given to the commissioners. Applications had been made to allow two individuals to make experiments, but he was not aware that they had been very successful.

THE LONDON SICK POOR.

ON Saturday (April 14th) a large body of noblemen and gentlemen attended at the Poor-law Board, Whitehall, as a deputation from the meeting which was held a few weeks since at Willis's Rooms, with respect to the condition of the sick poor in workhouse infirmaries.

The deputation was received by the Right Hon. C. P. Villiers.

Lord CARNARVON observed that there was not a single sentence in all the resolutions passed at the meeting held at Willis's Rooms which was not distinctly borne out by facts. The medical attendance was insufficient, the buildings were proved to be unhealthy, and the staff of nurses was nothing like proportionate to the wants of those who were in these places. There was no hope of improvement being effected in the workhouse infirmaries by those who had the administration in their hands; and they now came before the right hon. gentleman to appeal to him, as President of the Poor-law Board, and as representing her Majesty's Government, to deal with a state of things disgraceful at once to society and to the administration of the law.

The Archbishop of YORK spoke of the manner in which Boards of Guardians defied the authority of the Board; and said, amid loud cheers, that the public would never rest contented until the Poor-law Board had more powers over these guardians.

Dr. ROGERS, the medical officer of the Strand Union, expressed the hope that the inquiry being made by the Board would be full and free, and said that he knew, as medical officer for ten years of an union, that the reports published were as to workhouse mismanagement greatly within the truth, for the public, instead of being simply disgusted, would be horrified if the whole truth could be known.

The Earl of SHAFTESBURY urged that the inquiry being made by the order of the Poor-law Board ought to be conducted by independent medical gentlemen.

Mr. ERNEST HART stated that the *minimum* of space which ought to be allowed in hospitals was nearly two-thirds more than is given in almost every London workhouse infirmary.

The PRESIDENT could give no definite reply to the propositions. He felt, and he was sure the public must feel, deeply indebted to this association for the inquiries which had been instituted, and for the effective manner in which the results of those inquiries had been made known in the effort to reform the system of which they complained. He felt bound to say that he had seldom known a more humane and Christian-like labour undertaken than that of improving the condition of the sick in the workhouse infirmaries of this great city. Many of the things which the association had observed had not taken him by surprise, for cases had often, too often, arisen in these houses, and come before the Board, showing that the hospital arrangements of the houses were still very defective, and, indeed, he was not indisposed in consequence to agree substantially with the terms of the resolution passed at the meeting—namely, "That the present management of the sick in the metropolitan workhouses is unsatisfactory; that the buildings are, in some cases, inadequate, the medical attendance insufficient, and the nursing merely nominal." Referring to the statements with respect to the inquiry instituted by the Board, he said, the fact that the inquiry was being carried out by Dr. Smith and Mr. Farnall, guaranteed that it would be full and impartial. An inquiry had certainly been made, but it was, in one sense, private in its character. He alluded to that instituted by the proprietors of the *Lancet*. He begged to say that he had never questioned the capacity or the good faith of the gentlemen who had made that inquiry, and he had yet to learn that there had been any overstatements in the cases they had apparently established. He feared, how-

ever, that the difficulty in this case was not so much in getting at the truth, as in giving effect to the remedy suggested. He was certainly not prepared to dispute the conclusions at which the deputation had arrived; and the remedy proposed was, he understood, that there should be six separate hospitals for the sick at present lodged in the metropolitan workhouse infirmaries. The meeting must not lose sight of the fact that such a scheme involved a great change in the principle upon which the poor were now maintained in this country. That charge was now local, whereas this scheme would treat the sick poor as belonging to the whole metropolis. He did not say it would be wrong on that account; but the system was one of which the community was extremely tenacious. There had always been a difficulty as to the hands in which the administration of the Poor-law should be placed, and the great dread of the legislature had been that there would be lax and wasteful expenditure, if the administration was not in the hands of those directly interested in the economy of the funds. Some guardians performed their duties with judgment and humanity, but, as the chief duty which they had to perform was what was termed "to keep down the expenditure," it was somewhat of a chance when guardians were found possessing all the qualities required for a wise administration of the law. The right hon. gentleman said he thought that if the House of Commons would alter the present system of rating in the metropolis, it would do so for the sick poor, and have a general rate, as in the case of the casual poor. He concluded, amid loud cheers, that though he could not pledge the Government in the matter, he could assure the deputation that nothing should be wanting on his part in recommending the propositions for favourable consideration.

LEGAL INTELLIGENCE.

BAIL COURT.—April 17.

(Sittings at Nisi Prius at Westminster, before Mr. Justice Mellor and a Common Jury.)

YOUNG *v.* HAMILTON.

This was an action to recover compensation in damages for the wrongful treatment of the plaintiff by the defendant.

Mr. Ribton and Mr. Besley appeared for the plaintiff; the defendant did not appear.

The plaintiff is a farm labourer, residing at Newdegate, in Surrey, and the defendant is the proprietor of an "anatomical museum" at 404, Oxford-street. About nine months previous to June last, the plaintiff had been in the hospital. Passing along Oxford-street, he went into the defendant's museum, and as he had some spots about his face, he was asked what was the matter with him. He replied that he was not altogether right, upon which he was taken into the consulting room. The defendant told him he was ill, and that he had better be cured, and that he was suffering from the effects of disease. A discussion took place between them about the price, when the plaintiff said the defendant agreed to make a perfect cure for five guineas. Plaintiff gave defendant half a guinea, had a bottle of physic, and gave sixpence for a small book. He returned on June 26th and paid 4½ guineas, the remainder of the money. He continued to take the medicine, but got no better. Defendant then said that, to make a complete cure, he must have six guineas more. Plaintiff called him a blackguard, and after some conversation the defendant said he would act like a man to make a perfect cure of him. The money was ultimately paid, and the plaintiff went on taking the medicine supplied by the defendant, but got no better; in fact, he was very unwell. Defendant then said he must have nine guineas more before he could make the cure, observing that he was charging moderately, as he often got forty guineas for effecting a cure. Plaintiff again called the defendant a blackguard, and said he had no more money, and left. Plaintiff afterwards called on the defendant and told him how ill he was, but that he had no more money. Defendant asked him in and to sit down, and at his request he had another bottle of medicine. When he said how ill he was defendant said it served him right, and that if he had liked he could have given him medicine that would have killed him in a minute. Plaintiff, however, had another bottle.

Mr. Justice Mellor: What! after what he had said about killing you in a minute?

Plaintiff: Yes. I wanted to see what he would do (laughter). He gave the defendant half a guinea for the medicine. He took a little of it, threw some of it away, and gave the remainder to Mr. Donoghue, a medical man in the Westminster-road. The medicine made the plaintiff weaker every day. It made his mouth and gums sore and his teeth loose, and he swelled out as big again as he should have been. He earned 3s. per day wages, and when under the defendant's treatment he was unable to work for a month.

Mr. Donoghue proved that he found the plaintiff suffering from excessive salivation, and his general health much debilitated. He analyzed the contents of the bottle and found it to contain a strong preparation of bichloride of mercury. Plaintiff's was a very trifling case, and in his opinion he had not been properly treated. There was no need of the use of mercury. He attended the plaintiff about two months and cured him. His charge amounted to between £8 and £10.

The learned Judge, in summing up, said if the jury believed that defendent undertook the cure of the plaintiff he was bound to perform his contract. No man of learning in the profession would make such a bargain, but only the practitioner in such an abominable system of quackery as that followed by the defendant. The plaintiff was first shown the symptoms of a certain complaint, and then when he was a fit subject for credulity to work upon he was told that for five guineas he could be perfectly cured, and having paid that sum he was induced to go on paying other moneys. The plaintiff was entitled to recover back the money he had paid, for his loss of time, and the doctor's bill, besides something for his suffering.

The jury returned a verdict for the plaintiff, damages £60.

ALLEGED LITERARY PIRACY.

MARLBOROUGH-STREET.

Dr. John Harvey of No. 31, Grosvenor-street, waited on Mr. Tyrwhitt to solicit his advice in the following matter. He was the author of a work on the "Nervous Functions," and a copy of the *Worcester Herald* being forwarded to him he found amongst the advertisements one of a work bearing the same title as his own, purporting to be written by a "London Physician." He procured a copy of this work, and found that it was written by Dr. Hammond, whose name was not in the "Medical Directory," but was in a book called "Quacks and Quackery," reprinted from the *Medical Circular*.

Mr. Tyrwhitt remarked there appeared to be a piracy.

Dr. Harvey said on looking at the work he found it bore a different title to that of his work, the title of his work being only used in the advertisement.

Mr. Tyrwhitt said the applicant might go to the Court of Chancery for an injunction.

Dr. Harvey said it would be perfectly useless to commence law proceedings against this person.

Mr. Tyrwhitt asked if any portion of his (Dr. Harvey's) work had been pirated.

Dr. Harvey was not aware that such had been the case. The advertisement in the country paper was calculated to do him much injury, besides causing him great annoyance.

Mr. Tyrwhitt, having looked at the book, and the advertisement, said the matter clearly had the appearance of an attempt to deceive. The press would, however, afford the best redress, it being very hard that the applicant should either have to appeal at a great expense to the Court of Chancery, or sit down and put up with the injury to his reputation.

Dr. Harvey thanked the magistrate and left the court.

Bequests.—Miss M. F. Woodburn of Kensington Park Gardens, lately deceased, has bequeathed large sums to several charitable institutions, and has not forgotton some of our most deserving medical institutions;—as the Hospital for Consumption, Brompton, £1000; St. Mary's Hospital, Paddington, £500; the Metropolitan Convalescent Institution, £300, the Sea-side Convalescent Hospital, £300; the City of London Hospital for Diseases of the Chest, £300; the Nottinghill and Shepherd's-Bush Dispensary, £300; the Royal National Sea-bathing Infirmary, £200; the Westbourne Dispensary, £200; and the Kensington Dispensary, £50. All legacies to be paid free of duty.

THE ENGLISH VACCINATION BILL.

At a meeting of the Yorkshire Registrars of Births and Deaths, held at Leeds on March 10th, to take into consideration the new Vaccination Bill introduced by Mr. Bruce into Parliament, Mr. J. K. Heaps in the chair, the various clauses of the new Vaccination Bill having been read, it was resolved, "That this meeting considers that the Remuneration Clause, No. 23, is very unsatisfactory." The Clause is as follows:—"Every registrar shall keep a book in which he shall enter the notices of vaccination given by him, and also the certificates transmitted to him, and shall upon demand give a copy of any entry in the same, on payment of one shilling for each search and sixpence for each copy; and every registrar shall receive one penny for every child whose birth he shall have registered, and for whom he shall give the notice, and *threepence* for every child whose vaccination he shall have registered, and he shall receive *one penny* for each child whose vaccination he shall have registered without having registered the birth." It was resolved, "That in the opinion of this meeting the remuneration should be *threepence* for giving the notice and entering the particulars required in the Vaccination Book, and the further sum of not less than *twopence* for completing the entry on receipt of the vaccinator's certificate."

RETROSPECT OF THE JOURNALS.

April 21.

The *Lancet* devotes a leader to Professor Huxley, who has just finished his Hunterian Lectures at the College of Surgeons. There are few who will not admit that he is probably the foremost among English comparative anatomists. Even if his vast knowledge of his subject were put out of the question, he would rank first as a popular lecturer. His style is so simple, devoid of technicality and pedantry, that a person hitherto ignorant of the topic could not fail but to come away enlightened. Though original he is honest, and cheerfully alludes to the labours of others. Many an author long since forgotten has been brought to public notice by the present Hunterian Professor of the College of Surgeons.

The provisions of the Canadian Medical Act are reviewed. As might be expected, it is formed much on the type of our own, but modified by the experience gained from the manifest inadequateness of the latter to deal with certain cases; one of the principal points of difference lies in the method of electing the representatives, they are proposed to be elected much in the same way as members of Parliament are, by the medical men of the different districts, and not by the educational bodies; it would be well if we took a lesson from our colonial brethren in this particular.

Mr. Paul Swain, late house-surgeon, has gained the Jacksonian prize for his essay on excision of the knee *versus* amputation. The result might be anticipated when we take into account the school from which Mr. Swain hails, where the splendid success of Sir William Fergusson in this his favourite operation has laid the foundation for a new line of practice in conservative surgery.

Dr. Farre estimates that there are a million of childless families in England and Wales; he does not approve of the Foundling Hospital system, but suggests that much good might be done by the adoption by the childless rich of some of the superfluous offspring of their poorer neighbours.

The *Lancet* highly commends the action of the Cork Medical Protective Association, the main success of which is to be attributed to the indefatigable and popular secretary, Dr. Armstrong. It says:—

"The Cork Association also brings its influence to bear on the members of Parliament of the county and city. If similar associations, acting with equal energy, were established throughout the kingdom, the medical profession might speak in a language which Parliament could not fail to understand of the gross injustice to which the profession are in may respects subjected: of their just claims to a more liberal treatment at the hands of the Commander-in-Chief and the Lords of the Admiralty; of their ill-requited services as union surgeons; and of their want of protection from the assumptions and rascalities of quacks and impostors."

Mr. T. Holmes, the Chief Surgeon to the Police, has been allowed by the Home Secretary to engage in private practice, in consideration for which he has relinquished a portion of the emoluments.

Dr. F. Winslow's reply to Dr. Tuke is published.

Dr. J. Pollock suggests phosphorus as a disinfectant.

At the anniversary festival of University College Hospital, the chair was taken by the Duke of Cambridge, who in his speech alluded to the position of the medical officers of the army, and called on the eminent medical men around him to endeavour to remove the feeling of distrust with which they regarded the action of the authorities.

Dr. Buchanan of Glasgow has excised the tongue in the manner recommended by Professor Syme. The patient died on the ninth day of pyæmia.

By the *British Medical Journal* we learn that the guardians of St. Pancras are still determined to keep themselves in hot water. Miss Coutts has ventured to remonstrate with them, but instead of acknowledging their errors, they virtuperate the Archbishop of Canterbury, Lord Carnarvon, the medical men, and in fact any one who dares to point out their shortcomings.

The treatment of the insane in America is very bad. After enumerating some disgusting details, "it is unnecessary," adds the *Philadelphia Medical and Surgical Reporter*, "to further enumerate this catalogue of shamefully inhuman treatment of the insane. One thousand three hundred and forty-five insane are confined in the poor-houses of New York in this manner, of whom 386 are capable of more or less labour."

SANITARY MEASURES AND THEIR RESULTS IN CROYDON.

Dr. Westall, in a very able work on the advantages to be derived from the adoption of the Local Government Act, as exemplified in Croydon, gives a report of the good results following upon sanitary measures, which is most encouraging. The result of the modern improvements in Croydon, is a large decrease of sickness, especially amongst the poorer classes; a very large increase in population, the birth-rate increasing from 2·91 to 3·14 per cent., and the deaths decreasing from 2·366 to 1·845 in the thousand, showing a saving of above 200 lives per annum. Excepting in extreme infancy, the average deaths at all ages have materially decreased; and, even when the infant deaths are taken at the old rate, all those under twenty years of age have decreased by nearly 10 per cent. Taking the deaths from fever and all zymotic diseases alone, the decrease is respectively from 6·1 per cent. to 3·1 per cent., and from 22·5 per cent. to 17·2 per cent., taking from the year 1845, and including the two unhealthy seasons of the years 1863-64.

These, then, are some of the results of the application of the Local Government Act (patent to all) to Croydon, a town in many respects not most advantageously situated, by reason of its proximity to London, of which, in fact, it is a suburb; and by its being the chief town of a large agricultural district, the majority of the lower classes, male and female, obtaining their livelihood by out-of-door work, and thus, perhaps, greatly accounting for the large infant mortality; also by the daily passing through of a large number of tramps; and again, as containing the union-house for nine parishes and two hamlets, for which no deduction has been made in the calculations. That there are results far higher than these, of a religious and moral character, we may be assured; and the Croydon ratepayers may well be satisfied that they have not exercised a large amount of self-denial and perseverance in vain, but that they have added somewhat to the improvement of their fellow-men, and thus, humbly though it be, joined in the tribute of glory and praise to Him who gave us so great an example of beneficence, and have endeavoured to fulfil their highest duty on earth.

LIST OF ENTRIES IN THE BRANCH MEDICAL COUNCIL (IRELAND), FOR FEBRUARY AND MARCH, 1866.

David Moore, 3, Donegal-square, South, Belfast, L. 1866, and L. in Midwifery, 1866, K.Q.C.P.I.
William John Grier, Granard, county Longford, L.R.C.P. Edin., 1866; L.R.C.S.Phys., 1866.
Bourke Long, Great George's-street, Cork, L.R.C.P.Edin., 1865; L.R.C.S.Edin., 1865.
Patrick Brady, Lissacoppel, Billesis, Virginia, county Cavan, L.R.C.S.I., 1865; L.R.C.P.I., 1866.
John Wm. Yorke Fishbourne, Ferns, county Wexford, M.D. Univ. Dub., 1864; Mast. Surg. Univ. Dub., 1865.
Josias Wilson Patrick, Carrickfergus, county Antrim, L.R.C.S.Edin., 1865; L.R.C.P.Edin., 1865.
Wellington Gray, 5, Trinity College, Dublin, Lic. Med. Un. Dub., 1865; L. Surg. Un. Dub., 1866.
Charles Edwin McVittie, Dr. Steevens' Hospital, Dublin, L.R.C.S.Irel., 1865; L.R.C.P.Edin, 1866.
Frank Thorpe Porter, 15, Upper Merrion-street, Dublin,, L. 1865, and L. in Midwif. 1865, K.Q.C.P.I.; L.R.C.S.I., 1864.
Richard Murray Vesey, St. Peter's, Drogheda, county Louth, L. in Med. Univ. Dub., 1865; L. Surg. Univ. Dub. 1866.
Wm. Alexander Thompson, 132, Leinster-road, Rathmines, county Dublin, L.R.C.S.I., 1865; L. 1865, and L. Midwif. 1865, K.Q.C.P.I.
Mathew Arkins, 144, Herbert-terrace, Dublin, L.R.C.S.I. 1865.
Thomas Wm. Patterson, 6, Haddington-terrace, Kingstown, L.R.C.S.I., 1865; L. 1865, and L. Midw., 1865, K.Q.C.P.I.
Patrick Heas, 28, Grenville-quay, Cork, M.D.Q.U.I., 1865. Mast. Surg. Q.U.I., 1865.
Wm. Flack. Stevenson, county Dublin, M.B. 1865, and Mast. Surg. 1865, Univ. Dub.
Daniel O'Connell Raye, county Dublin, M.D.Q.U.I. 1865. L.R.C.S.I. 1865.
Thomas O'Hare, Newry, L R.C.S.Ed. 1865.
Ulick Albert Jenings, Galway, M.D. Q.U.I. 1865, Mast. Surg. Q.U.I. 1865.
Thos. Alex. Thompson, Carrickfergus, L.R.C.P.Ed. 1866, L.R.C.S.Ed. 1866.
Mark Anthony Kilroy, county Cavan, M.R.C.S.Eng. 1865, L.K.Q.C.P.I. 1865.
James Patrick Rooney, county Dublin, L.R.C.S.I. 1864, L.K.Q.C.P.I. 1865.
James Shaw McCutcham, county Longford, M.B. 1865, and Mast. Surg. Univ. Dub. 1866.
Thomas Cody, Cashel, county Tipperary, L.R.C.S.I. 1865, L.R.C.P.Ed. 1866.
William Hay Matwim, county Donegal, L.R.C.S.I. 1865, L.K.Q.C.P.I. 1865.
James Lane Notter, Cork, L.R.C.S.I. 1865, M.B. 1865, and Mast. Surg. 1865, Univ. Dub.
James Macartney, Dublin, L.R.C.S.I. 1864, M.D.Q.U.I. 1865.
Patrick Walter Quite, county Westmeath, L.R.C.S.I. 1865, L.K.C.P.I. 1866.
Samuel Baptist Gamble, Enniskillen, M.B. Univ. Dub. 1865. L.R.C.P.Ed. 1866.
William Augustus Forbes, Dublin, Lic. 1865, and Lic. Mid. 1865, R.C.S.I., L.R.C.P.Ed. 1866.
Edward Smith Higginbotham, Dublin, L.R.C.S.I. 1865, L.R.C.P.Ed. 1866.
Alex. Wm. Henry Leney, P. & O. Navigation Company's Service, Lic. 1863, and Lic. Midwif. 1865, R.C.S.I., L.A.H.Dub. 1865.
Samuel Henry Banks, Wicklow, L.R.C.S.I. 1865, L.K.Q.C.P.I 1866.
Edward Aloysius Stephenson, county Kilkenny, L.M.Univ. Dub. 1865, L.R.C.S.I. 1865, Lic. 1866, and Lic. Mid. 1866, K.Q.C.P.I.
James Sterling, county Kilkenny, L.R.C.S.I. 1 65, Lic. 1866, Lic. Midwif. 1866, Lic. Midwif. 1866, K.K.Q.C.P.I.
James Lewis Somers, King's County, L.F.P.S.Glasg. 1864, L.R.C.P.Ed. 1864, L.A.H.Dub. 1863.
Robert Alexander Caldwell, county Derry, L.R.C.S.I., 1866.
Wm. Blacker Anster, Dub. L.R.C.S.I. 1866.

It is proposed to establish in Chelsea an hospital for the reception of children under fifteen years of age.

Meetings of Scientific Societies.

Asiatic.—April 9.—Mr. Thomas, adverting to recent controversies respecting the parentage of the various modes of writing in use in ancient India, spoke "On the Adapted Alphabets of the Aryan Races." The Aryans invented no alphabet of their own for their special form of human speech, but were, in all their migrations, indebted to the nationality amid whom they settled for their instruction in the science of writing.

Linnean.—April 5.—The following papers were read: "On a New British Fungus," by the Rev. M. J. Berkeley, M.A.—"On some Undescribed Species of Teredo, from Australia," by Dr. E. P. Wright.—"Note on the Presence of Stamens within the Ovarium of *Bœckea diosmæfolia*, Rudge," by Dr. M. T. Masters.

Entomological.—April. 2—Mr. W. W. Saunders exhibited a number of eggs, probably of a Chrysopa, arranged in a line or chain on the bark of a tree, each egg being supported by a pedicel which raised it about a quarter of an inch above the level of the bark. The eggs were ovate-elongate; the first, third, fifth, and so on, were deposited longitudinally, and supported by pedicels at right angles to the bark; whilst the second, fourth, sixth, and so on, were placed transversely, and supported by pedicels inclined to the plane of the bark at an angle of 45° or thereabouts. Also, a larva, probably of a Lamellicorn beetle, which had two fungoid excrescences (Sphæriæ) projecting from the neck, one on each side, like rams' horns. Also, four larvæ of a species of Locustidæ, attached to a small branch, and so tightly entangled in one another's legs that they seemed to have been unable to extricate themselves, and had consequently died. The whole of these interesting objects were from New South Wales.—Mr. W. Rogers sent for exhibition specimens of the Ichneumon, *Pimpla oculatoria*, which he had bred from the egg-bag of a spider, found under the loose bark of an oak fence.—Mr. F. Smyth and Mr. Desvignes mentioned that they had frequently bred that insect, but always from bramble-sticks.—Mr. J. Jenner Weir exhibited some larvæ, which he believed to be only the common meal-worm, Tenebrio, but which had been found in the corks of port wine. Considerable damage had been done, since they ate quite through the cork, and allowed the wine to escape. He suggested the use of bran instead of sawdust as the probable cause of their incursion into the cellar.—Mr. W. W. Saunders remembered an instance of a number of larvæ of *Dermestes lardarius*, which were brought into the docks with a cargo of skins, effecting an entry into an adjoining warehouse, where they perforated and rendered entirely useless a quantity of manufactured corks.—Mr. F. Smith exhibited a specimen of *Bembex olivacea*, placed in his hands by a gentleman at Bristol, to whom it was given, many years ago, by a Dr. Hicks, who said that he had captured it himself near Gloucester; the insect was figured by Donovan (under the name *B. 8-punctata*), but no precise locality was given, and it had long been doubted as a British species.

Royal Institution.—March 16.—"On the existence of a Material Medium prevading Space," by Mr. B. Stewart.—March 23.—"On the Existence in the Textures of Animals of a Fluorescent Substance closely resembling Quinine," by Mr. H. B. Jones.

Society of Arts.—April 4.—The paper read was, "On the Manufacture of Sugar, and the Machinery employed for Colonial and Home Purposes," by Mr. N. P. Burgh.

Consolation.—A letter from Berlin says:—"Considering the enormous rise in the price of meat which the rinderpest will probably occasion within a very few months it may be interesting to your readers to hear of the great success which has attended the introduction of horseflesh in Berlin as an article of human food. In 1860 the number of horses slaughtered for this purpose was 613, in 1861 it was 700, but in 1864 it had increased to 1742, and in 1865 to 2241. The meat is perfectly wholesome and very tolerably palatable, resembling rather coarse beef. Grand dinners have been given by the society interested in its introduction, at which horseflesh alone was produced, though prepared in various ways. Old cab-horses, wall-eyed and broken-kneed, are found to be delicious eating when treated by a really artistic hand."—*Express.*

Notices to Correspondents.

Dr. James Crawford (Longridge, Whitebura).—As the case is presented to us, it appears that Dr. C. has been guilty of a breach of professional etiquette. It is to be regretted that no other means exist of rectifying such misunderstandings between professional men, than by referring the questions at issue to the arbitration of professional friends, and we hope that Dr. Crawford, who seems to have just grounds of complaint, will adopt this course.

A Scotch M.D. and Surgeon can recover for medical and surgical attendance—namely, visits.

Provincial.—The flint instruments supposed to prove the great antiquity of the human race are now to be seen in many museums. There are several in the British Museum in the fossil department.

A Surgeon shall receive a private note.

Dr. W. is thanked for his communication, and we shall be glad to hear from him again.

Mr. C. P.—The letter has been received.

Philos.—The permanganate of potash owes its disinfecting power to the large amount of oxygen it contains, permanganic acid consisting of one part of manganese and seven of oxygen.

The Royal Institution.—The notice and report have been received.

A Subscriber.—The precipitate in all probability was crêam of tartar; the acid and the spirit of the additional wine taking up the oxide of iron.

Medical News.

Royal College of Physicians of London.—At a general meeting of the Fellows held on Monday, the 16th inst., the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Brooke, Thomas Thornily, Stockport.
Dunn, George Carr, Stanley-gardens.
Ellery, Henry James, St. Stephen's by Saltash, Cornwall.
Garman, John Cooper, Wednesbury, Staffordshire.
Griffiths, Richard Samuel Purnell, Dudley-place, Harrow-road.
Hicks, George, Augustus, Torquay.
Hoffmeister, William, M.D. Heidelberg, Cowes, Isle, of Wight.
Lynch, Jordan Roche, Horbury-terrace, Notting-hill.
Slaughter, George Monkas, Fort Pitt, Chatham.
Wise, Thomas, Castletown, Isle of Man.

At the same meeting the following were reported by the examiners to have passed their Primary Examinations:—

Robert Vacy Ash, St. Mary's Hospital; George William Barroll, St. George's Hospital; George Earp Burton, Liverpool; Edward Noble Edwards, Guy's Hospital; William Betts Giles, Guy's Hospital; Thomas George Palmer Hallett, University College; Richard Clement Lucas, Guy's Hospital; Wm. Gordon Maddox, University College; John Aaron James Timmins, St. Bartholomew's Hospital; John Graves Wiseman, Guy's Hospital.

Royal College of Surgeons of England.—The following gentlemen passed their primary examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 17th inst., and when eligible will be admitted to the pass examination:—

Edward Colson, J. A. Sharp, J. F. P. McConnell, Benjamin Walker, Lancelot Newton, Joseph Cabe, T. J. Burroughs, W. T. Thurston, Charles Wade, E. R. Evans, J. R. Morgan, W. W. Saul, J. M. Kirkman, R. L. Sheffield, R. Heathcote, Leonard Smith, G. E. Norton, Henry Bland, J. R. Fielding, J. B. Ryley, Joshua Duke, Henry Gould, H. T. Butlin, William Little, H. E. Juler, A. C. Air, and Samuel Ridwell.

The following passed their examination on the 18th inst.:—

W. H. Wood, Joseph Massingham, J. R. Lazenby, J. W. Blandfort, T. H. Pinder, Robert Laing, J. T. Fox, Edward Young, C. W. Chapman, A. O. McKellar, Alfred Peon, Clifford Crewe, George Amsten, C. W. Milne, Frederick Pollard, Samuel Alford, E. W. Minter, Arthur Atkinson, Charles Aldridge, Reginald Bayley, Charles Richardson, F. B. Besly, Henry Case, G. A. Woods, T. H. Hickman, Peter Ryder, J. F. Goodhart, J. E. Burton, Walter Hart, J. F. Codrington, Alfred Trubshaw, and P. T. Scott.

Election of Medical Officers to the new Surrey County Hospital at Guildford.—This institution is now completed, and will be very soon opened for the reception of patients. The election of Medical Officers took place on Tuesday, the 17th, when the three gentlemen at the top of the poll were elected. The number of votes stood thus:—Mr. Henry Taylor, 174; Dr. J. R. Stedman, 162; Mr. R. Eager, 122; Mr. F. Yate, 97; Mr. T. J. Sells, 58.

Royal College of Surgeons of England.—During the past fortnight 216 gentlemen have gone through their primary examinations at the above institution in Anatomy and Physiology. Last week 9 were referred first day, 4 second, and 6 on the third day—total 19, out of the 108 candidates, failed to acquit themselves to the satisfaction of the court, and consequently were referred back to their studies for three months.

The Jacksonian Prize.—The Council of the Royal College of Surgeons has just awarded one of the Jacksonian Prizes to Mr. William Paul Swain of Devonport, a member of the College, for his essay on "The Diseased Conditions of the Knee-joint which require Amputation of the Limb, and of those Conditions which are favourable for Excision of the Joint; with an Explanation of the relative Advantages of both Operations, as far as can be ascertained by Cases properly authenticated." It does not appear that any competition took place for the other prize subject, on "The Relative Value of the various Modes of Treatment of Popliteal Aneurism."

The statue of Laennec has already been commenced, and will figure in the Exhibition of 1867. M. Lequesne is the artist. It will eventually be fixed in Quimper, Laennec's own country district.

Royal Society.—On Monday evening the Society held its tenth meeting for the season, Professor Christison in the chair. Papers were read by Dr. John Davy on "Incubation," by Dr. Stevenson Macadam on the "Absorption of Substances from Solution by Carboniferous Matters," and by Drs. John Smith and Traquair on "A New Genus of Ganoid Fish from Calabar."

Fever in Glasgow.—Dr. Gairdner reports that during the last fortnight 126 cases of fever had occurred, as compared with 151 during the two preceding weeks; and this is the lowest return that has been made during the past twelve months.

Death of Dr. Marr.—This esteemed gentleman died at his residence in Brandon-street, Edinburgh, on the 14th instant. Although latterly he had entirely relinquished practice, he was at one time a lecturer on midwifery in the Extra Academical School. He was highly esteemed by his medical brethren, and a general favourite in society.

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, April 14, 1866, in the following large Towns:

Boroughs, etc.	Estimated Population in middle of the Year 1866.	Persons to an Acre. (1866.)	Births registered during the week ending April 14.	Deaths. Corrected Average Weekly Number.	Deaths. Registered during the week ending April 14.	Temperature of Air (Fahr.) Highest during the Week.	Temperature of Air (Fahr.) Lowest during the Week.	Temperature of Air (Fahr.) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2188	1400	1552	65·8	41·3	47·8	0·54	55
Bristol	163680	34·9	117	73	‡97	59·7	40·1	47·3	0·31	31
Birmingham	335798	42·9	280	163	176	60·5	38·3	46·7	0·45	45
Liverpool	484337	94·8	368	281	371	58·4	39·3	49·0	0·18	18
Manchester	358855	80·0	288	203	‡259	64·4	40·0	48·2	0·01	1
Salford	112904	21·8	102	57	75	61·5	38·0	46·9	0·05	5
Sheffield	218257	9·6	173	115	127	60·6	37·9	45·2	0·40	40
Leeds	228187	10·6	119	116	137	64·3	38·0	47·7	0·34	34
Hull	105233	29·5	106	49	59	...	...	...	...	...
Newcastle-on-Tyne	122277	22·9	81	65	85	...	...	...	...	...
Edinburgh	175128	39·6	114	84	103	55·7	37·0	44·0	0·40	40
Glasgow	432265	85·4	372	252	219	56·3	37·9	45·8	0·39	39
Dublin	318437	32·7	202	‡156	214	57·4	36·0	46·7	0·33	33
Total of 13 large Towns	6122894	34·4	4510	3014	3574	65·8	36·0	46·3	0·31	31
					Week ending April 7.	Week ending April 7.				
Vienna	560000 (1863)	...	...	...	...	...	...	...	...	...

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·710 in. The barometrical reading increased from 29·17 in. on Wednesday to 29·96 in. at the end of the week.

The general direction of the wind was S.W.

* The average weekly numbers of births and deaths in each of the above towns have been corrected for increase of population from the middle of the 10 years 1851-60 to the present time.

† Registration did not commence in Ireland till January 1, 1864; the average weekly number of births and deaths in Dublin are calculated therefore on the assumption that the birth-rate and death-rate in that city were the same as the averages of the rates in the other towns.

‡ The mean temperature at Greenwich during same week was 42·4 deg.

MEDICAL APPOINTMENTS.

LONDON.

SMITH, C., M.B., L.R.C.P., has been appointed Resident Medical Officer to the Metropolitan Free Hospital, Devonshire-square, vice T. Fairbank, M.D., resigned.

THORP, H. J., L.R.C.P.Ed., has been appointed Public Vaccinator for the St. Saviour's District of the St. Saviour's Union, Southwark, vice E. Hibberd, M.D., resigned.

PROVINCIAL.

CLEMENTS, G., M.R.C.S.E., has been appointed Senior House-Surgeon to the Royal Infirmary and Dispensary, Manchester, vice G. E. Walker, M.R.C.S.E., whose term of office has expired.

DOUDNEY, Mr. E., has been appointed Assistant House-Surgeon to the Kent and Canterbury Hospital, vice G. W. Rigden, appointed House-Surgeon to the Taunton and Somerset Hospital.

ARMISTEAD, J. W., M.R.C.S.E., has been appointed Resident Assistant Medical Officer to the Leeds Public Dispensary, vice T. H. Haigh, M.R.C.S.E., resigned.

FENNELL, T., M.R.C.S.E., has been elected Physicians' Assistant at the Royal Infirmary and Dispensary, Manchester, vice S. J. Hulme, M.R.C.S.E., deceased.

WOODCOCK, J. R., M.R.C.S.E., has been appointed Junior House-Surgeon to the Royal Infirmary and Dispensary, Manchester, vice Clements, promoted.

VEITCH, W. Y., L.R.C.P., L.R.C.S.Ed., has been elected House-Surgeon to the North Riding Infirmary, Middlesborough, vice J. Ellerton, M.D., appointed Surgeon to the same institution.

WEAVER, J., L.R.C.P.Ed., has been appointed Surgeon to the Staffordshire County Police for the Districts of Longton and Fenton, vice S. P. Goddard, M.D., deceased.

IRELAND.

WILDE, Sir W. R., L.K.Q.C.P.I., has been appointed a Vice-President of the Royal Irish Academy.

FULTON, T., M.D., has been elected Medical Officer and Public Vaccinator for the Saintfield Dispensary District of the Lisburn Union, vice C. K. Breeze, M.R.C.S.E., resigned.

MCGLOIN, P. F., M.D., has been elected Medical Officer and Public Vaccinator for the Adare Dispensary District of the Tobercurry Union, County Sligo.

MURRAY, T. S., L.K.Q.C.P.I., has been elected Public Vaccinator for the Tobercurry Dispensary District, and Medical Officer to the Workhouse of the Tobercurry Union, vice J. M. McCarthy, M.D., deceased.

O'DONNELL, T. B., L.K.Q.C.P.I., has been elected Medical Officer and Public Vaccinator for the Kilrush Dispensary District of the Kilrush Union, vice T. B. Elliott, M.D., resigned.

FULTON THOS. M.D., L.R.C.S.Ed., has been appointed Medical Officer to the Saintfield Dispensary district of the Lisburn Union, *vice* Dr. Breeze, resigned.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS—LONDON.

MACANN.—On the 5th inst., at King-street, Portman-square, the wife of Arthur B. Macann, M.R.C.S.E., of a son.

DAVIDSON.—On April 7, at 8, Devonshire-place, Wandsworth-road, the wife of C. M. Davidson, M.R.C.S.E., L.S.A., of a son.

HARVEY.—On April 15, at 5, Avenue-villas, Belsize-park, N.W., the wife of F. Harvey, Staff Surgeon R.N., of a son.

HICKMAN.—On April 11, at 1, Dorset-square, the wife of W. Hickman, M.B., F.R.C.S., of a son.

WATTS.—On April 13, at 23, Westbourne-park-terrace, the wife of A. J. Watts, L.R.C.P.Edin., of a son.

HARVEY.—On the 7th inst., at Grosvenor-street, Grosvenor-square, the wife of John Harvey, M.D., of a son.

BUCHANAN—On the 7th inst., the wife of George Buchanan, M.D., of Harley-street, of a daughter.

PROVINCIAL.

FELCE.—On the 6th inst., at Southgate, Launceston, the wife of Stamford Felce, L.R.C.P.Ed., of a son.

LANGFORD.—On April 14, at Knackersknowle, Devon, the wife of E. C. Langford, M.R.C.S.E., of a son.

MASON.—On April 14, at Woolwich, the wife of R. Mason, F.R.C.S., of a daughter.

NOYES.—On April 14, at Lee, Kent, the wife of H. G. Noyes, M.D., M.R.C.P.Lond., of a son.

ROSE.—On February 22, at King William's Town, Cape of Good Hope, the wife of H. J. Rose, Staff Assistant-Surgeon, prematurely, of a daughter.

SHEPPARD.—On April 7, at Ashford, Kent, the wife of William Sheppard, M.R.C.S.E., of a daughter.

SCOTLAND.

COWAN.—On the 6th inst., at Achentoshan, the wife of J. B. Cowan, M.D., of a son.

MARRIAGES.—ENGLAND.

CROSBY.—PLATT.—On April 12, at St. Mary's, Oldham, William Crosby M.R.C.S., to Elizabeth, daughter of the late H. Platt, Esq.

WINTLE—MACKINLAY.—On April 12, at St. Barnabas, West Kensington, R. P. Wintle, M.R.C.S.E., to Catherine, youngest daughter of the late John Mackinlay, M.R.C.S.

SCOTLAND.

WILSON—WOTHERSPOON.—On April 11, at 124, Blythswood-terrace, Glasgow, W. A. Wilson, M.D., C.M., to Jeannie Erskine, daughter of John Wotherspoon, Esq.

DEATHS.—LONDON.

HARRISON, G., F.R.C.S., of 65, Grosvenor-street, on April 12, aged 60.

HODGES, F. S., M.R.C.S., at 84, Brompton-road, April 12, aged 43.

KELSON.—On the 15th inst., at Shacklewell-lane, West Hackney, William Mortimer, eldest son of George Kelson, Surgeon, late of Sevenoaks, Kent, aged 33.

ROSS.—On the 20th Feb., at Trevandrum, Travancore, South India, Hamilton O'Haloran, the second son of Hamilton M. Ross, M.D., Physician to his Highness Maha Rajah of Travancore, aged 7 months and 10 days.

SEYMOUR, E. J., M.D., F.R.C.P.Lond., at 13, Charles-street, Berkeley-square, on April 16, aged 70.

SLOPER.—On the 7th inst., Mr. Thomas Gyde Bott Sloper, Assistant to Dr. Odling, Professor of Chemistry at St. Bartholomew's Hospital.

SCOTLAND.

LIVINGSTONE.—On the 15th inst., at Amulree, Perthshire, Mr. John Livingstone, Medical Student, Edinburgh, aged 22.

PROVINCIAL.

BOGG, JOHN, M.R.C.S., at Louth, Lincolnshire, on April 15, aged 66.

BRAITHWAITHE, W., M.R.C.S., at Stroke Damerel, on April 9, aged 43.

MAY, W. H., M.R.C.S., at St. Martin's, Leicester, on April 9.

PARSONS, W. A., M.R.C.S., at Leamington, on April 4, aged 65.

SCOTT, W., M.D., at Greenwich, on April 12, aged 41.

ALLARDYCE.—On the 6th inst., J. Allardyce, M.D., of Cheltenham, Surgeon on half-pay 5th Garrison Battalion, aged 84.

HARLAND, WM., M.D., of Scarborough, on the 6th inst., aged 79.

POOR-LAW MEDICAL SERVICE.—VACANCIES.

ENGLAND.

Wolverhampton Union.—Second District; area 807; population 12,800; salary £54 8s. per annum.

Bridgewater Union.—Chilton Polden District; salary £50.

Builth Union.—Abergwessin District; area 68,480; population 3784; salary £42.

Leeds Sanitary Inspector.—Salary £500 a year; election May 9.

West London Hospital, Hammersmith.—Resident Surgeon.

Isle of Thanet Union.—Medical Officer; salary £145; area 15,797; population 3479.

Ticehurst Union.—Salhurst District; salary £80; area 10,082; population 2878.

IRELAND.

Westport Union.—Islandeady Dispensary; election May 4; salary £75; vaccination and registration fees about £25.

Longford Union.—Drumlish Dispensary; salary £80 and fees; election May 3.

Mountmellick Union.—Mountrath Fever Hospital; salary £40.

Oldcastle Union.—Crossakeel Dispensary; election May 3; no salary stated.

Tuam Union.—Dunmore Dispensary; salary £100 and fees.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING APRIL 21ST, 1866.

By J. H. STEWARD, Strand, and Cornhill, London.

April, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
15th	30.030	67	41	57	58	E	—	008	Pleasant.
16th	29·095	65	41·05	52·05	53	W	—	004	Showery.
17th	29·060	61	41	55	56	N.E	—	000	Fine.
18th	30	17·4	42	54·05	55	S.W	—	000	Very Fine
19th	29·085	71	45	59	60	S.W	—	000	Fine.
20th	29·085	65·05	45	55·05	57	W	—	005	Showery.
21st	30·004	65	45.05	56·05	58	W	—	000	Fine.

ADVERTISEMENTS.

Medical Provident Society in connexion with the British Medical Association.

Established for the purpose of enabling Medical Practitioners to provide by Mutual Assurance for those exigencies of sickness or casualty which may render them unfit to discharge their professional duties. The Society is open to all duly registered Practitioners of Medicine residing in the United Kingdom, and approved by the Directors or by the Executive Sub-committee. Copies of the Rules, and all other necessary papers, may be obtained by application to the Secretary, Dr. HENRY, 15, George-street, Portman-square, London.

B. W. RICHARDSON, M.A., M.D., Chairman of the Board of Directors.

London, March, 1866. ALEXANDER HENRY, M.D., Secretary.

Natural Mineral Waters of Vichy, Carlsbad, Seltzer, Kissingen, Homburg, PULLNA, FRIEDRICHSHALL, &c., direct from the Springs; also the ARTIFICIAL MINERAL WATERS prepared by Dr. STRUVE and Co. at the Royal German Spa, Brighton.

Agents, W. BEST and SONS, Foreign Wine, Spirit, and Mineral Water Merchants, 22, HENRIETTA-STREET, CAVENDISH-SQUARE, LONDON, W.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

ON THE

TREATMENT OF GOUT BY HYDROCHLORIC ACID.

A Clinical Lecture delivered in the Adelaide Hospital, April 11, 1866.

By JAMES F. DUNCAN, M.D., F.C.P., &c.

DR. GARROD'S VIEWS ON GOUT—INSUFFICIENCY OF HIS THEORY—PROPOSED EXPLANATION OF THE COURSE OF MORBID ACTION—ILLUSTRATIVE CASE.

GENTLEMEN,—The presence of some cases of gout and acute rheumatism at one time in our wards, led me at the last lecture to bring under your notice the principal points of resemblance and contrast presented by these two very interesting and important diseases. You may remember that I stated they were both marked by high fever, by a painful affection of the joints, and by a tendency to sudden changes of situation in the seat of pain. They both seem to depend upon the presence of a peculiar principle in the blood, which, whether naturally there in a state of health or not, deserves from its augmented quantity during the period of the paroxysm to be regarded as a morbid product and a sort of animal poison. This principle, though differing in the two diseases, agrees in this, that it possesses in each the properties of an acid. I hope to show you in the course of these observations that its production in each instance depends upon imperfect oxidation of the blood, and more or less impaired nervous energy as the cause of that imperfect oxidation. I need scarcely remind you that the acid which is thus accumulated in the gouty subject is the lithic or uric, and in the rheumatic the lactic. The presence of lithic acid in gout is not a mere matter of conjecture. The labours of Dr. Garrod have incontestably established the truth of a position which was previously felt to be true, though physiologists had failed to reduce it to demonstration. With regard to the other it remains a matter of inference only, though I think no one can doubt, after the experiments made by Dr. Richardson of London, that lactic acid is the efficient cause of the peculiar phenomena of acute rheumatism. In these experiments he endeavoured to establish synthetically the soundness of the views previously entertained as a matter of theory; and to my mind he appears completely to have succeeded in supplying the deficiency in the chain of evidence that arises from the failure of the attempts made by organic chemistry to separate lactic acid from the blood of rheumatic patients.

Assuming for the present as a matter of fact that the blood in gout is charged with lithic acid to an extent far beyond the natural standard of health, and in rheumatism with lactic acid, let me proceed very briefly to state to you my views as to the production of these different conditions, and the principles of the treatment you have seen me use for their mitigation and removal.*

I shall not occupy your time with any detail as to the various theories which have been held by different authors on this subject, as you will find them sufficiently explained in the text books in common use. I shall only advert to that broached by Dr. Garrod in his recent work, which may justly be regarded as the standard authority of the present day. And while I feel that in venturing to differ from one enjoying so high a position as a practical physician and a man of science, I am taking a bold step, I feel at the same time that I would be wanting in my duty to you if I did not put you in possession of the opinions I have been led to form after careful study upon this subject, and of some of the facts upon which those opinions have been founded.

Dr. Garrod looks upon the kidney as an organ whose function is merely to separate from the blood certain principles which exist in that fluid already, and which having served their purpose in the economy, are no longer necessary to be retained, and which, if retained, would prove positively injurious. He does not consider that the kidney manufactures by its own inherent power these principles out of the blood, but that they are already in the blood in the form in which they come to be eliminated, and only require to be separated from the fluid in which they are dissolved by a sort of elective affinity. In other words, that the function of the kidney is one of excretion and not of secretion. Urea and uric acid are two of these principles.

Now, in reference to these two products, he considers that they have no necessary relation to each other, and that the power of excreting one may be maintained in full energy, while that of excreting the other may be diminished or arrested. In gout he considers that the excretion of lithic acid is impaired just as the excretion of urea is impaired in Bright's disease. The latter position is too well known to be disputed, and a careful examination of the cases in Dr. Garrod's work establishes beyond all question that the quantity of lithic acid excreted during the paroxysm of gout is, as a matter of fact, greatly diminished. The consequence is that the lithic acid, if its formation in the blood continues to take place, must rapidly accumulate in that fluid. Accumulating here it acts as a poison, and gives rise to all those symptoms which characterise the phenomena of a gouty paroxysm. (See Dr. Garrod's work, p. 339). "Gout," to use his own words, "would thus appear partly to depend on a loss of power (temporary or permanent) of the acid excreting function of the kidneys; the premonitory symptoms, and those also which constitute the paroxysm arising from an excess of this acid in the blood, and from the effort to expel the materies morbi from the system. Any undue formation of this compound would favour the occurrence of the disease; and hence the connexion between gout and uric acid, gravel, and calculi; and also the influence of high living, wine, porter, want of exercise, &c., in inducing it."

The objection I take to this explanation is this, that while it may be sufficient to account for the symptoms after the paroxysm is formed, it gives us no help to explain the cause of the loss of that uric acid excreting function in the first instance.

Let me now proceed to set before you the views I have been led to form on this matter. Adopting the idea broached by Liebig that the protein compounds of the body in the disintegration of the effete tissues are converted through the agency of oxygen, first into uric acid and then into urea, as shown in the diagram (see below), it will follow that if by any circumstance the necessary degree of oxidation be not reached, the metamorphosis will be arrested in the state of uric acid, and this substance, which ought to be met with in very small quantity, will be proportionately augmented. I take it for granted that the removal of the nitrogenous compounds from the body after they have served their purpose in the economy, is naturally and principally effected in the form of urea rather than of uric acid, both on account of the much greater quantity of urea habitually found in the urine and from its greater solubility.

* See a paper on this subject in the Dublin Quarterly Journal for May, 1865.

	C.	N.	H.	O.		C.	N.	H.	O.	
1 at protein =	48 +	6 +	36 +	14	=	15 +	6 +	6 +	9	= 1½ at uric acid.
91 at oxygen =				91	=	33			66	= 33 at carbonic acid.
					=			30 +	30	= 30 water.
	48 +	6 +	36 +	105		48 +	6 +	36 +	105	
1 at uric acid =	10 +	4 +	4 +	6	=	4 +	4 +	8 +	4	= 2 at urea.
4 at water =			4 +	4	=	6 +			12	= 6 carbonic acid.
6 at oxygen =				6						
	10 +	4 +	8 +	16		10 +	4 +	8 +	16	

But it is not only from the disintegration of the albuminous tissues that uric acid may be thus formed. It is obvious that precisely the same changes may take place in the primary assimilation of protein compounds used as food, and I need scarcely tell you that the great majority of animal substances used for food are really but modifications of the elementary compound which has been designated protein. We have hence naturally two sources of uric acid in the system, one which may be considered almost constant in its amount, arising from the metamorphosis of tissue undergoing disintegration, and another variable quantity arising from the greater or less amount of nitrogenized food consumed by each individual. And in proof of this I have only to refer you to the diagram on the wall, which shows the marked influence which diet has upon the function of the kidney, augmenting both the urea and the uric acid when the food is exclusively animal, diminishing them when it is partly animal and partly vegetable, diminishing them still more when it is exclusively vegetable, and making them least of all when a diet is selected from which every atom of nitrogen has been carefully excluded.

Now, I need scarcely remind you that gouty patients are met with principally among that class of society who feed well, consume much animal food of the richest and most nourishing kinds. Here, then, we have one source of the production of uric acid in excess. Not necessarily I admit, for if the person who indulges in food of this description takes much exercise in the open air, and pursues some laborious occupation to work off the nutriment as rapidly as it is taken, the balance between the functions may be preserved and no harm follow. But if, on the contrary, he be a person of studious and sedentary habits, who takes little exercise and is not much in the open air—in whom, in fact, the function of respiration is only kept up at an average amount, it is plain that the oxidation in the lungs being insufficient to convert all the uric acid which is formed into urea, an accumulation must take place, to prove a source of subsequent discomfort and disease. But this is not the only source of mischief in these cases. I conceive that one of the causes of the increased production of uric acid is to be found in the imperfect or insufficient manner in which the function of respiration is performed, owing to the disturbed state of the digestive system. This is a point altogether overlooked by Dr. Garrod, which, if there be any truth in the chemistry of vital processes, must be regarded as of the greatest importance. You all know that the pneumogastric nerve is distributed to the lungs and to the digestive organs, and that its integrity is equally necessary for the healthy performance of both sets of functions. This being so, it is not unreasonable to suppose that whatever tends to concentrate unduly the nervous energy of this nerve in one of these two directions must *pro tanto* interfere with its efficiency in the discharge of its functions in the other. If the alimentary canal be overloaded at any time with food beyond what the gastric juice can conveniently assimilate, and still more if that food be of an indigestible quality, causing the process of digestion to be protracted and difficult, the function of respiration must suffer. And here I would remark that the only test of the efficiency with which the process of respiration is effected, is the amount of carbonic acid exhaled in a given time. It is quite possible for the mere act of respiration to be accelerated, while the proper duty of the lungs is not performed up to the standard of health. The chemical changes in the blood may not be consummated notwithstanding the increase in the frequency of the acts of inspiration and expiration. Indeed, so far is this the case, that that very increase may be only Nature's effort to compensate for defective results, just as we know that the heart, when weakened by disease, endeavours to make up for its impaired energy by a quicker circulation.

I am not aware that any experiments have been made to set this question at rest by ascertaining the amount of carbonic acid exhaled by the lungs when the stomach is loaded and when it is empty; but it could easily be accomplished, and I have no doubt what the result would prove. It is an ascertained fact, that when the body is exposed to a high temperature, as in a warm climate, the quantity of carbon thrown off by the lungs is diminished, and this is one of the causes of hepatic disease in tropical districts, because a greater amount of this substance is left for removal in the shape of bile in consequence of this diminished exhalation of carbonic acid; and the same thing happens as a consequence of using alcohol—a circumstance which, taken with what has been said, may help to explain the production of gout in persons of intemperate habits, expecially those who use alcoholic liquors which contain various forms of vegetable extracts, because the latter disturb the function of digestion more than others that are only so many kinds of dilute alcohol. Now, it is scarcely necessary for me to prove that the function of digestion is very materially disturbed in every case of gout. Sometimes this disturbance seems to be merely the result of impaired nervous energy which shows itself in the secretion of an inferior quality of gastric juice, so that persons of abstemious habits are often martyrs to a disease that is commonly understood to be caused by indulging in the pleasures of the table, but which, in their case, owns no such discreditable origin. But most frequently the fault is not in the organs that suffer, but in the bad usage they are exposed to, more work being thrown upon them in the quantity and quality of food taken than they are capable of performing. If proof of this position were needed, we have it in the foul breath, the loaded tongue, the nausea and sense of weight in the stomach, the flutulence that most gouty patients are subject to, and still more in the common interval observed to take place between the time at which an error of diet has been committed and the development of the actual paroxysm.

You will now, I dare say, easily be able to catch the views I have been led to entertain regarding this affection: a disordered digestion is the primum mobile of the whole train of morbid phenomena. This leads to imperfect performance of the function of respiration; this, again, to imperfect oxidation of the protein compounds in the blood, whether of primary or secondary origin; and the consequent accumulation of these products in the form of uric acid. This accumulation again leads to the special symptoms of the gouty paroxysm, general disturbance of the entire system, suspension of the function of the kidney, and further augmentation of the materies morbi in the blood by its non-elimination at the proper channel.

This, of course, is but a very imperfect sketch of the

subject, but the time at our disposal does not admit of my entering upon the discussion more fully at present.

Now for the treatment you have seen me in the habit of pursuing in these cases. It is simply the free use of hydrochloric acid, either alone or differently combined. The principle upon which I suppose it to act is not that it supplies oxygen to the uric acid to convert it into urea, but that it increases the digestive power of the gastric juice, enabling the stomach more readily and effectively to accomplish the process of assimilation, and so indirectly increasing the nervous energy so as to effect more perfectly the vital changes in the chemical constitution of the molecules of the blood, which are necessary to prevent the occurrence of this disease.

It is scarcely necessary for me to tell you that this remedy is entirely at variance with all the plans of treatment hitherto in use for the cure of gout. Alkalies, in some form or other, to neutralize the lithic acid, and especially those alkalies or alkaline earths, which, entering into combination with this acid, will make salts of ready solubility, have been the fundamental supports of every plan that has met the approval of the profession. Other remedies have been used, but they were either ancillary to alkalies as the sheet anchor, or were employed for some special purpose. I do not put forward the hydrochloric acid as a specific to be used under all circumstances and in every stage of the disease, neither would I mean thereby to exclude the use of such other agents as may be obviously demanded to meet special contingencies. All that I contend for is, that it seems to me to act more directly upon the primary cause of the disease and to hold out greater prospect of effecting a real cure than any antacid remedy I know of. I shall now give you the particulars of the last case we have had under our care, briefly condensing the notes made by my clinical clerk, Mr. Reilly, not to exhaust your patience by too great a detail. I do so with the more pleasure because of its undoubted character as a true case of gout, of the severity of the symptoms, and of the fact that he was put upon the use of the acid from the first, which gave him immediate and permanent relief.

George H., an Irishman by birth, who had passed most of his life in England, was admitted into the Adelaide Hospital, Dublin, March 8, 1866. He was thirty-seven years of age, by occupation a land-surveyor and leveller, and as such constantly exposed to the weather. He always lived well, eating meat and cheese at least three times a day, and drank pretty freely, preferring ale to porter or spirits. He was quite free from disease until eight years previously, when, in consequence of a severe wetting, he was laid up for four weeks with swelled ankles, the joints of his toes especially, the great toes being also affected. He had three subsequent seizures, in which his feet and ankles alone were engaged. These occurred at intervals of three months; his knees afterwards became implicated, and later his wrists and fingers. Formerly he was accustomed to have an attack four times a year, but latterly they had become much more frequent, supervening upon the least exposure to cold or damp. The joints were always of a bright red colour, and afterwards desquamated. The family history was perfectly healthy, and his digestive powers appeared unimpaired. Five days before his admission, in consequence of a wetting, he was again attacked, when all his joints were more or less affected, his ankles, toes, wrists, and fingers being particularly implicated. These parts were hot, red, and swollen, and very sensitive. He had to be carried up stairs to bed, being unable to stir either hand or foot; he was sweating profusely; his urine scanty and acid; his tongue white and furred; the bowels open; his pulse 90. Large tophi existed on each knuckle, which were very red and inflamed. Several well-marked concretions were observable on each ear, but they were not painful or tender to the touch. ℞ Acid. hydrochloric. dil. ʒiss.

Sp. chloroformi, ʒii.
Tinct. colchici, ʒi.
Infus. cascarill. ad. ℥viii.

Sumat ʒi. ex ʒtiis. horis sing.

March 9th: Much better; countenance clearer, less expressive of suffering; slept well; pains much diminished, particularly in the ankles; pulse 72.

10th: Pains in wrist and fingers better; sweating continues.

11th: Still improving; quickly regaining the use of his wrist and fingers; no pain in the lower extremities, except on attempting to move them.

14th: All his joints free from pain; able to move without inconvenience, except from weakness in his ankles; sweating diminished; tophi uninflamed and getting smaller, though still slightly tender; pulse 62; tongue clean; appetite good; urine alkaline. Ointment of iodide of potass to be applied to tophi; continue his mixture.

24th: Quite well; able to walk and write with his usual ease; complained of weakness. Ordered quinine mixture, the hydrochloric acid being stopped.

25th: Pains again troublesome; bowels confined; tongue red. Omit quinine mixture; to have an oil draught.

27th: Left the hospital at his own request to follow his occupation.

This case did not appear to require any preliminary treatment before having recourse to the remedy which I here recommended. It was essentially one in which the vital energy was depressed where a tonic line of treatment was particularly called for, so far as I have yet had the opportunity of forming an opinion, it is in cases of this class it is most eminently useful. Some persons may suppose that the improvement was due to the colchicum which, you know, is generally considered a specific in gout and which was combined with it. But without attempting to undervalue the utility of this much vaunted remedy, my experience from other cases in which the acid was tried alone leads me to conclude that a very important part of the benefit is to be attributed to the acid, and having already shown this in other cases when the acid was tried by itself, some of which were recently in the hospital, I do not see why I should throw overboard a combination of two useful medicines in a suitable case merely to establish the reputation of one of them, which happens to be less generally known. I also added spirit of chloroform as a carminative to check the tendency to the generation of flatus in the intestinal tract, and infusion of cascarilla as a general tonic. The only inconvenience he experienced from the treatment was a slight diarrhœa on the 20th of the month, which did not require a change of the medicine, but merely a reduction in the dose. Any of you who saw the helpless condition of the patient on his admission, the expression of pain depicted on his countenance, and the sensitiveness with which he shrunk from even an approach to the bed-clothes near the inflamed parts, cannot fail to have been struck at the marked and immediate improvement under the treatment, and especially at the change in the appearance of the tophi from what they were at first, instead of being red and swollen they diminished in size, and lost all that angry look that they presented on admission. In conclusion, this I can say with confidence, the theory I now broach may be wrong, but the treatment is pre-eminently safe and beneficial.

NOTES OF

SOME CASES IN WHICH DR. RICHARDSON'S METHOD OF INDUCING LOCAL ANÆSTHESIA WAS EMPLOYED.

By WILLIAM MacCORMAC, M.A., M.D., F.R.C.S.I.,
SURGEON, BELFAST GENERAL HOSPITAL.

The great rapidity with which Dr. Richardson's method of inducing local anæsthesia has been adopted is the best assurance its inventor can possess of its practical utility. Nevertheless, it may not be without interest to record the nature of the cases in which it has been employed in the Belfast General Hospital, and the results which attended its use. The great demand for the apparatus caused some delay in procuring it, and it was only on the 6th

April that I was first able to test the efficacy of the method.

The first case was an aggravated one of onychia maligna of the great toe, in a girl 21 years of age, and the operation I performed was that ascribed to Dupuytren, which consists in cutting out the nail with the soft parts around it, so as entirely to excise the matrix. No more painful operation, considering its extent, could be required, and none was better calculated to test the efficiency of Dr. Richardson's method. The incisions requisite are three in number, and it is necessary to cut deeply into the parts around the exquisitely sensitive matrix. The ether spray was directed for seventy-five seconds against the toe. In fifty seconds it suddenly blanched all over. The patient's eyes were covered, and the operation completed without any sign of pain being shown. The girl was all the time clasping in her hands the arm of the nurse, who stated that she did not feel her arm more tightly compressed during the cutting of the toe than it was before or after. There was no after-pain on reaction, and the patient stated that she felt the cold, but nothing else.

The next case, also one of onychia maligna in the great toe of a girl, and operated upon the same morning, was quite as striking. The ether spray was applied for forty seconds only. A napkin having been laid over the eyes, the same operation was performed as in the preceding case. The patient evidently suffered no pain, for during all the time of the operation, and until she was allowed to rise and look at her toe, which meanwhile had been dressed with wet lint and a bandage, she continued to call out, "*hurry and do it.*" When she saw the operation was completed, having been previously unaware that it had been even commenced, she began to laugh, and said she felt nothing but the cold, and that it was not painful. She could hardly believe that a knife had been used. No after-pain was felt on the recovery by the part of its normal temperature, nor was there any hæmorrhage. Both patients were directed to bathe their toes for some time after the operation in cold water.

I subsequently performed a similar operation in a third case of onychia of the great toe. The patient said she felt a slight "jagging" sensation while the knife was being used. It is not necessary to enter into further details about it.

The next case in which I tried local anæsthesia likewise presents features of interest:—

Maria Lyons, a mill-worker, was brought to hospital, April 11th, with a severe laceration of the forefinger, necessitating its removal at the metacarpo-phalangeal joint. For many years she had been subject to cough and bad breathing, and now she had difficult wheezing respiration, her shoulders being raised towards her ears as she drew her breath. Her cheeks were of a dusky red hue, showing the insufficient aëration of her blood. In addition she was very much excited. The case was one in which the administration of chloroform would have been attended with considerable risk, if not contraindicated altogether. Local anæsthesia was accordingly induced with common ether, no absolute ether being in the hospital at the time. Blanching of the skin took place in two minutes and a half, and the finger was removed by a double flap operation. One artery required ligature, and one suture was inserted. The head of the metacarpal bone was not removed. The rest of the hand was protected during the application of the spray by lint wrapped around it. The woman stated, that, until afterwards informed, she was quite unaware of any operation having been performed, that she suffered no pain, and that the cold of the spray did not feel unpleasant. The after progress of the case has been perfectly satisfactory. No pain occurred on reaction, there was no secondary hæmorrhage, and the wound is healing quickly.

On the 12th April, James Martin, an intelligent mechanic, 19 years of age, applied to hospital with a laceration of the third and little fingers of the left hand. In the latter there was a laceration, about an inch in length, but the former was so much injured as to require amputation of the distal phalanx. The ether spray was directed upon it, and produced the desired effect in forty seconds. A dorsal flap was then formed, sufficient to cover the end of the finger, and the bone divided with forceps just above the last joint. One suture was inserted, which he felt slightly while the needle was being passed through the palmar margin of the wound, owing to the spray being insufficiently applied to that point. Martin stated afterwards that he felt no pain, except that before mentioned, and that although he distinctly *heard* the bone snapping when divided by the bone forceps, he did not *feel* it. No pain was experienced on reaction, and the patient yesterday informed me he felt much more annoyance from the laceration of the little finger than he did from the finger in which the amputation had been performed.

The following day I amputated the distal phalanx from the third finger of a girl with equally satisfactory results.

The next case was that of a policeman, from whom I had some time previously removed an external pile by scissors. He complained of great pain at the time, and for two or three hours afterwards, amounting to agony. On the 14th April, after applying the spray for thirty seconds, I cut off with the scissors a small external pile from this patient. He submitted himself with fear and trembling, and could hardly believe the evidence of his senses when he found the operation had been completed without his having experienced pain.

My colleague, Dr. Murney, has not as yet tried this method in many cases, but a few days since he removed a large number of warts from the glans penis and prepuce without the patient experiencing pain, and the proceeding was much facilitated by the absence of that copious hæmorrhage which usually complicates such operations. He also painlessly divided the skin over a piece of necrosed bone in the leg which required extraction.

These cases would, I think, establish, were any further evidence necessary, the great usefulness and facility of application of Dr. Richardson's method. The principle may not be new, but Dr. Richardson may justly claim priority for an invention by which the sensibility of a part may be temporarily destroyed with certainty without injuring its vitality, or interfering with any process of repair which may afterwards be set up in it.

In the first volume of the fifth edition of Vidal's "Traité de Pathologie Externe" it is mentioned, that during a discussion at the Imperial Academy of Medicine, on the value of Dr. Hardy's local chloroform apparatus, M. Alphonse Guérard announced that he had obtained similar results by dropping ether upon the part he wished to anæsthetise, and instantly evaporating it by means of a strong current of air. He states also that, in his opinion, when air charged with anæsthetic vapour was directed upon a part, insensibility was produced by the chilling of the part. M. Giraldes mentions, in the second volume of the "Nouveau Dictionnaire de Medécine et de Chirurgie Pratiques," that whenever local anæsthesia of a portion of the body is desirable, that result may be obtained by directing upon it a stream of ether or chloroform pulverised in one of the many instruments used for that purpose.

These modes were, however, confessedly very uncertain and imperfect, and it was reserved for Dr. Richardson's ingenuity to devise the simple and efficient means of producing local anæsthesia, which goes by his name.

It is certainly an inestimable boon that a means has been provided by which such operations as I have detailed can be performed without pain, without submitting the patient to the risk of death from cholorofom, or the other inconveniences which often follow its administration. I have no doubt, too, that by a multiplication of the number of jets, this method might prove applicable to some of the larger amputations.

The ether I used was as nearly absolute as possible, and was prepared for me with great care by Messrs. Wheeler and Whitaker of Belfast.

THE APPARENT CAUSES OF FEVER AND CHOLERA.

By CHARLES F. MOORE, M.D., F.R.C.S.I.,

ONE OF THE PHYSICIANS TO CORK-STREET FEVER HOSPITAL AND HOUSE OF RECOVERY, ETC.

(Continued from page 145.)

THERE appears no doubt that the type of fever varies in its symptoms, and in the remedies, stimulants, and diet most suited to it, in some considerable degree of accordance with the circumstances or apparent causes under which the illness commenced.

In this way a case presenting the characters of marsh malaria, and having apparently arisen in a district of a swampy nature, or in a locality where exhalations from decaying vegetable and animal matters existed, will most likely present symptoms in accordance with what we might expect under the circumstances, although the predominating symptoms may be those of typhus fever, which may have been superadded by exposure to the causes to which we attribute the latter disease.

I was led to consider these differences in cases of fever in Ireland by observing the different effects of tea on cases occurring in city and in country practice.

In the former class tea is constantly taken with relish and benefit, whereas I have seen it refused, or, if taken, undoubtedly produce increased tremors, debility, and in one instance it was apparently the cause of a relapse. As also corroborative of this difference, I found bitters and stimulants free, or nearly free, from any form of sugar, relished, and their use attended with evident benefit; whereas stimulants or articles of food containing sugar were generally refused in cases arising in malarious localities. Every physician has found the value of bitter tonics to vary in fever cases, the variation arising apparently from the circumstances under which the illness arose. A very great difficulty, no doubt, attends the actual demonstration of the cause of fever, and my object in these papers is to endeavour to bring under notice the conditions under which disease originated, placing as many facts together as possible, in the hope that some light may be thrown upon questions of great importance, either by the results of what I have seen, or by inducing others, whose powers of observation and induction or opportunities of observing are greater than my own, to publish the results of their experience.

Without for a moment wishing to take from the value of Dr. Barker's researches into the effects of exposure to cesspool air, it appears to me that there is necessarily an imperfection in the reasoning that because, in the instance he has given, no communicable disorder was induced, we should necessarily say that exposure to the foul air, under all conditions, would not be followed by communicable disorder. It might as well be said that, because a number of persons can live together in an atmosphere supportable by them without injury, under ordinary circumstances, that they will necessarily always escape its effects, or that another person coming, it may be from a distance, will also escape any bad effects from exposure to an atmosphere which is at first insupportable by him, but which others bear apparently with impunity.

It is now several years since the late Dr. Andrew Buchanan, in speaking of the fever which has so often prevailed with great severity in Glasgow, pointed out in his lectures the circumstance to which I now allude, adding that the new arrival from the country seized with fever on his sojourning in the crowded and unhealthy tenements of the lower classes in that city became, as it were, in his turn, the source of fever which spread from him to those who had apparently borne the unhealthy conditions by which they were surrounded with impunity.

Let us for a moment inquire whether the condition of the lower orders in crowded or unhealthy localities in town or country is as sound as might be supposed, were we to judge from the degree of immunity enjoyed by those classes. That theirs is not a state of health, and that the poor countryman who too often is blamed for the fever which he is supposed to bring into the filthy or overcrowded city tenement is, I think, shown by other circumstances, some of which are as follows:—If one of the class to which I allude gets a severe wetting, or is long exposed to cold, exhaustion, or privation under fatigue, then very generally we have an attack of fever produced, varying in its type (as to being typhus or typhoid) according to the circumstances in which the individual had been placed previously.

It appears to me, undoubtedly also, that cholera, diarrhœa, dysentery, diphtheria, and some other forms of disease, in like manner owe their origin to the presence of some like exciting cause, acting in unison with an atmospheric predisposition, if you will, or, in other words, with some agency hitherto beyond our means of perception, but acting at times in producing fevers varying in gravity, or at other periods producing plague, cholera, dysentery, or other form of disease, whose tendency and mode of progress has more or less of a nature in common with other diseases of the same class.

Corroborative of the views of Dr. A. Buchanan, which I have myself been led from experience to confirm, I find Smoler has observed removal from the country to the town as the most constant cause of sporadic fever, and he ascribes its effect to the bad sanitary arrangements of large cities. He observed at Prague* that all the typhus cases came from recently inundated districts. In my own practice, I have found that unless the locality or part of a dwelling in which fever commences be in an extremely unfavourable condition, or unless the person be exposed to the influence of an unhealthy locality for a very long period, as months or even years, the exposure may not culminate in the production of fever, unless some other powerful agency comes into operation, such as a severe wetting, cold, &c., as above alluded to; or if the individual, whose system may be, as it were, charged with paludal emanations, such as so often exist in damp and unhealthy country dwellings, goes to reside in a crowded town, and gets an attack of fever, caused, as he thinks, by the town influences, whereas his town friends assert that he imported the sickness with him, the truth often lies between both statements, and that the case is really owing to the fact that the germ of disease, existing in his constitution from the malaria in the country, was called into activity by removal to town, and the depressing influence of the air of a crowded and unhealthy dwelling there.

There can be no greater error than the removal of bodies of men from quarters likely to engender disease to others certain to further the development of the same.

Captain Burton, the distinguished traveller, spoke to me of the injurious consequences which always followed the removal of troops from the West Indies to the West Coast of Africa; and it is most lamentable to observe the want of judgment too often displayed by those whose duties it should be to protect our soldiers and sailors from the dire influences of the worst of climates, instead of obliging them to go from bad to worse, from some old plan of routine, or from some fancied ideas of economy. It would be easy to prove that not only is such a course unjustifiable on the score of humanity, but also of economy. Indeed, the variety of profitable employment, yearly opening up new fields for enterprise and labour, tend to lessen materially the number of the unemployed, especially of the class from which our soldiers and sailors are generally obtained, and if better care is not taken of these forces the difficulty of filling up vacancies will yearly increase.

Further evidence on the necessity of a judicious "roster" of duty for men whose constitutions have been debilitated by exposure to malaria in one climate is contained in the last Army Report, from which I take the following:—"All West Indian soldiers suffer greatly from

* New Sydenham Society's Year-Book, 1863.

change of climate. Many, if not most, of the 4th West India Regiment suffered more from the effects of this climate (that of Africa) on their first arrival than white men would. Thus, the first detachment of the 4th West India Regiment landed on the Coast in August, 1863, and were at once attacked by fever and dysentery; before December of same year they had somewhat recovered (by no means wholly), and then were employed in the interior, the inevitable results of which, following so soon on constitutions lately shaken, told with most serious effect."

Everywhere a somewhat similar chain of events appears in the production of fever and allied diseases, whether it be in the malarious swamps of Africa, in the crowded cities of China, India, or America, or in those of Europe—namely, the constitutions of the earlier victims of disease are found to have been more or less debilitated by depressing agencies, illness is either at once developed, or it may in other cases require a subsequent exposure to other agencies to call forth its full development. Again, when once fever, cholera, or dysentery appears among human beings crowded together, the disease too often proves infectious, spreading with a fatality and rapidity commensurate with surrounding conditions.

It is often said that cholera shows an unaccountable predilection for particular localities, as, for instance, one side of a street, a particular part of a town, &c.; and the case of a house presenting appearances of comfort and cleanliness beyond that of other houses whose inmates may have escaped illness, is very probably cited to show that, as its inhabitants have been seized with cholera, cleanliness has nothing to say to the matter.

It is generally easy, in any given case, to ascertain on a close investigation into all the circumstances, that in some respect a loophole was left, so to speak, through which the disease gained access to the house or locality in question. I attended a case of well-marked cholera at Finglas in 1854.* The house in which the patient, a young woman of 23 years, lived, was otherwise clean, but not sufficiently ventilated, and a lad had already died of cholera in the same house; lastly, also, there was no mention of the source whence the water was supplied to this family. Four circumstances concurred in this case to explain the possible origin of the disease—namely, the existence of the epidemic in the locality, the previous death from the disease in the same house, the deficient ventilation, and possibly the quality of the water used. Any one of the latter three conditions might, I think, owing to the existence of cholera in the locality, have caused a predisposition to it.

Reserving for a future opportunity further remarks on the circumstances under which I have known cases of cholera to occur, I will conclude the present notice with some account of the conditions existing in and around dwellings in which fever has occurred in successive seasons and in different families.

I have within the last few days visited two families, in different rooms, but on the same floor, in fever. These two families occupy the second floor. I learned that persons have been in fever on the floor above them also recently, and twelve months since I understand fever had also existed in the same house. I observed also that the persons living in the storey below that in which the sick persons now lie do not allow the members of their own family to enter the apartments where the sick now are.

On examining the house in which these cases have occurred, not only this year, but also in previous seasons, I noted the following facts:—The house is dirty, the apartments are small, with low ceilings; at least one family lives in each room; however, in one small room I only found one man—he being in fever—and I cannot say whether "he takes in a lodger" or not. In the hall there are two or three rat-holes, evidently communicating with the sewer which appears to pass beneath it; in the small back yard, where is a latrine and ashpit, there is also an untrapped opening to the sewer; surrounding the small yard are other yards, in which large heaps of manure are stored, and pigs, donkeys, and other animals are kept.

In this house, as is generally the case in the locality—the poorest part of the Coombe—there are some very poor persons, badly fed, badly clad, and frequently exposed to inclement weather.

(To be continued.)

* Dublin Quarterly Journal of Medical Science, Nov., 1854.

Hospital Reports.

[The first report in the present number contains the conclusion of Dr. Hayden's case of "Thoracic Aneurism," and is continued from page 334. The second illustrates Dr. Lyons's views of "Tonsillitis," and his treatment of it. I have again to acknowledge the kindness of both these gentlemen in giving me the use of their private notes. The third illustrates Mr. Porter's treatment of several surgical affections. This portion of the report was written and kindly furnished by Dr. Foot.—T. W. Belcher.]

MATER MISERICORDIÆ HOSPITAL.

CASE OF THORACIC ANEURISM.

(Under the care of Dr. HAYDEN.)

(Continued from page 334.)

March 25th: Passed a good night, and declared he felt better this morning; called to the nurse for his medicine at half-past six o'clock, and sat up in his bed to take it. Immediately on assuming this posture he complained of excruciating pain in the abdomen, cried out that he was dying, became deadly pale and much agitated, and died of syncope in about thirty minutes, the tumour having ceased to pulsate from the time he complained of pain till his death.

26th: *Post-mortem examination of body twenty-eight hours after death.*—Body well nourished and covered with a thick layer of subcutaneous fat. A large tumour, of the size and figure of the female breast, occupied the upper and anterior portion of the right side of the chest, extending from the clavicle to the nipple, and from the right margin of the sternum to the anterior fold of the axilla. The right side of the chest, measured over the tumour, exceeded the left in girth by three and a half inches; it was dull on percussion at all points anteriorly. The right pleura was full of straw-coloured serum and coagulated blood; the latter weighed three pounds. The right lung was compressed into the infero-posterior portion of the pleural cavity, was of a dark-slate colour, and emptied of air, with exception of the superior and middle lobes, which were expanded upon the posterior surface of the tumour, to which they were attached, and contained some air.

An enormous tumour, as large as the head of a new-born infant, occupied the anterior and superior portion of the pleural cavity, and was attached to the anterior wall of the chest, through which it protruded by eroding the second, third, and fourth ribs. It was unsupported at all other points, save by the adherent lung, and by its pedicle and anterior and superior surface, through which it was connected with the anterior mediastinum. It was, as it were, suspended in the cavity of the pleura. On the posterior and inferior surface of this tumour, where it was uncovered by the lung, was a large and irregular rent, through which two fingers might be readily introduced, and from which protruded a jagged mass of partially decolorized blood-clot. The unattached surface of the tumour was invested by the parietal pleura.

The left lung was vascular on the surface and partially emphysematous on the anterior margin, but otherwise healthy.

The pericardium contained about two ounces of serum

The heart presented a good deal of superficial fat at the base, and a thick layer in the front of the ascending portion of the arch of the aorta. On the right auricular appendix was a large "milk spot," and a similar one existed in the usual situation on the right ventricle; on the anterior surface of the left ventricle near the apex was a nodule of white adherent lymph, of the size of a small pea.

The right cavities were normal, the left ventricle much hypertrophied and diminished in capacity (see measurement below).

The valves were all in a healthy condition except the sigmoid of the aorta, which were slightly thickened, and permitted the slow return of water into the ventricle. The lining membrane of the aorta was rugous, and of a dirty, yellow colour, and in the right wall of the ascending portion of the arch, one inch to the cardiac side of the origin of the arteria innominata, was found a large and somewhat circular opening, admitting the points of three fingers, which led into a large aneurism (the tumour already described) partially filled with coagulated blood. The coagulum was adherent to the anterior wall of the sac, and protruded through the rent in its posterior wall; the inferior and internal portion of the sac was unoccupied by coagulum, and a probe introduced into the mouth of the aneurism readily passed through the rent into the cavity of the pleura.

The pulmonary artery and its valves exhibited no departure from the state of health; the three great vessels arising from the arch of the aorta were unaffected. Both pneumogastric nerves were much thickened.

The vena cava descendens and its tributaries, and also the right bronchus and the œsophagus, entirely escaped pressure. The heart was measured ninety-six hours after death, and yielded the following results:—

Dimensions of cavity of left ventricle.	Length of auricular portion—viz., from root of mitral valve to apex, 2 inches.
	Width—viz., from septum to posterior external wall, at central portion, ½ inch; at base ¾ inch.
Thickness of walls of left ventricle.	Near apex ¾ inch.
	Near base ¾ inch
	Middle portion 13-16th inch.

The preceding measurements are of some interest, as showing that the heart furnished an example of concentric hypertrophy without disease of the mitral orifice, and with partial disease, admitting of slow regurgitation, at the aortic orifice.

It would seem that the extra labour imposed upon the left ventricle of distending the large aneurismal sac, which must have been accomplished as a necessary preliminary to a complete and effective circulation, determined the increased development or hypertrophy of the walls of that cavity, and that the circulation was unusually effective, the character of the pulse, the fresh and ruddy complexion of the patient, and the total absence of anasarca, clearly proved. The occurrence of dilatation of the left ventricle, as a consequence of inadequacy of aortic valves, was prevented—first, by the very partial degree in which inadequacy existed, and secondly by the close proximity of a large aneurism communicating by an open mouth with the aorta a short distance above the valves. Into this large cavity, which thus served as a diverticulum, the blood must have rushed during the systole of the aorta, causing the second impulse of the tumour, and diminishing the pressure upon the sigmoid valves. The regurgitation into the ventricle and the diastolic pressure upon its internal surface was therefore much less than otherwise it would have been, and hence the absence of dilatation. Death was caused by the giving way of the sac on its posterior wall, where it was unsupported during the effort of the patient to sit up in bed, and at a time when its contents were being gradually solidified.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

TONSILLITIS. *Aphthous and Œdematous Varieties; Caustic; Incision.*—This very common affection may be found worthy of brief commentary, and one of its forms is well illustrated by a case recently treated in Dr. Lyons's Clinique.

The patient, a young man, aged about 20, was admitted labouring under considerable dyspnœa, extreme dysphagia, and with a marked amount of pyrexial excitement. He stated that he had not previously laboured under sore throat, and had been attacked a few days previously with rigors, pain in the neck, difficulty of swallowing, pain shooting up to the right ear, and all the usual symptoms which attend the invasion of tonsillitis.

On inspection there was visible swelling externally on left side, great distress in breathing and on attempts to swallow, and all the evidences of much febrile disturbance of the system.

On opening the mouth, which was accomplished not without difficulty, the left tonsil was found to be enormously engorged, projecting far beyond the mesian line, and carrying the uvula before it. It was also enlarged in a direction forwards, and had thrust the left anterior half arch of the palate, part of velum palati and contiguous tissues far forward into the mouth, causing very remarkable swelling of the parts involved, which were thrust forward so as to reach the level of the front molar teeth. The mucous membrane of the palate and inflamed parts was of a deep claret colour, and all the symptoms and appearances indicated the rapid advance of a high degree of erysipelatous inflammation. It might have been for some moments a question of grave debate as to what steps could be best taken for immediate relief of the urgent symptoms which were presented in this case; but relying on his former experience in circumstances very similar, Dr. Lyons at once proceeded by means of an ordinary gum-lancet, or, as he prefers to call it, "*his favourite tonsillotome*," to make a few bold free incisions through the swollen organ by gently raking the instrument two or three times in a parallel direction from behind forwards, and to the depth of about one-sixteenth to one-eighth of an inch through the tissue of the gland. The result of this procedure is invariably to give exit to a considerable quantity of blood, and to allow the escape of the serum, the infiltration of which had caused the principal amount of the swelling which had produced so much distress, dyspnœa, and dysphagia. After the free incision just mentioned, the patient was directed to freely gargle the throat with warm water. The result was, that in a brief period, partly from the escape of blood, and more particularly by the free exit of the serous fluid infiltrated into the tissues of the gland, marked subsidence of the swelling took place within a short period, and therewith relief was procured to all the principal sources of distress of which the patient complained. Convalescence was rapidly established in this case.

In commenting on the features of this particular case, Dr. Lyons took occasion to draw the attention of the class to the distinction which he believes to be so markedly observable between the two forms of tonsillitis which so very commonly come under the notice of the practising physician and surgeon—viz.:—

Aphthous Tonsillitis.—This term Dr. Lyons thinks may be applied very appropriately to one of the two common forms of tonsillitis. In this variety of the affection the tonsil is but little swollen; it is red, irritated, patchy in appearance, and here and there covered with buff-coloured spots or specks of yellowish or aphthous matter—a low form of exudative material. This affection is attended with smart sensation of pain and distress on swallowing, often with sharp fever

and marked evidence of a well-developed pyrexial state, including hot skin, quick pulse, thirst, foul tongue, and ultimately copious deposit of urates.

In this form of the affection Dr. Lyons's experience agrees with that of all observers, that the local application of solutions of the nitrate of silver, varying in strength according to the urgency of the case, acts as a sovereign and quite a specific remedy. He is satisfied, however, that the singular and almost magic efficacy of the local application in this particular form of the affection has been a source of grave error in another somewhat allied, but in the main wholly different, pathological condition of the tonsil. Dr. Lyons sums up his views by stating that *while Nitrate of Silver is the sovereign* remedy for one—the aphthous variety of tonsillitis—it is not alone ineffective, but highly injurious, in that variety in which œdematous infiltration of the organ demands free incision by the gum-lancet as its natural and only efficient mode of relief.

When the œdematous variety of tonsillitis is once established, the application of caustics in any form, solid or fluid, can, in Dr. Lyons's view, have only the effect of converting a simple œdematous infiltration into an inflammation in which lymph is exuded, and the tissues of the organ become for the time much more intensely inflamed, possibly enlarged, and certainly permanently condensed.

To the enlarged œdematous tonsil the application of caustic gives no relief, but perhaps the contrary, and this is especially seen when both tonsils are enlarged, project towards each other, and perhaps touch, and deglutition and in some cases ordinary respiration is performed with infinite difficulty. To apply caustic, under these circumstances, is but to aggravate the already excessive sufferings of the patient, while leeches, mustard poultices, and blisters are equally ineffective as means of relief to a condition which, to the patient, seems to threaten immediate suffocation, a result possible, though fortunately rare.

It is in circumstances like those here detailed that the practice of incision of the tonsils, according to Dr. Lyons's views, offers such advantages. Free exit is at once given to a certain amount of blood, free exit is allowed to the imprisoned serum; rapid subsidence of the swollen organs takes place, and deglutition and respiration are performed without difficulty, to the infinite relief of the patient, who has been momentarily fearing suffocation.

As to any possible danger from the operation of incision, it must be remembered, says Dr. Lyons, that, however closely approximate to those important vessels (internal and external carotid and maxillary artery) may be the tonsil in its normal condition as a much flattened organ, it is when enlarged separated from these vessels by the whole thickness of its own inflamed and infiltrated substance, often reaching the size of a large walnut. Dr. Lyons directs the operation to be performed by carefully raking the gum-lancet (the only suitable instrument for the purpose) from behind forwards; it incises the organ (now perhaps an inch in thickness) to the depth of one-eighth at most of an inch, and exit is given to blood and serum.

If performed sufficiently early, the occurrence of abscess in the tonsil may, in his opinion, be obviated in the great majority of cases, while another and equally important object is accomplished by saving the patient from that condition of chronically enlarged and hardened tonsil, so liable at subsequent periods to attacks of inflammation on the slightest occasion of cold, and which is too often the result of caustic misapplied.

In conclusion, Dr. Lyons observed that the case under consideration well illustrated the other marked features of this somewhat singular malady, in which, with a comparatively slight amount of local disease, marked general pyrexia was so commonly associated, as evidenced by heat of skin, accelerated pulse, nervous derangement, occasional sleeplessness and wandering, and in nearly all cases marked lysis of the diseased state by a free deposit of urates, accompanied by a marked odour of the sweat and breath, with an amount of debility consequent on the disease, which nothing could explain short of a pyrexial act of the system of considerable intensity, and attended by tissue-metamorphosis and waste excretion of no small extent.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

CASES UNDER THE CARE OF MR. PORTER,

SENIOR SURGEON TO THE HOSPITAL.

[Reported by ARTHUR WYNNE FOOT, M.D.]

(Continued from page 395.)

STRANGULATED FEMORAL HERNIA; DIVISION OF THE STRICTURE WITHOUT OPENING THE SAC.

Case 8.—Kate Phibbs, aged 23, was admitted on the evening of the 5th of April with a femoral hernia on the right side, which had been in a state of strangulation thirteen hours. She had been fourteen months subject to a reducible hernia, and had worn a truss for about ten months. She had on one previous occasion suffered from symptoms of strangulation for several hours, but was relieved by the return of the hernia without surgical assistance. Upon her admission a very tense tumour, the size of a small walnut, presented in the right inguinal region, with constant vomiting and pain in the abdomen and back. The taxis had been tried for a short time before her admission, ineffectually and to the great increase of the pain and vomiting. Fresh attempts to reduce the tumour, gently made while she was in a warm bath, not having succeeded, she was put under the influence of chloroform, the skin pinched up and transfixed, the sac laid bare by careful incisions, and the stricture divided without opening the sac. The wound was closed by three wire sutures. Draughts containing twenty-five drops of Battley were given morning and evening on the following day.

A slight attack of local inflammation interfered with the early healing of the incision, and made it necessary to remove the sutures before it was closed. matter formed, a poultice was applied, and the wound allowed to heal by granulations.

The advantages claimed by the advocates of division of the stricture without opening the sac have been illustrated in this case, which is the third in which this method, called Petit's operation, though not first employed by that surgeon, has been lately adopted in the Meath Hospital. The non-exposure of the intestine to the air by the division of the sac, and the consequently lesser risk of peritonitis or of hæmorrhage into the abdominal cavity, contribute to a more rapid recovery after this operation. A point particularly attended to by Mr. Porter with the view of securing a favourable result, was that the taxis should not be injudiciously persevered in after its careful employment had not been successful; the prognosis being so much influenced by the attempts at reduction, that Dessault always thought favourably of a case of strangulated hernia when the taxis had not been used.

STRICTURE OF THE URETHRA TREATED WITH HOLT'S DILATOR.

Case 9.—Edward Dolan, 36 years of age, was admitted with a tight stricture of the urethra about five inches from the orifice. No. 1 gum-elastic catheter could be passed with difficulty. The stricture had existed two years, and dated from the cessation of neglected gonorrhœa. He had frequently suffered from retention of urine; on one occasion, internal division of the stricture was performed with a cutting instrument in another hospital; but the disease returned. Mr. Porter introduced Holt's dilator, and forcibly divided the stricture. No pain was felt, and but a few drops of blood were mixed in the urine, which was drawn off by No. 8 silver catheter, introduced with ease immediately after the operation. Two grains of quinine and twenty drops of tincture of opium were given, and the man desired to keep his bed for the day. A few days

afterwards he was dismissed, No. 10 silver catheter passing through the urethra without any difficulty.

STRICTURE OF THE URETHRA TREATED WITH HOLT'S DILATOR.

Case 10.—John Carvin, 30 years of age, was admitted with a very tight stricture at the membranous portion of the urethra, which he stated he had suffered from for more than two years. The disease commenced to appear during the course of an attack of gonorrhœa. He had an instrument, No. 2 elastic catheter, passed, for the first time, after his admission. There was difficulty in getting it through the urethra. Holt's dilator having been introduced, the stricture was forcibly dilated. No. 10 silver catheter easily passed immediately afterwards.

PRIMARY SYPHILITIC ULCER, TREATMENT BY MERCURIAL VAPOUR BATH.

Case 11.—John Byrne, 30 years of age, was admitted on the 9th of April, with gonorrhœa, œdema of the penis, and phymosis, accompanied with a solitary chancre on the right side of the body of the penis, having an elevated, non-suppurating base, and surrounded with a margin of induration. He had contracted this ulcer five weeks before the period of his admission. It made its first appearance fourteen days after exposure to contagion, as a "watery blister." The œdema of the penis subsided soon under the influence of rest and position. With regard to the treatment of the chancre, Mr. Porter stated his intention of employing the method of mercurial fumigation, advocated specially by Mr. Henry Lee, for the purpose of healing the sore as quickly as possible, but clearly stated the certainty of secondary syphilis sooner or later following this infecting sore, which had been neglected until the period for abortive treatment had passed by. The solitary character of the sore, the late date of its appearance after contagion, the absence of suppuration from its surface, the surrounding hardness, the multiple induration of the lymphatic glands in the right groin, which, enlarging slowly, and without pain or tenderness, ness, indicated the infecting nature of the ulcer, and from the fact of the man not having applied for treatment until five weeks after the appearance of the ulcer and seven after the date of contagion, Mr. Porter concluded that the development of the secondary effects of the syphilitic poison was inevitable. The condition of the sore was rapidly improved by the mercurial vapour bath, and after its employment for a fortnight, the surrounding induration had been much lessened, and the base of the sore become disposed to cicatrise. Ten grains of calomel were sublimed with the vapour of water upon his body every evening. The bath occupied twenty minutes, and the course of fumigations caused no diarrhœa, salivation, or other unpleasant result.

Proceedings of Societies.

HARVEIAN SOCIETY OF LONDON.

April 5, 1866.

Dr. BALLARD, V.P., in the Chair.

Dr. Ballard mentioned the case of a child in whose abdomen there could be felt masses about the size of pigeons' eggs in the umbilicus and lumbar regions. The bowels were regular, not relaxed; the child was in good health. The veins of the abdomen were enlarged. This led Dr. Ballard to the opinion that the child was suffering from malignant disease of the mesenteric glands, and Dr. West on being called in gave a similar opinion. It appeared that the paternal grandfather of the child had died five years ago of cancer of the liver, the father and mother were healthy.

Mr. Sedgwick thought that a post-mortem examination would be necessary before the diagnosis of the case could be clearly made out. If it were malignant, cachexia would not, he thought, be necessarily observed, as in cases of diseases of the eyeball in children cachexia was frequently absent.

Dr. Cock thought it unlikely that this case was one of cancer, since there was no pallor described, which he would expect if this case were one of carcinoma.

Dr. Ballard promised to inform the Society of the progress of the case.

A debate was held "On the Treatment of Acute Articular Rheumatism."

Dr. Charles Drysdale said that the treatment of this disease was first seen to be of great importance when M. Bouillaud, in 1832, pointed out the frequent occurrence of heart disease with acute articular rheumatism. A violent dispute had ensued between that gentleman and M. Chomel. The latter physician thought that rheumatic fever should not be considered an inflammatory disease, that it occurred chiefly in those predisposed to it, and he contended that bloodletting therefore prolonged the duration of the disease, and produced sounds resembling those of valvular disease. The duration of the fever was, when let alone, from seven to nine days. Bouillaud, on the contrary, considered that cold was the sole cause of rheumatism, and maintained that the coincidence of heart disease was the rule, not the exception, in this disease. He therefore advised antiphlogistics, and especially the loss of large quantities of blood, which he said cut short the fever and prevented the heart complication; in short, acute rheumatism was, like pleurisy, &c., one of the types of inflammatory disease. The average amount of blood taken by him in cases of acute rheumatism was about four and a half pounds in the course of the disease. The mean time of the duration of the disease was nineteen days. Of seventy-four cases of rheumatism of great intensity, mentioned by Bouillaud, heart complications were noticed by him in sixty-four. Passing on to other treatment, nitre in large doses, ʒi. to ʒii. in twenty-four hours, had been praised by Dr. Basham; lemon juice also had been praised by Dr. O. Rees. Dr. Williams' plan of treatment was to commence with a purge, and then administer vinum colchici in an alkaline mixture, with cupping and leeches, and calomel and opium in cases of cardiac complication. The treatment by means of large doses of bicarbonate of potash was probably introduced by Dr. Golding Bird, and had been very warmly advocated by Dr. Garrod and Dr. H. Fuller, who had supported their assertions by large statistical inquiries. Dr. Fuller had said that he had never seen a case of heart disease follow when this treatment was used, except in two or three cases, where it had supervened within twenty-four hours of the commencement of the treatment. Dr. Gull, on the contrary, asserted that he had found this plan of treatment a failure, as he had also the use of colchicum, Dover's powders, &c. Dr. Gull said that he had been most successful by keeping the patient quite quiet in bed and on simple diet. One of the most recent writers on this subject, Dr. K. Chambers, had, in addition to the use of alkalies in large doses, laid very great stress upon the necessity of enveloping patients in blankets, in order to prevent the heart's excessive action when variations of temperature took place. He stated that this bedding in blankets reduced from sixteen to four the risk of inflammation of the heart. Dr. Chambers objected to the use of mercury in pericarditis. The alkaline treatment, Dr. Drysdale said, rested on the assumption that the fluids of the system were unduly acid in rheumatic fever. Now, the urine was scanty and of high specific gravity, and certainly reddened litmus paper greatly. But all this was owing to the concentration of the fluid, and the free acidity of the urine was in reality reduced; the sweat, too, was by no means invariably acid, and the blood was alkaline, so that the alkaline treatment could not be said to have much *a priori* argument in its favour. But any remedy which had no such *a priori* argument was merely an empirical one, and had an infinity of chances against being

what it was asserted to be—namely, a specific against the occurrence of cardiac affections in acute rheumatism. Nothing short of this was claimed for it by Dr. Fuller, who thought that no discovery in medicine since the days of Jenner had been of such consequence to the race as that of the use of large doses of the alkalies in this disease. He (Dr. Drysdale) had the greatest respect for any assertion made by such eminent observers as Dr. Fuller or Dr. Garrod; but he would simply say that the probabilities were so great against the affirmative side of the question as to make scepticism quite imperative, until more extended comparisons had been made between the treatment by alkalies and the ordinary plan, as pursued in Paris, and by Dr. Gull and others—*i.e.*, attention to the perfect tranquillity and warmth of the patient. As to bloodletting, this practice had reposed for its theory on the idea of getting rid of the superabundant fibrine from the blood, and was now justly abandoned, and he must say that he had himself seen fresh joints implicated and the heart affected when ℈ij. of bicarbonate of potash was given every two hours. As to calomel and opium in pericarditis or other inflammations, he would repeat what he had said before, that Drs. Walshe, Hughes Bennett, and many others of the best modern physicians, considered that it was never of the slightest *service* in such complaints—an opinion in which he completely concurred. Dr. Herbert Davies' plan of extensive vesication appeared to have one undoubted merit in some cases—*i.e.*, it greatly alleviated the pain of the acute rheumatism. Blisters two inches in breadth were made to encircle the joints, and as much as three or four hundred square inches were placed on some patients. With respect to the other claim brought forward by the author of this plan of treatment—*i.e.*, that it produced immunity from heart complications—it would require many more facts than those adduced to prove this. He (Dr. Drysdale) was disposed to believe that in acute rheumatism in very young persons no treatment would, in some cases, prevent the occurrence of pericarditis or endocarditis. Summing up, as well as he could, the foregoing evidence, it appeared to him that the best treatment for acute articular rheumatism consisted in perfect tranquillity, warmth, and careful nursing, together with the employment of Dr. Davies' plan of extensive vesication, whenever this was found to alleviate the agony of the joints. He felt, concerning alkalies, almost convinced from evidence, and from his own experience, having very frequently employed them, that this plan was no specific prophylactic of heart disease. As it was, however, a most important remedy, if really all that was said about it could be proved, he hoped that Dr. Fuller and other gentlemen would again announce the results of their recent experience on this important matter.

Dr. Cock said there was one point in which he agreed thoroughly with Dr. Drysdale—namely, that mercury did no good in acute rheumatism, rather a great deal of harm. Dr. John Taylor had clearly proved, at University College Hospital, that it had no effect in preventing or in curing pericarditis. When assistant to Dr. Garrod, he had seen the experiments of that gentleman with bicarbonate of potash. A scruple or two of the salt was administered every two hours, notwithstanding which, some of the patients thus treated had rheumatic pericarditis. In some cases of rheumatic pericarditis the heart disease is the sole affection, and no external rheumatism exists. Dr. Herbert Baker had lately come to the conclusion that the treatment that was as successful as any in cases of acute rheumatism was rest and warmth. No peculiar drug could be depended on. He had found carbonates and citrates of the alkalies useful in some cases. Colchicum occasionally did good. No specifics did good in this disease, and we must get the emunctory organs to do their work; thus mercury and chalk, with Dover's powder, were useful as purges and sudorifics. Linseed-meal poultices were a good application to the joints.

Dr. Ballard said that we were probably wrong in considering one remedy as always likely to do good in acute rheumatism. He had of late always used blisters, according to Dr. Davies' plan, in all cases of acute rheumatism which he had been called to, and was accustomed to carry a small phial of blistering fluid constantly about with him for the purpose. If a joint were well blistered the pain would leave it. Salines were useful in rheumatism, and alkalies and opium were also very serviceable; a combination of remedies was perhaps the best. In a case of acute rheumatism he had lately treated he brushed every joint over with the blistering fluid, and over the heart also, and in eight days the patient was well, and had had no recurrence of the pain. He doubted whether the effect of alkalies alone was sufficient to allay the disease.

Mr. Curgenven said that patients had a notion that all diseases had a remedy, and this belief affected medical men a little. In his experience of disease he had found but one specific for any disease—viz., quinine in ague. He thought hospital experiments were valuable, in so far as they gave an idea of what the natural history of the disease was. He had found the saline and alkaline plan of treatment the best of all. He had in his own person experienced an attack of acute rheumatism before the alkaline treatment had come into fashion, and had been treated for six weeks by diaphoretic mixtures. He found much relief from nitrate of potash. A gentleman, since a great authority, had recommended bleeding ad. ℥xxiv. and salivation, but he demurred to this. Since he had adopted the alkaline treatment he had not seen any case last longer than a fortnight. But it was a curious fact that some years acute rheumatism seemed to be far more dangerous than others, for sometimes no case of heart disease would occur, whilst at other times almost every case would exhibit symptoms of pericarditis. Beer was very bad for rheumatic persons.

Dr. Meredyth said that rheumatism was much more common in London than in Paris. There was little rheumatic fever in the Crimea. With regard to treatment, the plan of M. Bouillaud and the expectant plan had been found to yield the same result. Tr. of colchicum and opium he had found beneficial in some cases, with occasionally a teaspoonful of calcined magnesia.

Mr. Parker Young said that Dr. Chambers, besides laying great stress on the bedding of his patients, had given half-drachm doses of bicarbonate of potash every two hours. The patients certainly got rapidly well under this treatment. We ought to look at acute rheumatism as we did other fevers. There was no specific for any fever. We cannot cut short scarlatina or small-pox. In rheumatic fever the patient should be fed frequently with milk, given every two hours. From three weeks up to six weeks was the usual time of its duration.

Dr. Westmacott recommended cotton with oiled silk as an application to the joints.

Mr. Sedgwick said that rest was of great importance, even when it was possible for the patient to move about. He had relied almost exclusively on bicarbonate of potash of late, and in young persons he had added nitrate of potash, since this salt was supposed to have the power of keeping the blood more soluble. The frequency of heart disease was inversely as the age. In young children pericarditis was almost always an accompaniment of acute rheumatism. He had heard of a congenital case of acute rheumatism. Lemon juice was in many cases quite as successful as bicarbonate of potash. Blistering was, he thought, theoretically likely to do good. Topical applications were now coming much into use.

Mr. Owen said that the enemy in rheumatism was the acid, and the question was how we could but get quit of it from the system. He had seen a gentleman who had been bled for fifteen days without benefit. Blisters, by the serum they collected, did good in cleansing the blood. The alkaline treatment alone was not sufficient. Whatever remedy was used, he thought the effect desired to be produced was the elimination of the acid. Lemon juice did this also, probably by some chemical process.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 4, 1866.

Dr. BARNES, President.

THE following gentlemen were elected Fellows:—Drs. J. Carless, Astley Cooper, Horniblow, Sheraton, T. J. Walker, A. Wiltshire, John Wilkins; Messrs. A. J. Lowe, R. Roberts.

Dr. GERVIS exhibited a specimen of a Fœtus possessing many points of interest in its physiological development.

Dr. MEADOWS exhibited a specimen of Cystic Development of the Fallopian Tubes consequent on obstruction at the ostium uterinum. The left tube contained two cysts; the right, one. They were each about the size of a small walnut, and filled with a thick brownish fluid. The patient had died of pelvic peritonitis, the result of menstrual suppression from cold.

Dr. MEADOWS also showed a new Intra-uterine Stem. It consisted simply of a solid glass rod, the size of No. 6 catheter, two inches long, and having a flat disc at the vaginal end. He had been led to adopt this form from the inconvenience sometimes arising from the irritation of the ordinary metal or ebonite stems, glass being not only cleaner and free from corrosion, but for these reasons more easily borne than either of the others.

Mr. MARSHALL of Dover, related a case of

DISEASE OF THE PLACENTA;

with notes by Dr. GRAILY HEWITT, who considered that the condition of the placenta was not one of fatty degeneration, but likely to be the result of effusion of lymph at a period probably two or three months antecedent to delivery. The yellow layer described had the appearance of syphilitic disease; but there was no history of that disease having affected the patient. The drawing before the Fellows well illustrated the chief features of the specimen.

The PRESIDENT considered the case not so very uncommon. The physiological explanation consisted in the fact of there being an excess of fibrin in the blood of pregnant women. He believed the case to be neither one of fatty nor of fibrous degeneration, but one in which fibrin had been thrown out. The yellow layer and whole appearance of the placenta did not, in his opinion, necessarily indicate the existence of syphilis in the system.

Dr. GREENHALGH gave the history of a case of

OBSTRUCTIVE DYSMENORRHŒA.

He considered dysmenorrhœa to be either congenital or induced; and the stricture to be of two kinds, absolute or relative. After referring to the various modes of treatment, the author stated that, in the case under consideration, he had had extreme difficulty in passing a sound. He was obliged to draw the uterus down by Sims's needle, and then made use of his (Dr. Greenhalgh's) metrotome. In the course of four days after the operation the patient complained of an ill-defined pain all over her. She gradually got worse, vomiting came on, and she died on the ninth day after the operation. At the post-mortem peritonitis of a low form, with considerable tubercular deposit, was found; the uterus was bound down by old adhesions, and the incision had not gone right through the os internum. Her death was considered to be due to her want of care after the operation. The author concluded by referring to all the cases he had operated on, which had usually done well, and stated his strong objection to the introduction of sponge-tents after operating.

Dr. BARNES considered that the danger rested in cutting the os internum. He thought very little danger was to be feared from incision of the os externum. The cervix uteri might be treated by dilatation. He agreed with Dr. Greenhalgh that absolute rest was necessary after operation, and believed that the case would be a lesson to all, and make them adopt every precaution, or even hesitate to incise the internal os.

Dr. ROUTH expressed his thanks to Dr. Greenhalgh for bringing the case before the Society. He thought the operation was one of danger, and required the greatest possible care both before and after. The case was a very unfortunate one, from the length of time occupied in operating, as also from there being no loss of blood; he always liked to see three or four ounces lost. He did not think there was any danger from cutting the internal os when the fundus uteri was free from inflammation. Fatal cases were known after passing the ordinary sound.

Dr. ROGERS agreed with all that Dr. Routh had said. He considered the internal os to be frequently the seat of stricture. He added his testimony to the danger that sometimes attended incision of the cervix, and stated that he had also lost a case after operation.

Dr. RASCH said that he had never met with a case where there was stricture of the internal os, nor had he ever failed to pass a sound. Cases said to be strictured he had found flexed, which on being reduced admitted the sound.

Dr. MEADOWS remarked upon the necessity of ascertaining, as far as possible, the condition not only of the uterus, but of its appendages also, in all cases where operative measures were contemplated. He believed that in those cases where a fatal result had followed even so simple a proceeding as the passage of the uterine sound, some organic lesion would be found to have been the cause of the mischief, the uterus being exceedingly sensitive of any interference under these circumstances. Unfortunately the diagnosis of some of these conditions was often very difficult, and the real state of the case was only discoverable on a post-mortem examination. In Dr. Greenhalgh's case there was reason to suppose that some displacement of the uterus existed, and the history was one indicative of previous metro-peritonitis. This being so, and the fundus uteri having become adherent in its malposition, he would regard such a case as positively contra-indicating any operative interference. He believed that in all cases of flexion of the uterus, especially when of long standing, or of version when replacement was a matter of difficulty, the use of the knife was very likely to lead to evil and even fatal results.

Dr. Gervis, Dr. Head, Dr. Ball, Dr. Eastlake, and Mr. Baker Brown, jun., also took part in the discussion.

Dr. GREENHALGH having replied to the various speakers, the meeting adjourned.

SURGICAL SOCIETY OF IRELAND.—APRIL 20.

Dr. WILMOT, President of the College, in the Chair.

MR. CROLY read the following paper on

SCALDS OF THE GLOTTIS AND THEIR TREATMENT BY MERCURY.

There are no cases met by the surgeon more painful to witness or requiring more careful treatment and anxious watching than those designated "scalds of the glottis." The subject has been alluded to by most surgical and medical writers, by some (as I shall refer to bye and bye) in special and able articles, by others in a less striking way. The importance of the subject I consider a sufficient apology for bringing under the notice of the Society the following cases which came under my observation lately in the Children's Ward of the City of Dublin Hospital:—

John Mooney, aged 2 years, was admitted into the City of Dublin Hospital on Monday evening, December 11th, 1865, at 4·15 o'clock. His mother, who carried him to hospital, stated that at twelve o'clock on that day the child attempted to drink water from the spout of a kettle which was *boiling* on the fire at her residence (9, Stephen's-place); he spat out the water at once, and suffered much pain from the scalded state of his mouth and lips, which were rapidly blistered; he cried constantly, put his hands up to his

mouth and called out for drinks. At four o'clock his breathing became affected, and his mother lost no more time in seeking relief for him; I was sent for at once and arrived shortly, when I found the child in the following condition, which I noted:—Face very pale, extremities cold, mouth open, tongue protruded, lips vesicated, pulse rapid and feeble, urgent dyspnœa, croupy and stridulous breathing. I endeavoured to feel the epiglottis with my finger, but the child resisted, and so severe a spasm was produced that I did not attempt any further examination of that kind; no dulness on percussing the chest, but râles were heard. The mother told me the child had just recovered from a severe attack of bronchitis. I had the child's bed brought near the fire; a hot jar applied to the feet; warm flannels wrapped round the body, and a little warm wine and water administered, which the child swallowed with considerable difficulty; it made an occasional violent effort to drink, but could not always succeed. I placed a screen round the bed and closed the windows and door, so as to keep up a warm temperature.

I next rubbed in freely the strong mercurial ointment to the axillæ, chest, abdomen, and inside of thighs; applied hot flannels over the chest, and prescribed calomel and James's powder, one grain of each to be given every hour. The symptoms became aggravated at times; the child was drowsy and tossed about in a restless manner. The instruments required for tracheotomy were arranged on the tray by Mr. Irving, the senior resident pupil, when I was sent for.

I remained in the ward watching the case and considering what ought to be done.

I recollected my friend Dr. Bevan having mentioned to me, some years ago, that almost all the cases of this kind in which he had performed tracheotomy died, and those treated by the mercurial plan recovered. My colleague, Dr. Hargrave, saw the case with me soon after admission to hospital.

At 9·30 Dr. Hargrave again visited the child; the symptoms still continued severe. At 10·30 (five and a half hours after the child's admission) I left the hospital, with directions to keep up the mercurial treatment and *stimulants*, and to send for me if the child got worse.

Twelve o'clock: Mr. Irving noted—Child in heavy stupor.

Half-past two o'clock: Bowels affected (green-coloured evacuation); child coughs occasionally.

Three o'clock: Breathing in every respect better; respiration 52 in minute.

Seven o'clock: Perspiring copiously.

Half-past eight o'clock: I saw the child; breathing much less distressed; child asked for a drink.

Half-past nine o'clock: Breathing freely; took plenty of wine and beef-tea all day; bowels acted well; *free discharge of saliva.*

13th: Well.

The second case occurred in a child, 3 years of age (a year ago); the symptoms were not so urgent as in the last one; it was treated by mercury; child became profusely *salivated*, and remained some time in hospital with sore mouth. I regret that the notes taken by Mr. Wheeler have been lost.

I shall next read a brief extract from various authors, and then a tabular statement of cases treated by mercury and those in which tracheotomy was performed, for the purpose of comparison.

Mr. Samuel Cooper, in his "First Lines," page 738, says:—"In University College Hospital tracheotomy has been performed in several instances of this kind, but generally without success."

Mr. Cooper also says (in a note):—"One or two children under me recovered under the free use of calomel."

The late Professor Porter, in his excellent practical work on the "Larynx and Trachea," says (at page 177):—"Some of the most beautifully successful operations of bronchotomy that have ever been performed were undertaken for the relief of the accidents that form the subject of this chapter; at the same time that I believe *there is no case in which it has been so often found to fail.*"

And at page 186 the same distinguished surgeon says:—"In the management of these cases, then, it is evident that a vast deal must be left to the discernment of the surgeon in the first instance, and to his decision afterwards. Where we have such abundant evidence of the occasional success of *antiphlogistic* measures, I think they should always be adopted and persevered in until the breathing becomes so affected that there is every *reasonable probability* of the operation becoming necessary. At this crisis it should not only be proposed, but its advantages impressed upon the patient's friends; and although a person might thus be now and again subjected to it without absolute necessity, yet I feel convinced that numbers would be preserved that otherwise are doomed to perish.

"Even in extreme cases, although not friendly to the performance of operations, unless on pathological principles, I do not think it ought to be absolutely declined; it affords only a chance; but it is a chance that should be offered, because in the present state of our knowledge there is much uncertainty, and the records of surgery give encouraging assurances of its *occasional* success."

A successful case of tracheotomy, performed by Mr. Adams under most unpromising circumstances, is then detailed. Bronchitis followed.

Professor Hargrave, in his practical work on "Operative Surgery," page 327, under the head of Laryngotomy and Tracheotomy, says:—"When boiling water has been swallowed, which causes such inflammation of the mucous membrane about the rima glottidis, and effusion into the lax submucous cellular tissue, situated in this place, as will prevent any air being admitted into the lungs; by the operation the free ingress and egress of the air is preserved and suffocation prevented, until all the inflammatory symptoms have subsided, when it will then resume its natural course."

TRACHEOTOMY FOR SCALDS OF THE GLOTTIS.

Extract from the London and Provincial Practice of Medicine and Surgery, October, 1859.

All the cases in this group have, of course, young children for their subjects. It would appear that the age liable to the accident of scalded glottis is between twelve months and five years. Children *under* the age of a year are unable to accomplish the feat of drinking from the kettle-spout, and those upwards of five are too sensible to attempt it. It might have been supposed that this extraordinary form of accident would occur with extreme rarity; but, as will be seen, we are able to adduce *fourteen* examples of it. Of these fourteen cases *eleven* ended in death, and *only three in recovery.* In one the fluid was heated oil, but in all the others it was boiling water from the kettle. Nearly all the little patients were between two and three years old, three or four only being above or below these limits of age.

Extract from Liston's "Elements of Surgery," page 440.

He says:—"The fauces and larynx of children are occasionally injured by the attempt to swallow by mistake boiling water, and *inhaling the steam.* The alarming symptoms follow in a very few hours, in consequence of the formation of numerous minute vesicles, with swelling, from effusion of serum into the submucous tissue. Great pain is generally experienced at the moment, but after crying violently the child may fall asleep and awaken croupy, and with threatened suffocation. By this time inflammatory action has been fairly established, the *submucous effusion* has begun to take place, and it is this that gives rise to the danger.

"The *excited action is to be combated by leeching* and *exhibition of calomel in small doses, with or without opium frequently repeated, so as to arrest the lymphatic effusion*, which is apt to supervene. *When these means fail, tracheotomy* must be *resorted to* without delay.

"The fauces and *upper* part of the larynx are only in-

volved *at first;* this practice is sound and good, success *may be expected from the operation.*"

Miller, in his "System of Surgery" (page 865), says:—"If *antiphlogistics* fail and asphyxia threaten by obstruction in the larynx, tracheotomy is to be had recourse to *at once;* not reserving the operation, especially in the child, until by the extreme urgency of the symptoms it cannot possibly be longer delayed, and recovery is rendered more than problematical by congestion in the brain, in the lungs, or in both."

In the 3rd vol. of the "Dublin Hospital Reports," page 379, two cases are recorded by Dr. Burgess of Clonmel, in which bronchotomy was performed; one recovered and one died. He says he met five cases—two were treated by tracheotomy—and that he published them with a view of encouraging early bronchotomy.

"Holmes' System of Surgery," vol. 3, recommends in *early stages* of laryngitis vigorous antiphlogistic treatment. Mercury rapidly; tartar emetic, *if used*, should be given in such doses as to *diminish* the circulation, but not to cause vomiting, since the contents of the stomach might enter the larynx and produce suffocation.

"The time," he says, "for bleeding has passed when respiration becomes greatly obstructed, and this may be known by the leaden hue of the features, blueness of the lips, a cold clammy skin, and feeble pulse. Bleeding under such circumstances would be worse than injurious. It would probably be fatal.

"If the surgeon finds that the antiphlogistic treatment fails, or if he has been summoned to the case in its more advanced stage, he should at once propose tracheotomy."

Mr. Erichsen says:—"If urgent symptoms of dyspnœa set in, tracheotomy must be performed without delay."

Erichsen also says:—"In the majority of cases that have fallen under my observation, in which the operation has been performed, the issue has been a fatal one from the speedy supervention of broncho-pneumonia."

Druitt (author of the "Surgeons' Vade-Mecum") says:—"Scalds of the glottis, through swallowing boiling water or corrosive fluids, produce the ordinary symptoms of laryngitis, suffocative cough, and dyspnœa. Treatment—Leeches, ice to the throat, opiates or chloroform to tranquillize, and tracheotomy if required."

In the *Dublin Quarterly Journal* for February, 1848, Dr. Jameson, one of the Surgeons to Mercer's Hospital, published an admirable paper on "Œdema of the Glottis," occasioned by attempting to swallow boiling water, illustrated by thirteen cases.

In *eleven* of those cases tracheotomy was performed, and *eight* died.

Two cases, treated by leeching and calomel, recovered; one of them was brought out of hospital too soon by the friends, got bronchitis, and died.

Dr. Jameson says: "In all cases, when boiling water has been taken, or attempted to have been taken, into the mouth, the danger at all times is imminent; for, although the little patients seem to suffer comparatively very little for the first few hours, still symptoms of grave importance set in sooner or later, which, if not combated by appropriate treatment, will either kill the patient or call for the operation of tracheotomy. The operation is, therefore, I think, imperatively called for, when the usual remedies, such as emetics, leeches, and the application of heat to the surface, &c., fail in allaying the urgent symptoms."

In the same journal for February, 1860, Dr. Philip Bevan (also Surgeon to Mercer's Hospital and Professor of Anatomy in the School of this College) published a paper on "Scalds of the Larynx," and gives the notes of *four cases*, all urgent, treated by leeching, antimony, and mercury, *without operation; all recovered.*

Dr. Bevan divided the symptoms into *three* stages. In the *first* the mouth and fauces alone are affected, but the respiration is unimpaired. In the *second* the ingress of air is impeded by laryngitis; and œdema glottidis and incipient congestion of the lungs are the result.

In the *third* stage engorgement of the lungs and consequent congestion of the brain are added to the previous symptoms.

The cases, says Dr. Bevan, I now publish were fully as bad as to justify the operation; the stridulous breathing, bloated pale features, fixed pupils, rapid feeble pulse, congested lungs, cold surface, hard erect epiglottis, and incipient coma, were certainly as bad as in many cases where I have both operated myself and seen the operation performed by other surgeons without success. *I therefore have a right to conclude that had the operation been performed not more than one out of the four would have recovered.*

If a patient, he continues, is *in extremis*, then, no doubt the surgeon is justified in trying the operation, as, although nearly hopeless, it is the only treatment which can save the patient from immediate dissolution. Still I believe that the antiphlogistic treatment, if conducted with sufficient rapidity, will be far more successful. Dr. Bevan commences his treatment with an emetic, followed by a cathartic enema, then leeches to the sternum.

In the second stage he gives calomel every hour or half hour, and repetition of leeching, and the body to be rubbed with mercurial ointment.

As soon as the mercury produced the green stools the symptoms in every case were improved, and the child recovered. Lungs first relieved, *the brain next*, and the larynx last of all.

Dr. Bevan never saw an instance of death when *mercury* had affected the system *except* when tracheotomy had been performed. He says he hopes others may be induced to publish their cases treated by mercury.

Through the kindness of my friends, Mr. Porter and Dr. Hughes, I am enabled to exhibit two beautiful drawings. The first, taken from a child who died in the Meath Hospital under the care of the late Professor Porter—cause of death being bronchitis brought on by swallowing boiling water. Vesications on the root of the tongue (alluded to by Liston) are well seen, also the vascular state of the lining membrane of the larynx and trachea. The other drawing (a very beautiful one) shows the hepatized condition of the lungs and the vascular state of the lining membrane of the trachea.

It is quite evident from what I have just read that every writer on this important subject recommends leeching and calomel treatment, but *all* speak of tracheotomy as the *special chance* of saving life. It appears to me that Dr. Bevan was the first surgeon who gave up the operation, and relied solely on the mercurial treatment. I feel certain that either of my cases was sufficiently severe to warrant tracheotomy, and I am equally sure that at all events the child Mooney, from his exhausted condition and delicate chest, would have died, had I operated, either at the time or subsequently, from bronchitis or pneumonia. In one of my cases *salivation* occurred. I am of opinion that dry cupping the chest, especially over the base of the lungs, would relieve the congested condition of those organs, and I would suggest turpentine fomentations to the chest afterwards, due precaution being taken not to expose the child unnecessarily. Keeping up the temperature of the room is of great moment, and the exhibition of stimulants and light broths to support the exhausted condition of the little sufferers.

The practitioner should have his mind made up how he is to treat such cases of emergency. If he looks to any of the modern class books he finds no special line of treatment recommended; all lean to operation, and thus life after life is lost. The *mercurial treatment* is *not sufficiently known*, and though it may appear to allow the symptoms to go on unchecked its action as an *accumulative medicine* is in no case, perhaps more, sudden or effective than in those now brought forward. I am in hopes that by following the footsteps of my friend, Dr. Bevan, in publishing my two cases treated by mercury, others may be induced to do likewise, and thus be the means of saving the lives of the little sufferers who unfortunately *attempt* to drink boiling water from the kettle-spout.

TABULAR STATEMENT OF FOURTEEN CASES OF TRACHEOTOMY FOR SCALDS OF THE GLOTTIS.

ELEVEN DEATHS.

NO.	HOSPITAL AND SURGEON.	AGE.	TIME ELAPSED BETWEEN ACCIDENT AND OPERATION.	SYMPTOMS.	OPERATION.	RESULT.	REMARKS.
1	Guy's — Mr. Birkett.	3½	7 hours.	Distressing dyspnœa.	Tracheotomy.	Progressed favourably for a week, and then died rather suddenly.	Post-mortem examination revealed acute pneumonia.
2	Guy's — Mr. Callaway.	3	18 hours.	Almost dead from dyspnœa.	Tracheotomy—Probably hæmorrage (into trachea?).	Never rallied, died nine days after the operation.	
3	Guy's — Mr. Callaway.	1	3 or 4 hours.	Symptoms of laryngitis suddenly supervened.	Tracheotomy—Great relief.	Recovered.	Canula removed in six days.
4	Guy's — Mr. Callaway.	3	7 hours.	Urgent dyspnœa.	Tracheotomy—Immediate relief.	Recovered well.	
5	Guy's — Mr. Birkett.	2½	7 hours.	Suffocation impending.	Tracheotomy.	Recovered.	The child had suffered from hooping-cough, which returned severely after the operation.
6	The London —House Surgeon.	1¼		Intense dyspnœa	Tracheotomy—Great relief.	Died in twenty-four hours.	Autopsy—Epiglottis charred and shrivelled and great œdema of glottis.
7	The London —Mr. Wordsworth.	4	5 hours.	Dyspnœa.	Tracheotomy—Great relief.	Dyspnœa returned; death took place in fifty hours.	Autopsy—Charring of the glottis and epiglottis, and collapse of parts of the lung.
8	The London —Mr. Wordsworth.	2½	1½ hours.	Dyspnœa.	Tracheotomy.	She did well for twenty-four hours, when symptoms of bronchitis set in and proved fatal in eighteen hours.	Autopsy—The larynx only examined. Mucous membrane inflamed and swollen—so as to obstruct the rima glottidis.
9	St. Georges'.	5			Tracheotomy.	Died in a few hours.	
10	St. Bartholomew's.	3		Dyspnœa.	Tracheotomy—Great relief for some hours.	Symptoms of acute bronchitis set in sixteen hours after operation, and death followed in eight hours.	Autopsy — Extensive injury about the glottis and pnemuonia.
11	Staffordshire General Infirmary—House Surgeon.	2		Suffocation imminent.	Tracheotomy—Great relief for two days.	Death on fourth day.	Autopsy — Acute softening in right lung and about its root.
12	The Middlesex—House Surgeon.	2		Dyspnœa.	Tracheotomy—With relief.	Death from exhaustion in thirty hours.	
13	St. Mary.s—Mr. Spenser.	3	17 hours.	Urgent dyspnœa.	Tracheotomy—Immediate relief.	Death in thirty-six hours.	Autopsy—Epiglottis thickened, and with neighbouring mucous membrane, coated with lymph; lungs congested.
14	King's College—House Surgeon.	3½	12 hours.	Unable to speak or swallow.	Tracheotomy.	Died—The respiration was almost natural from removal of canula (5th day) until death which appeared to be from exhaustion.	

TABULAR STATEMENT OF SIX CASES OF SCALDS OF THE GLOTTIS, TREATED BY MERCURY.—WITHOUT OPERATION.

ALL RECOVERED.

NO.	HOSPITAL AND SURGEON.	AGE.	TIME ELAPSED BETWEEN ACCIDENT AND COMMENCEMENT OF TREATMENT.	SYMPTOMS.	TREATMENT.	RESULT.
1	"Mercer's"—Dr. Bevan.	2½	15 hours.	Respiration most difficult, hurried, and stridulous.	Tartar emetic, leeches, calomel.	Recovery.
2	"Mercer's"—Dr. Bevan.	3	15 hours.	Difficult and croupy respiration; epiglottis swollen; sonorous râles over base of both lungs.	Tartar emetic, leeches, mercurial ointment.	Recovery.
3	"Mercer's"—Dr. Bevan.	1 10m.	3 hours.	Stridulous and croupy breathing; cold extremities; cold sweat over face and chest.	Leeches, antimony, mercurial ointment.	Recovery.
4	"Mercer's"—Dr. Bevan.	2½	8 hours.	Stridulous breathing; cold clammy sweat over body.	Tartar emetic, calomel, mercurial ointment.	Recovery.
5	"City of Dublin"—Mr. Croly.	2	5 hours.	Urgent dyspnœa; cold clammy sweat; croupy breathing; cold extremities.	Mercurial ointment, calomel with James's powder, stimulants, hot applications to body.	Recovery.
6	"City of Dublin"—Mr. Croly.	3	———	Stridulous breathing; scalded lips; congestion of face.	Mercurial ointment, leeches, calomel, and James's powder.	Recovery.

I venture to offer the following aphorisms, the result of my inquiries, on "scalds of the glottis."

1. The water is not swallowed, but the steam produces œdema of the glottis.
2. The affection divided into three stages (Dr. Bevan).
3. Symptoms not urgent at first, apt to mislead those not experienced in such cases.
4. Importance of active *mercurial treatment (not antiphlogistic)*, from the moment we first see the child, by applying strong mercurial ointment to the axillæ, chest, and inside of the thighs, and administering calomel in grain or two-grain doses every half hour or hour.
5. The necessity of having the apartment kept warm (a thermometer being used for guidance) to prevent chest complications.
6. Depletion by leeches or antimony must (if adopted) be used *early* and with *caution*.
7. The collapse should be treated by stimulants if the child can swallow, if not, stimulating and nutritive injections should be administered, the extremities being kept warm.
8. The lungs are almost invariably congested at some period of the illness, bronchitis or pneumonia being a common cause of death.
9. I suggest dry-cupping over the back of the lungs, followed by turpentine fomentations, to relieve pulmonary congestion.
10. When the green stools appear early (or salivation occurs) the child gets *suddenly* well. *This is very remarkable, and occurs most unexpectedly.*
11. Tracheotomy ought not in *my opinion* be performed in these cases.

Dr. GEOGHEGAN begged to say, in confirmation of what had fallen from Mr. Croly with respect to Dr. Bevan's treatment, that he adopted that treatment in one case with eminent success. There was no salivation whatever produced by the mercury; but as soon as the bowels became affected, and the green stools began to be passed, the symptoms became mitigated, there was a general amendment, and, finally, complete recovery. He had not had large experience as regards operations in these cases, but so far as he had operated the result had been unfortunate. He had tried the mercurial treatment in one case only, and the results were so satisfactory that he would feel encouraged to persevere in that treatment. It was remarked by Mr. Croly that this mode of treatment was not much known, and that observation was supported by the fact, that a paper recently appeared in an English medical journal from the pen of one of the most eminent physicians, showing that he had not read Dr. Bevan's paper very carefully, for he attributed the cures to antimony and not to mercury. It was interesting to consider the mode in which mercury acted in these cases. It must be some species of revulsion by which pulmonary congestion and congestion of the bronchial passages, small and great, were thus reduced. They were entitled to assume from the results of Dr. Bevan's cases, that a great deal of the difficulty of breathing was not due to obstruction of the glottis, but from the general swelling of the mucous passages, extending to the smaller bronchial ramifications. He thought Dr. Bevan had struck the true chord in this matter, and that they had to deal with not merely a case of œdema of the glottis and obstruction from that cause, but with general inflammation, commencing in the lung, proceeding to the bronchial passages, and then to the smaller ramifications, ending ultimately in asphyxia.

Dr. BANON said that so far as he had seen these cases they confirmed the view Mr. Croly had expressed. He had not had any case of operation himself, but he had seen several operations, and he did not think he had ever seen one that was successful. There was one medicine which Mr. Croly did not mention, but which might be used with advantage, particularly where the child was delicate—namely, hippo, and it might be worthy of consideration whether it might not be advantageously substituted for tartar emetic in combination with mercury.

Mr. SYMES said they had extensive experience of this class of cases in Steevens' Hospital. He believed there

was no hospital in Dublin where so many cases of burns and scalds were treated; but so far as his experience went they had been altogether induced to trust to tartar emetic in these cases. In nine cases out of ten they were able within twenty-four hours to tell how the case would go, and in that short time they could not know how the mercury would act. Tartar emetic produced its effect in a few hours, and the result generally had been favourable. As to tracheotomy, he was inclined to look on it as the most fatal of all operations.

Dr. HAMILTON said there was a distinction in these cases which should not be overlooked—viz., one class of cases where the injury arose from drawing hot water from the spout of a kettle, and the other where it was caused by merely swallowing a hot drink. These cases were very different in the severity of the symptoms. He could corroborate the statement of Mr. Symes as to the advantage of tartar-emetic treatment. It was now carried out systematically in Steevens' Hospital. Tartar emetic and calomel were given by the mouth, and mercurial ointment rubbed in, and general improvement was manifested before the mercury could act. The question might arise whether they might not get sufficient room by the operation of laryngotomy which he would prefer to tracheotomy, but he did not advance an opinion favourable to operative proceedings in such cases, for everything he had seen was unfavourable to the adoption of that course.

Dr. WHARTON could corroborate the opinion thrown out by Mr. Symes as to the efficacy of tartar emetic in cases of this kind. It was the ordinary method by which patients were treated at the Meath Hospital. Did Mr. Symes mean his observation about tracheotomy being the most fatal of operations to apply generally, or only when it was adopted in cases of this nature?

Mr. SYMES—In every case.

Mr. COLLIS suggested that in cases where tracheotomy became necessary, the tubing of the larynx might be substituted for those operations. By tubing a portion of the larynx, which was easily done, with a large-sized catheter, the patient might obtain a sufficient amount of air until the mercury, tartar emetic, or other treatment had time to act, and so operation became unnecessary. He presumed Mr. Symes, in condemning tracheotomy in the wholesale manner in which he had done, would except cases of laryngitis, where, except but for the operation, the patient would die.

Dr. KENNEDY observed that Mr. Croly mentioned that one of the children became salivated. Now, he had seen mercury often used with children, but he had never seen the gums affected; that they became red and swollen, as was the case with the adult. He thought mercury would act more rapidly than Dr. Hamilton supposed. He had seen mercury produce an effect, not on the mouth but on the disease treated, within twelve hours. He knew that in the way in which Dr. Law proposed to use mercury the adult could be brought under its influence in forty-eight hours, and there was no reason why it should not be quicker in its effects on children, in whom all the operations of Nature go on so much more rapidly. Therefore, in those cases in which tartar emetic had been used, he would not attribute the recovery altogether to it, but partly to the other medicines which were used. There were some cases in which the shock to the system was so great that he would hesitate before giving tartar emetic. The case might require wine and stimulants, and a medicine so powerful and depressing in its effects as tartar emetic might be found to be injurious. In one case which he had seen, mercury was used freely, and leeches were applied and the child made a rapid recovery.

Mr. CROLY, in reply, said he was glad his colleague, Dr. Geoghegan, had borne out what he had said in reference to mercurial treatment. His object in bringing forward these two cases was to elicit discussion. As to what Dr. Banon said about using hippo instead of tartar emetic, it must be remembered that in the case of the child Mooney, he gave no tartar emetic whatever. Had he done so it would have killed the child, who was greatly collapsed when brought to hospital. He directed all his attention in the first instance to recover the child from the state of collapse. The use of antimony would depend very much on the stage to which the affection had progressed; and, unfortunately, mothers generally kept the children too long after the injury had been received before bringing them to hospital. The extracts from the surgical works, to which he had referred, while recommending the use of antimony, all wound up by recommending tracheotomy, showing that the antimony did not check the disease. He believed that mercury would salivate a child in eight or ten hours. He had seen so much of the effects of tartar emetic when given to children for croup, that he was getting afraid of administering that medicine to children. He had seen fatal results follow from it. He thought they ought not to give antimony, but depend entirely on mercury and stimulants, and treat the lungs and not the windpipe.

Reviews.

ON DISEASE OF THE RIGHT SIDE OF THE HEART. By THOMAS MEE DALDY, M.D., M.R.C.P., late President of the Hunterian Society. Pp. 71. London: Bell and Daldy. 1866.

THE object of Dr. Daldy in writing this book appears to be to direct a greater degree of attention to be paid to the affections of the right side of the heart than that portion of the circulatory apparatus has hitherto received. He does not deny that the visible results of hypertrophy and dilatation have been carefully traced and described in the right as well as the left side of the heart, or that the diseases of the tricuspid valve have been overlooked; but he considers that many affections really due to morbid conditions of the right side of the heart have been unduly attributed to obstructive mischief in the pulmonary circulation or in the mitral valve. He believes that the muscular tissue of the right side of the heart is liable to the same alteration or deterioration of structure as that of the left side, without any mechanical obstruction as a cause, and that its diseases or defects produce corresponding morbid manifestations in distant organs, just as is done by diseases of the left side. To these propositions we think that very little objection can be offered, and we have carefully read the subsequent portions of Dr. Daldy's work, in which his views are amplified and illustrated by argument and by the description of cases. Our own impression is, that what is true in the theories or opinions advanced is not new, and that what is new is not yet sufficiently established to command general assent; but we do not insist upon the crudity of some of the statements put forward, because Dr. Daldy himself admits that his cases are too few to justify the adoption of any general conclusions, and that his reflections are offered in an imperfect form.

One great difficulty under which Dr. Daldy labours is that he has not always been able to confirm by post-mortem examination the accuracy of his opinions formed during the life of the patients; but this objection to the reception of his doctrines must not be overrated, because, as he very justly observes (and he quotes Andral as corroborating the observation), it does not follow because certain lesions escape the notice of the anatomist, that they do not and have not existed.

Dr. Daldy's main proposition appears to be that so far from morbid affections of the right side of the heart being subordinate in importance, as causing general disease, to those of the left, the right side suffers more than the left when its structure is impaired, because its texture is less in quantity, and therefore less able to resist the pressure sometimes exercised upon it by the venous circulation. This

impairment of function, caused by alteration of structure is, according to Dr. Daldy, the cause of many distressing symptoms, the true origin of which has not hitherto been sufficiently recognized, but which he thinks he has now traced, and he records the evidence on which this opinion is founded. As we have just stated, we do not think that Dr. Daldy has at present quite made out his case; but his reasoning is often ingenious, and his observations are sufficiently suggestive to stimulate further inquiry in the path he has indicated.

ON THE FORMATION OF ANEURISM IN CONNEXION WITH EMBOLISM OR WITH TROMBOSIS OF AN ARTERY. By J. W. Ogle, M.D., F.R.C.P., &c. London. 1866.

A short paper has recently appeared on this interesting subject from the pen of Dr. Ogle. Having been led to consider the possible causes of the loud cardiac valvular bruit that arose and disappeared during the course of acute rheumatic fever, he goes on to observe, that though well aware that other explanations have been offered, he regards it as probably not unfrequently owing to fibrine deposit on the valvular apparatus and its removal by the blood-stream as accounting for the disappearance of the bruit. If reabsorption of the fibrine takes place, no evil results; but Dr. Ogle has been led, by observations on a living animal as well as by human pathology, to regard the loosened clot when not reabsorbed as a subsequent agent in the production of aneurism; and it appears to us that his reasoning is quite justified by the ordinary physical laws which govern the human machine, and we regard the cases given by him as bearing corroborative evidence of the legitimacy of his views. "I cannot help thinking," he observes, "that in proportion as an aneurism occurs in a vessel which elsewhere and in every way is quite natural, and at a part where bifurcation exists, or subsidiary branches are given off (a part, *i.e.*, at which fibrinous particles would most likely be arrested in their transit), or in a subject free from other lesions of the arterial system, and of an age and sex at which aneurismal formations are least wont to appear—I say in proportion as these conditions obtain, I cannot help thinking that we have sufficiently reasonable grounds for conjecturing that a fibrinous plug, embolic or thrombic, may have been the ground of the mischief. This position would also be strengthened by evidence that the valvular apparatus, or some part of the inner surface of the heart, had been the seat of fibrinous deposit, or that the patient had been the subject of rheumatic fever." The author, in conclusion, appeals to other pathologists, hoping that their observations and experience may correct or substantiate his researches and suggestions on this highly interesting and important subject.

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"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 2, 1866.

PREVENTIVE MEASURES AGAINST CHOLERA.

The dreadful malady, the visitation of which has so long been threatening our shores, has made its appearance very lately in a ship on its passage from Liverpool to New York. The outbreak commenced a few days after the vessel left Queenstown, and is believed to have originated among some German emigrants who embarked at Liverpool. From a letter published in the pages of a contemporary, we learn that the ship, the *England*, sailed from the Mersey on the 28th of March, having a few cabin passengers and 1059 steerage passengers, and the whole number of persons on board amounted to 1218. On the 13th April 140 deaths had occurred, the victims being chiefly among the steerage passengers, although some of the crew also died. The class of persons of whom the emigrants were composed was, we are told, of the lowest kind—"extremely dirty in their habits, all dressed in linsey-woollen clothing, and their diet consisted almost entirely of sour kraut that they had prepared before sailing; they actually refused the food provided for them on board the vessel."

Here we have presented to us the very conditions which are necessary to generate the poison of cholera, or at least to favour its development when atmospheric or other influences have called it into existence. The company of German emigrants, dirty, ill-fed, poor, and clothed in woollen garments, formed the best possible focus for the localization of the poison, and its subsequent transmission to persons previously healthy. The circumstances are in some respect analogous to those attending the terrible visitation of cholera last year in the East, when the disease broke out among the pilgrims assembled at some Arabian cities, and who were in pretty much the same condition as to personal habits with the German emigrants. When the *England* arrived at Halifax we are told that the sick were at once removed, some to tents on shore, and others to a Government hulk lying near.

The danger thus presented to us of a possible introduction of cholera into America or England is by no means to be disregarded; and we are therefore happy to find that the Government has issued the following notice to the local authorities at the various ports of the United Kingdom:—

"Privy Council Office, April 23rd, 1866.

"Sir,—I am directed by the Lord President of the Council to request that you will call the attention of the authorities at to the communications which, by his lordship's instructions, were addressed to you from this office in August, 1859, and subsequently in July, 1865, soon after the cholera had broken out in Egypt and in Turkey.

"The progress which the disease has made in Europe since the date of the last-named letter, and the fact that, from information received to-day, cases of Asiatic cholera have occurred at Rotterdam and its vicinity, have again called attention to the importance of not neglecting any means of arresting the progress of the disease, if it should be introduced into the United Kingdom; and I am therefore, directed to reiterate the precautionary suggestions contained in the above-mentioned letters, and to repeat the expression of a hope that means will be provided for the reception and medical treatment of any poor seamen or other persons who may, on their arrival in this country, be found to be suffering from cholera.—I am, sir, your obedient servant, "Arthur Helps.

"The Worshipful the Mayor."

At the same time it is to be hoped that all classes of the people, from the lowest to the highest, will co-operate in adopting measures for preventing the introduction of

cholera into this country, or of mitigating the horrors of the disease, if, after all, it should unhappily be introduced among us. While we earnestly advise the municipal and local authorities to attend carefully to all sanitary improvements which may be necessary in their respective localities, we would also warn the lower orders, if perchance our advice should ever reach them, to cultivate such personal habits as tend to the maintenance of health, and to avoid such excesses as are, we fear, too common among many who dwell in our crowded seats of industry. From the same source as that from which we learned the particulars of the mortality on board the *England* we are informed that in Liverpool, one of our greatest seaports, the excessive use of intoxicating liquors has become almost universal among the lower orders; and it needs no argument to prove that such habits must lead not only to individual misery, privation, and disease, but also to the spread of epidemic maladies, if they should by any chance be introduced into a community.

THE SICK POOR AND THE HOUSE OF LORDS.

It is a refreshing sign of the times that the condition of the sick poor receives any notice whatever in our Houses of Parliament, and it is still more gratifying to find that the sufferings of this helpless class of our fellow-creatures are beginning to excite something like sympathy from our Legislators. In fact, now that it has become fashionable to abuse the Boards of Guardians, we may expect that not only Peers, and Bishops, and Archbishops will begin to busy themselves about the treatment of the sick poor in workhouses, but we may hope that even Peeresses and other distinguished ladies will believe that these poor creatures are composed of the same flesh and blood as themselves, and will think that they deserve at least as much consideration as the inmates of more fashionable charities supported by bazaars and fancy fairs, and patronized by half the members of the aristocracy. Miss Burdett Coutts, indeed, has actually written a letter to the Board of Guardians of St. Pancras, expressing her abhorrence at the last sensation event occurring in the workhouse of that parish, and known as the laying-out case, on which, we may observe, quite as much capital has been made by the penny-a-liners as it deserves. But the St. Pancras Board are quite impenetrable to the remonstrances of Miss Burdett Coutts, as well as to the denunciations of the Archbishop of York, and with a degree of independence and boldness, which would be honourable to them if shown in a good cause, they tell both the benevolent lady and the indignant divine either to examine the matter for themselves by personal inspection, or to mind their own business.

In the meantime, however, the agitation is kept up within the walls of Parliament, and we have independent members getting up in both Houses, putting questions to those in authority as to special instances of neglect or mismanagement, and receiving answers characterized either by total ignorance of the facts, by misunderstanding of the questions, or by equivocation of the truth. The amount of cubic feet of air necessary for the respiration of a pauper seems to be a matter very imperfectly understood by the House of Lords, and we accordingly find a great amount of confusion of ideas prevailing upon the point, some noble Lords mistaking the amount respectively required for the tramps, or "casuals," and the able-bodied poor, and the sick poor; and others not unfairly contrasting the quantity of air allowed to a sick pauper and that which is authoritatively ordered for a healthy convict.

In a recent conversation in the House of Lords some questions were asked about the accommodation provided for the sick paupers in the Strand Union Workhouse, when, it will be recollected, a carpet-beating nuisance has long been allowed to continue, among many other inconveniences; and Lord Granville complacently informed the House that *no complaints had ever been made by the Medical Officers*, as to the neglect shown to the sick poor, and he then gave what he believed to be the cubic space of air allowed to each pauper. But it turned out that he confounded the tramp wards with the infirmary casual wards, as he afterwards admitted; and as for the absence of complaints from the Medical Officers, it is well known that the Surgeon of the workhouse has repeatedly remonstrated with the Guardians as to the ill-treatment of the sick poor, although for very sufficient reasons he has not ventured to make his complaints known to the Poor-law Board. If he had done so, he would in all probability have been dismissed from his situation and the Board would have taken part with the local Guardians.

The agitation on this subject is a very wholesome one, and is already producing some good effects, and among other small results we understand that the carpet-beating nuisance in the Strand Workhouse has been suppressed.

THE SANITARY IMPROVEMENT OF EDINBURGH.

Our present energetic Lord Provost has set his heart upon lowering the death-rate of our metropolis, and his panacea for this is to drive streets through the most crowded parts of it, opening them up and letting in both light and air, but lessening the house accommodation. This has already been tried on a great scale in Paris; we are not aware, however, of any great reduction of mortality in that city, and we are certain that all previous experiments in that way in Edinburgh, however they may have contributed to the amenity of the town, have had no appreciable effect on its death-rate. To open up the most crowded parts of the city may indeed be a very certain mode of shifting the higher rates of mortality from one district to another, but unless accompanied by other and more important improvements, will assuredly have but little effect in reducing the gross mortality. Overcrowding is unquestionably one great source of endemic disease and of the spread of contagious disorders, but overcrowding is not caused by narrow closes and lofty houses, closes and houses in which the predecessors of our present nobility and gentry lived long and happy

lives? Certainly not. Poverty induces the huddling together of the present inhabitants of these closes for cheapness and for warmth, but poverty is not to be cured by open streets and free ventilation. Philanthropy may build workmen's houses, but while philanthropy not only does a good deed, but also lays claim to ten per cent. upon its outlay, it is powerless to check the present evil. Ninety-nine-hundredths of those inhabiting these overcrowded dwellings are, if not paupers in the legal acceptation of the term, certainly only kept from that condition by the aid of those many charities, which, flourishing in large cities, are preyed upon by its multitudinous and improvident poor. We are well aware that improvidence, intemperance, and disease go hand in hand, and that the root of these evils is intemperance, in its turn produced, if not resuscitated, by the depressing effects of vitiated air and bad or insufficient and innutritious food, while these in their turn are originated by poverty—a poverty which cannot provide a better house or better food, but which finds a temporary oblivion, if not a cure, for all these evils in the solace—debased and debasing, if you will, but still a solace---of drink. Is poverty to be cured by opening new streets and providing that better class of house accommodation which its unfortunate state of impecuniosity for ever prevents its making use of? Alas! no. The struggle for existence, in which now more than ever the many fail, and the altered circumstances of our commerce, now more than ever resulting in placing untold wealth in the hands of the few at the expense of the many; these producing as they do the concomitantly increasing helplessness and poverty of the many are the true sources of all the overcrowding of our wynds and closes with the resulting intemperance and high death-rate. And the cure for these evils is to be found, not in pulling down houses and opening streets, but in granting to the labouring classes a more liberal share of the profits produced by their labours, and by taking a more paternal interest in their well-being, by treating them, in short, as brethren, and not as mere hirelings whose lives are of less value than those of our horses, and whose comfort is of less importance than that of our dogs. These are matters that ought to be done, and yet the others ought not to be left undone; pay the labourer well, and provide him good house accommodation, and he will not only reimburse your outlay in rent, but in better work and decreased taxes, and though you may be deprived of the pleasure of laying the flattering unction to your soul that you are a philanthropist, you will at least be able to reflect that you have endeavoured to do your duty, which is what few would-be philanthropists attempt.

As medical men we have a deep interest in seeing that this movement is wisely directed; the heavy end of the burden falls upon us, not only in the loss of many promising lives by contagious diseases caught in the discharge of our duty, and caused by the failure of others to discharge theirs, but also in the money loss accruing to our profession by the inability of these many poverty-stricken wretches to discharge our legal claims—claims which all above the rank of paupers ought to be able to meet, and which in regard to all in that rank are met by the State. The amount of charity thus extorted from our pockets is perhaps not incalculable, but is certainly an amount contributed by no other profession or trade in the universe. We may not give it in money, but we give it in money's worth, our time and skill—that whereby we live.

Not the least remarkable part of this peculiar crusade against the high mortality of Edinburgh is, that though we have a distinguished sanitary medical officer appointed and paid to look after the sanitary condition of the city, and who has displayed his fitness for his office by giving to the world an admirable volume upon that sanitary condition, yet, so far as we know, his opinion in regard to the probable sanitary results of the projected improvements has never been asked, and it has most certainly never been brought forward. Is it possible that the Lord Provost knows he is advocating a chimera, and that he fears to stultify himself and his conclusions by appealing to the only constituted and certainly the most competent authority upon the subject? Whatever the reason may be, this strange omission is not calculated to increase the confidence of the public in the soundness of his Lordship's deductions or the probable advantage of his proposals.

LUNACY ACTS (SCOTLAND) AMENDMENT BILL.

The Lord Advocate has just introduced into Parliament a Lunacy Amendment Act, with the provisions and omissions of which it is desirable that our brethren should be acquainted in order that if necessary some sort of consentaneous action may be brought to bear upon the Lord Advocate for the purpose of causing him to alter some of these provisions which are objectionable and to repair some of these omissions which are indispensable. In the first place, Clause XIV. gives to Parochial Boards the power of providing buildings and other accommodation for the insane pauper poor, to this course there cannot be any possible objection theoretically. A board which is capable of taking care of sane paupers is, or certainly ought to be capable of taking care of insane paupers. Practically, however, this was not found to be the case, and the misery and bad management of the lunatic poorhouse wards of former days are glaringly depicted in the report of the Royal Commission on the state of lunatics in Scotland. Still, as even under the present law, lunatic wards in poorhouses may be sanctioned by the authority of the existing Lunacy Board alone, and as the present Bill proposes to prevent this being done without the sanction and concurrence of the district board, who may reasonably be supposed to know the wants and circumstances of each district, thus interposing the District Board as a buffer between the Parochial and Lunacy Boards, we think there ought not to be any

objection to a clause, the tendency of which will be to lighten the burdens of the ratepayers, and which is in so far an improvement on the present Act, as it prevents that being done, except in suitable circumstances, which can now be done in any circumstances on the authority of the Lunacy Board alone. Perhaps lunatic wards in poorhouses are a mistake, and we believe they are in all but very exceptional circumstances; nevertheless, in this respect, the Act as it now stands is more objectionable than this amendment.

Clause XVI. of the Bill allows lunatics to correspond *privately* with the Lunacy Board—their letters to be forwarded unpaid; this is already the law in England, but it is calculated to subvert the discipline of an asylum, and to foster distrust in the minds both of the patients and their relatives; it is therefore clearly no amendment, and decidedly objectionable. Moreover, to imagine the need for any such private communication, is not only to suppose the medical superintendents capable of neglect if not worse, but is also *de facto* an imputation of dereliction of duty on the Lunacy Board itself.

Clause XII. is also highly objectionable. This clause makes it incumbent on all persons in whose house lunatics may be temporarily placed, and who may derive profit from lodging them, to report their having such inmates to the Lunacy Board within fourteen days. Such an inquisitorial enactment would seriously interfere with the due professional treatment of many cases of slight temporary aberration of mind, in the course of which change of air and scene is often an important adjuvant, while this would, in many cases be decidedly objected to by the relatives if it could not be obtained without the publicity entailed by a notification to the Lunacy Board. Moreover, this clause would completely prevent the sending of any one of the numerous sufferers from transient attacks of insanity to hydropathic or other sanitary establishments without exposing them to the misery, annoyance, and risk of aggravation from official inspection.

Section XIII. prohibits the retention by any one, in his own house, although not for gain, of any person believed to be insane, without an order from the Sheriff or the sanction of the Board; and if the Board have reason to believe that such person has been so compulsorily confined to the house after one year from the commencement of the malady, the Board are to be empowered to make such representations as will ensure the removal of such patient to an asylum. Some such modification of the present Act is certainly required to prevent the recurrence of such dreadful cases as that of the murder at the Grange, near Edinburgh, but to extend this clause and the power of the Board over every case in which temporary confinement may be deemed advisable, is surely as uncalled as it certainly is inquisitorial.

These are some of the most objectionable portions of the present Bill, while its good points are—first, that it facilitates the admission into asylums of patients presenting themselves voluntarily for that purpose; second, that it provides that in the case of private patients, neither of the two medical certificates necessary to procure the order from the Sheriff requisite for placing the patient in an asylum, shall be granted by any officer of the asylum in which the patient is to be placed; third, that the Sheriff's order shall not remain in force for longer than three years, after which the Medical Superintendent shall be required to grant a certificate on soul and conscience, and renewable annually, that the patient is unfit to be restored to liberty with due consideration to his own safety or the public welfare; fourth, there is also a provision that Parochial Boards may remove unrecovered patients, unless the Superintendent shall certify that *they are dangerous, or for any other specific reason unfit to be discharged*—a provision which ought to be extended to all lunatics, whether pauper or not, much inconvenience and danger to the public having been experienced by the removal of patients from asylums by their relatives long before they were safe to be at large.

Such are the main provisions of this Bill now before Parliament, and it behoves the members of our profession, each in his own sphere, to agitate for and against its satisfactory and objectionable clauses, inasmuch as what is favourable is for the good of their clients and their own comfort; while what is unfavourable will seriously interfere with the discharge of their duty to their patients. Our Colleges, as representing the heads of our profession, will no doubt take joint action in this matter, but the force and efficacy of that action will depend entirely upon the impetus given to it by the consentaneous action of the whole body. In this as in everything else union is strength, and in nothing ought that unanimity to be more strenuously exerted than in endeavouring to repair the omission from this and all previous Acts of any clause bestowing protection upon medical men from those reckless and malicious prosecutions occasionally raised against them by lunatics who have in some manner escaped from restraint. So long as the law of Scotland is that any medical man who grants a certificate of a person's insanity, as required by law, is not a privileged defendent; and so long as a person who has been confined by a Sheriff's warrant in consequence of such certificate, is not required, when pursuing for damages to prove that the certificate was granted without probable cause—*i.e.*, wilfully, falsely, or maliciously; just so long, the only safeguard against an annoying and ruinous prosecution will be to be found in steadily refusing to sign any such certificate. Every endeavour ought now to be made to get the Legislature, which requires of medical men the duty of signing certificates of lunacy, to give them protection in the discharge of that duty. We hold it to be incumbent upon the Legislature to do this, and if after fair representation it still refuses, we consider that the profession would be fully justified in adopting the favourite argument of the day, and striking work in regard to the matter of lunacy certificates.

DUBLIN HOSPITAL REPORTS AND CLINICAL LECTURES.

In order to the maintenance of a well-regulated arrangement in this department of The Medical Press and Circular we have to request that in future all communications enclosing or concerning Hospital Reports or Clinical Lectures may be addressed to Dr. Belcher at our office in Lincoln-place (Dublin). As our space is limited, and is not equal to the demands made on it at present in this Department of the Journal, it is only necessary to say to those gentlemen who so kindly second our efforts to advance the more practical parts of our profession—that no undue delay shall occur on our part in the publication of their papers, lectures, or reports.

LUNACY ACTS (SCOTLAND) AMENDMENT BILL.

The Royal College of Physicians of Edinburgh held an extraordinary meeting for the purpose of considering the Lunacy Acts (Scotland) Amendment Bill, and agreed to the following memorandum, a copy of which was sent to all the Scotch Members of Parliament:—

1. The College has no objections to the continuance of the Lunacy Board for Scotland.

2. The College has great satisfaction in observing the introduction of a clause for the purpose of facilitating the admission of patients presenting themselves voluntarily into asylums, the necessity for which was pressed on the attention of Parliament by the College in 1864.

3. The College objects very strongly to clause xiv. of the bill, which gives to parochial boards the power of providing buildings and other accommodation for the insane pauper poor. The report of the Royal Commission on the state of lunatics in Scotland gave ample proof of the misery and bad management of such places. The reports of the Commissioners both in Scotland and England are full of statements opposed to them; large sums of money have been advanced for the erection of commodious district asylums, on the faith of the poorhouse wards for lunatics having been abolished, and yet this bill proposes to return again to an obsolete system which has met with all but universal condemnation.*

4. The College is of opinion, and has already urged on the attention of the legislature the necessity of extending the provisions of clause ix. of the bill to all lunatics, whether pauper or not. Many of the fellows can testify to great inconvenience and danger to the public being experienced by the discharge of patients from asylums at the request of their friends long before they can safely be trusted at large.

5. The College objects to clause xvi. of the bill, which allows patients to correspond *privately* with the lunacy board. The College is of opinion that the existence of any such law would foster distrust in the minds of patients in an asylum, and would be very subversive of discipline. The College earnestly entreats the legislature to pause before it enacts such a law.

6. The College also objects to clause xii. of the bill which makes incumbent on all persons in whose house lunatics may be temporarily placed, and who may derive profit from lodging them, to report their having such inmates to the Lunacy Board within fourteen days. If this becomes law it will seriously interfere with the due professional treatment of a number of cases of slight and temporary aberration of mind. In these cases change of air and scene is often of importance in hastening recovery; but these curative means would, in many cases, be objected to by the relatives, if they could not be enjoyed without notification being made to the Lunacy Board.

* The opinion of the Commissioners both in Scotland and England are printed in a separate paper to show how strongly the workhouse system is condemned by them.

7. The College is of opinion that it is incumbent on the legislature, which requires of medical men the duty of signing certificates of lunacy, to give them some sort of protection from reckless and malicious prosecutions raised against them by lunatics, whose reason may have been only partially or not at all restored. The College has no desire to protect medical men who either through carelessness, corruption, or malice, have signed certificates not borne out by facts; but it is of opinion that no prosecution should lie against a medical man unless the prosecutor is obliged to prove that the certificate has been signed without probable cause—*i.e.*, wilfully, falsely, or maliciously.*

If it be asked what protection the public have against the improper signing of such certificates, the College would point to section xxxviii. of the Lunacy (Scotland) Act (Vict. 20 and 21, cap. lxxi.), which it is not proposed to repeal, and which contains most stringent provisions, which can be enforced under the penalties of fine or imprisonment, against any medical man who either carelessly or falsely signs the certificate required by the Act.

The College begs to suggest the addition to the bill of some such clause as the following:—

PROPOSED CLAUSE FOR THE PROTECTION OF MEDICAL MEN FROM UNJUST PROSECUTIONS.

"The 14th section of the Act 25 and 26 Vict., cap. 14, is hereby repealed, except in so far as it repeals the 34th sect. of the Act 20 and 21 Vict., sect. 71, and in lieu thereof, any party applying to have any lunatic detained in any asylum, lunatic ward of a poorhouse, or house duly licensed for the reception of lunatics, may present a petition to the sheriff of the county where such lunatic is resident or may be found, or where the asylum, lunatic ward, or house be situate to be subscribed by the party applying for the same, accompanied by a statement of particulars in the form of Schedule C to the Act 20 and 21 Vict., cap, 71, annexed, and setting forth the degree of relationship or other capacity in which the petitioner stands to such lunatic; and such sheriff shall thereupon remit the said petition to two medical persons to be named by him (such persons being registered practitioners under the Medical Act), to see and examine the said lunatic, and satisfy themselves as to the mental state or capacity of such lunatic; and if such medical persons shall be satisfied that the petition should be granted, they shall report their opinion and the condition of the alleged lunatic to the said sheriff, and the sheriff may thereupon grant an order for the reception of the said lunatic into or detention in the said asylum, lunatic ward, or house, or if they shall think that the petition should not be granted, they shall report the same to the sheriff, who shall refuse the said petition, or make such other order as may appear expedient, in the form of E to the said Act annexed, or as near as may be to the terms of such form; provided that the two medical persons shall have no immediate or pecuniary interest in any asylum, lunatic ward, or house: And no superintendent of any such public, private, or district asylum or house, shall receive or detain any person as a lunatic therein, unless there shall be produced to and left with such superintendent, such order by the sheriff, dated within fourteen clear days prior to the reception of such lunatic; or if such order be granted by the Sheriff of Orkney and Shetland, within twenty-one clear days prior thereto: Provided that the superintendent of any public, private, or district asylum, may receive and detain therein, for any period not exceeding three days,

* The law of Scotland in regard to actions against medical men signing certificates of lunacy, is ruled at present by the decision of the judges in the case of Strang *v.* Strang (Report of Cases in Court of Session, second series, vol. xi.) In that case it was ruled, that a medical man who grants a certificate of a person's insanity, as required by law, is not a privileged defendant; and that a person who has been confined by a sheriff's warrant in consequence of such certificate, in pursuing for damages, is not obliged to prove that the certificate was granted without probable cause—*i.e.*, wilfully, falsely, or maliciously.

and without any order from the sheriff, any person as a lunatic whose case is duly certified to be one of emergency, by one medical person qualified as aforesaid; and no action at law shall lie against any medical person so acting, unless corrupt or malicious motives.

"The sheriff shall fix the fee to be paid to such medical persons to whom the petition shall be remitted by him; and such fee shall be at once decerned for by the sheriff, and paid by the party applying.—In name and by authority,

"JOHN SMITH, M.D., President."

RETROSPECT OF THE MEDICAL JOURNALS.

APRIL 28TH.

THE *Medical Times and Gazette* draws attention to Dr. Lankester's statement in reference to the increase of infanticide; his arguments have been made use of by foreign authors, who have improved the occasion and exaggerated the crime by making the calculation for the whole English population, whereas Dr. Lankester's figures where those furnished by a district in London. There is no doubt but that crime is infectious, and our contemporary regrets the publication of a statement, which may be wrong, but which might furnish the idea to many imitators.

Mr. T. Spencer has found that black oxide of iron—magnetic oxide—is about the best purifier of water. The process only takes a few minutes, just the time it takes to filter through a layer of roughly powdered oxide a few inches thick; it is inexpensive and lasts for years, the proper method of preparation consists in roasting red hæmatite with saw-dust, in commerce it is known under the name of "magnetic carbide." We cannot agree with the theory that it acts by converting oxygen into ozone; but it is an undoubted fact, that very impure water can be rendered sparkling, clear, and free from *even soluble* organic matter by coming in contact with this substance.

Mr. Edwards, the surgeon of the Cardiff Workhouse, who was supposed to have been instrumental in causing the death of two inmates by the accidental administration of poison, has been exculpated from all blame, it having been discovered, on post-mortem examination, that the deaths resulted from natural causes.

Another case of ovariotomy has been performed in Manchester by the aid of local anæsthesia by Dr. Richardson's method. The case of Cæsarean section in which the ether spray was used lately has turned out completely successful, the patient has returned to her friends.

A painful occurrence has occurred in St. George's Hospital. The question has very properly been raised by the Board of Governors, whether the new system of nursing about to be introduced, should be carried on in connexion with a religious sisterhood or purely on secular principles; a very warm discussion took place, in the middle of which Sir Frederick Roe died of apoplexy. This brings to mind the death of the famous Hunter, in 1793, in the very same place, under precisely similar circumstances, in the midst of an angry debate.

Dr. Richardson has lately described a new method of applying caustics and styptics to raw surfaces, in conjunction with the ether spray. He mentions two hæmostatic ethers, one prepared by dissolving tannin in absolute ether and afterwards treating it with xyloidine; this he terms the xylo-styptic ether. The other is prepared by dissolving perchloride of iron in ether; this is termed the ferro-styptic ether. He has also invented a caustic ether, by the combination of hydrofluoric acid with the ether. An ozonized ether when injected into an apartment in the form of spray, renders the atmosphere pure, and the presence of the ozone can be demonstrated by Schonbein's test papers.

The clinical remarks by Dr. Barlow are most valuable on the subject of intestinal obstruction; his experience goes to prove that if the lesion exists, in the upper part of the bowel the pain will be more severe, the vomiting will come on much sooner after constipation, and in fact all the symptoms will be more acute and rapid than where the large intestine is the seat of the disease; but the principal point of diagnosis lies in the suppression of urine. When it occurs early, it is sure to mark the case as one of obstruction in the upper part of the small intestine. The explanation given is that the urine is not secreted, as there is no fluid in the alimentary canal retained long enough for the absorption of water into the circulation. He treats these cases with opium administered in full and repeated doses.

In alluding to the coming meeting of the General Medical Council, the *British Medical Journal* seems to regret the little good that has been effected by it, especially in the way of reforming our educational bodies.

Dr. McKeand of Manchester, publishes four cases in which he successfully removed a soft cataract by means of the suction curette.

A case of syphilis treated by syphilisation, under the direct superintendence of Professor Boeck himself, is reported by Mr. R. Dunn. The patient, however, died of the disease before a cure was effected.

The *Lancet* proceeds in a leader to review Dr. G. Johnson's work on cholera, which has created so much noise in the medical world.

The post of physician to the Charter House, having become vacant by the death of Dr. Babington, the principal physicians are called on to send in their names.

Dr. G. Johnson's lectures on delirium tremens are concluded. He does not approve of the digitalis treatment, and remarks that several cases of sudden death have been traced to its administration in large doses.

Dr. C. Fox draws attention to the sympathy existing between the auditory canal and the larynx. He sums up a very elaborate paper as follows:—

"1. The sympathy between the ear and the larynx, as well as the stomach, has been long known, although the majority of recent writers seem to have overlooked it.

"2. This sympathy is not manifested in every individual, but in about seventeen per cent., and seems to depend on a state of hyperæsthesia of the nerve which supplies the auditory canal.

"3. The nerve of the ear concerned in the production of this phenomenon cannot be a branch of the vagus, as Romberg and Toynbee have affirmed, but is in all probability a branch of the fifth cranial nerve.

"4. This sympathy is an example of a reflected or sympathetic sensation, in which the connexion between the nerves concerned takes place in the nervous centre.

"5. Cases occasionally occur where a cough is solely dependent on the existence of some source of irritation in the auditory canal.

"6. The explanation of the sympathy between the ear and the larynx enables us to understand the mode in which pain of the ear becomes occasionally a symptom of a thoracic aneurism.

"One of my chief objects in bringing before the notice of my professional brethren this sympathetic connexion is to introduce to them what may be called an *ear-cough*, and to strongly advise them to examine the auditory canals in all cases of obstinate cough, where none of the more frequent causes of this symptom can be discovered."

Mr. Munn of the Middlesex Hospital describes a new method of treating nævi. He dissects up the skin and nævus in the form of a flap, and snips off with the scissors the dilated vessels, replacing the skin and applying pressure.

All the journals allude to the formation of a sanatorium at Blackrock, county Dublin, in connexion with St. Vincent's Hospital. However Dr. Q. is wrong in stating that it is the first established in Ireland. The third report of the *Convalescent Home* will be found in *Saunders' News-Letter* of April 30th.

A COMMITTEE of the Lords of the Hon. Privy Council sat on Saturday, in the Council Chamber, Whitehall, on the subject of the cattle plague. The metropolis showed a decrease during last week of twenty-two cases.

DR. RICHARDSON'S SPRAY AND CHLOROFORM.

(Communicated.)

However desirable it may be to produce local anæsthesia during surgical operations, without inducing complete insensibility, thus avoiding any risk which attends the administration of the agents effecting the latter purpose, yet now, when Dr. Richardson's spray has answered the most sanguine expectations formed of it as a local anæsthetic, it becomes a question whether chloroform is not a more humane anæsthetic. Since the first cultivation of surgery, many attempts have been made to produce insensibility to pain, and this had been done with a two-fold object. It is a well known fact that the idea of the surgeon's knife is terrible, and that apprehension often causes mental suffering more excruciating in sensitive organizations than the actual application of the much-dreaded instrument. The mind plays an important part in disease. Sense and fright produce depressing effects on the body, and they require something to neutralize them. Hence we welcomed chloroform as an agent that subdued this mental torture, and the steps of the operation and all its details were performed while our patient lay in a state of profound stupor, dead—1st, alike to pain; and, 2nd, to perception of what was taking place.

Dr. Richardson's spray causes less of sensation in the parts to which it is applied; but the mental faculties of the patient are not in abeyance, and the horror which the *armamentaria* of the surgeon inspires is not removed. The eyes may be bandaged, but imagination will conjure up pictures of the proceeding even more terrible than the reality.

These objections may be deemed pusillanimous, but that we have some grounds for them may be seen from the following case:—The operation was a minor one, cutting off a few warts from the penis. The patient was a young man whose manhood should have induced him to bear any pain and not shriek like a woman, yet such a specimen of the *genus homo* was he, that when placed on the table he refused to allow it to be done, crying out for chloroform, until eventually, after some time was lost in striving to persuade him that he would not feel any pain, he was held down *vi et armis*.

While the spray was being applied he continued his unavailing struggles, and it is now impossible to determine whether he cried from an over-excited imagination, actual pain of the operation, or *from the coldness induced in such a sensitive organ as the penis by the action of the spray.*

Being so long accustomed to the action of chloroform, it seems repugnant to our modern ideas to have to hold down a patient and be compelled to operate on a heaving struggling mass of humanity, when by a simple application we can subdue all muscular action, and operate calmly and leisurely, undeterred by cries or throes.

If we have such difficulty with a man, what must we expect with a female. We may anticipate hysterics and other disagreeable concomitants. We have offered these observations because the new agent is now on its trial, and its advantages and disadvantages must be fairly canvassed. It has the merit of ingenuity and is novel, but these are not sufficient recommendations for its superseding chloroform.

We have based our objections on the broad ground of the humanity of the two agents, but we have not entered into the question of whether it does deaden sensation in deep parts, whether its application does not cause as much pain as the knife, whether it is not an expensive operation owing to the price of ether; these points we have assumed as settled, and our arguments would apply equally well to the instrument devised by Mr. James Moore, at the end of the eighteenth century, for compressing the principal nerves and thus deadening sensation, had it been as successful as it was ingenious.

Correspondence.

☞ We are not to be assumed to agree with the views of our Correspondents whose communications we insert for the purpose of affording opportunity for the enunciation of all shades of opinion in things medical. Our revision of letters is, therefore, confined to the removal of statements or expressions which we consider unsuitable or irrelevant to the subject in hand.

ON THE SYSTEM OF MEDICAL ASSISTANTSHIP.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Were I to start with the assumption that the whole system of unqualified medical assistantship was radically wrong, such an assertion might be deemed too sweeping, as it has been so long sanctioned by the antiquity of time, and been virtually enrolled as a standard appurtenance of medical practice; yet this proposition would have some foundation in truth, if we consider the discontent which prevails amongst those concerned, if we reflect on the duties which those employed have to perform, and if we then contrast the qualifications which they possess to fit them for the manifold duties of the office.

While our Medical Council is striving to secure privileges to qualified men to suppress empiricism and elevate the status of the members of our Medical Corporation, their efforts are rendered nugatory, for medical assistants are *bona fide* practising beneath the ægis of the protecting care of the general practitioners of England.

This is one flaw in the system, and this must affect qualified men, for while principals can obtain unqualified assistants for salaries which are fit only for servants, they will not give possessors of diplomas adequate remuneration for their labour. It is a question of political economy. There is a demand and a supply, and owing to the number of unqualified assistants in the market, prices must remain at a low ebb until the spurious article is discovered, or until some crisis takes place.

When we consider the duties of the assistant, they resolve themselves into dispensing and compounding, prescribing, visiting, vaccinating, attending midwifery, accidents, &c., filling up the gap in the absence of the principal, and thus excluding the neighbouring practitioner. This last duty is a very important one, and oftentimes a hard-struggling young practitioner, an M.D., M.R.C.S., finds, to his chagrin, when called to a case of emergency, that Dr. ——'s assistant is there, and, owing to professional *etiquette*, he is obliged to retire.

In these varied avocations are concentrated all the functions of a medical man; and then let us turn to the qualifications of those who perform these important duties.

Very often they are gentlemen who have never entered an hospital or attended lectures—assistants *pur sang*—but who have served an apprenticeship in the country, or men of one, two, or three years' standing at a medical school; and, surely, such a training is not a fitting criterion for such a post. Thrown into this position, they are obliged to make a little knowledge go a far way, to have the manners of gentlemen, and to dress as gentlemen—in fact, to ape the medical man; while they are snubbed by their employers, in receipt of salaries which barely maintain them, and involved in an everlasting cycle of employment, which allows them scarcely

an hour's rest. *Their position is a false one.* Hence the discontent which so widely prevails, the bickerings and the unpleasantness, the mutual complaints of principal and assistant; so that, in the words of one of our principal medical agents, "no unqualified man, unless he has a blot on his escutcheon, is willing to accept the situation."

The principal who looks after his pecuniary interests is willing to avail himself of their services, as he can palm them off on his patients, who are ignorant of what a diploma is, and are content if he is sent by their family doctor; but he cannot treat them as a fellow practitioner, for they are but the jackal attending upon the lion.

It is a pity that their position is not a better one, for many a student, a gentleman by education, &c., feels himself compelled, through the *res angusta domers*, to intermit his studies and rusticate for a time, yet cannot do so without a sense of degradation. We have yet to learn that to toil honestly for money in other departments, whether of profession or trade, is degrading; why, then, is it so in this case? But yet it is considered so.

"'Tis true, 'tis pity; and pity 'tis, 'tis true."

Assistants cannot be blamed for being placed in this false position; it is those who have thus exposed them are deserving of censure.

This subject, in the interest of the qualified medical men who accept situations, would be well worthy of the attention of the Medical Council. The system could be changed with mutual advantage to all interested. The legitimate duty of the unqualified assistant should be confined to compounding and dispensing. Thus his position would be defined, they could not receive a lower salary than they have at present, and they would not be the drudges they are, and the holders of diplomas would thus receive more fitting salaries, as the competition would be lessened.

Some change should take place. It but requires the amputating knife to sever the unhealthy parts, and restore the whole to health and vitality.—I am yours,

A Late Assistant.

THE EXAMINATION OF THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Dear Sir,—Your sense of justice will induce you to give me an opportunity of freeing myself from the accusations of falsehood with which "L.R.C.S.I." has sought to brand me.

"L.R.C.S.I." asserts that I stated that there are no grinders in Edinburgh; that no students grind for that licence; that no man ever goes in for the examinations of the Irish College without grinding; and that the examination in Edinburgh is not reputed to be easier than that of the Dublin College of Surgeons. Allow me to say that I made no such statements as these, and that if "L.R.C.S.I." once more will refer to my letter he will see that I did not.

Had I asserted the above, *I would* probably be guilty of making erroneous statements; but what I did say was, that I *did not know of any grinders in Edinburgh, that I never knew of a student to grind for the Edinburgh qualification*, and I expressed a curiosity to see the student who would face the examination of the Irish College without grinding. As to saying that the examination of the Edinburgh College is not reputed to be easier than that of the Dublin College, I cannot find in my letter where I asserted this.

I cannot conclude without a word of advice to "L.R.C.S.I.;" it is this—that when he again presumes to criticize, he should take heed that what he sets forth as quotations, be so in reality, and not the contortions of his own fancy.—I am, dear Sir, faithfully yours,

A Student.

[Certainly the statements attributed to our correspondent, and those which he confesses to, are distinct without difference. What is the difference between a student (who was supposed to be informed before he wrote) stating that there were no grinders or grindees, and that he *did not know* of any? He has received a just rebuke for his ignorance of facts.—Ed. M. P. & C.]

SAVORY AND MOORE'S REPTILE HEART SYRINGE FOR ENEMA AND UTERINE INJECTION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The woodcut of this instrument, and description, appeared in the *Lancet* of 31st March, and the following week there was a letter from a Surgeon showing that the instrument is not new, but is identical with that known as Higginson's, except that the barrel is elliptical instead of cylindrical. These instruments are not, in my opinion, good, inasmuch as it is impossible to eject the whole of the fluid which runs out after use, and making a slop. Is it fair or right to represent an old and inefficient instrument as a new invention and an improvement? I think not; and doubt if Messrs. Savory and Moore will add to their reputation by this last idea of theirs.—I am your obedient servant,

M.D.

THE LIQUOR ATROPIÆ.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you allow me to call the attention of your readers to the liquor atropiæ of the present Pharmacopœia. I have recently employed it on two occasions, and an extremely acute attack of inflammation of the eye was the result in each instance.—I am, &c., J. G. Hildige.

7, Upper Merrion-street, 26th April.

Parliamentary Intelligence.

HOUSE OF LORDS.—April 24th.

Lord Redesdale, in moving to refer the West Middlesex Water Bill to a Committee of the whole House, called attention to the increasing quantities of water annually withdrawn from the Thames by water companies, and suggested that new districts should be required to obtain their supplies from other sources.

April 25th.

SMALL-POX IN THE ROYAL NAVY.

The Earl of Ellenborough regretted to see by that morning's intelligence from India that her Majesty's ship *Octavia* had put into Bombay with 175 men ill on board from small-pox. He wished to know what precautions were established to prevent small-pox in the Royal Navy?

The Duke of Somerset said the regulation in force was that no one should be received on board the Royal navy who either was not vaccinated or who refused to be vaccinated. Where vaccination was necessary it was performed as speedily as circumstances would permit. With regard to the *Octavia* it was probable the disease was introduced by some coolies taken on board; and his information was to the effect that the disease had shown itself in a very mild form, and was not likely to extend.

HOUSE OF COMMONS.—April 19th.

THE CHOLERA.

Sir J. C. Jervoise asked whether the attention of the medical officer of the Privy Council had been directed to a statement that the Emperor and Empress of the French had visited the cholera hospitals in Paris, and that M. Gustave Girard had made experiments in demonstration of the non-infectious nature of the cholera.

Mr. Bruce said the attention of the medical officer of the Privy Council, along with the rest of the public, had been attracted to the act of courage and humanity performed by the two illustrious persons mentioned; and the medical officer was also aware of the very daring experiments which had been made by M. Gustave Girard; but in spite of those experiments it was by no means established that cholera was non-infectious. On the contrary, the precautions which were being at present taken by the French Government in

connexion with this subject justified the medical officer of the Privy Council in holding the opinion which he did.

April 20th.

CONTAGIOUS DISEASES BILL.

Lord C. Paget brought up the report of the select committee on the Contagious Diseases Bill, which was ordered to lie on the table.

CONTAGION OF CHOLERA.

The Epidemiological Society has issued the following letter addressed to the profession:—

"London, March 1866.

"Sir,—In the event of an outbreak of cholera in this country, the first practical question for the consideration of the profession will be, how to make adequate provision for the reception and treatment of the poor when stricken with the disease; and what kind of accommodation should be preferred, as most calculated for the benefit of the patients, and least likely to endanger the public health. The public will naturally look for some expression of opinion on so important a subject to those who, from study and experience of the disease, may be in a position to give the results of their practical knowledge. The President and Council invite your attention to the three following questions, and would feel much obliged if you will favour them, at your earliest convenience, with answers thereto.

"1. Can persons suffering from cholera be admitted into the ordinary wards of general hospitals or infirmaries without danger to the health of other patients?

"2. Can cholera patients be admitted into special wards, set apart for the disease, in general hospitals and infirmaries, without undue risk of the extension of the malady to the other inmates of the institution and their ordinary attendants?

"3. Do you deem it necessary that special hospitals should be provided for the reception of persons attacked with cholera? and that such persons should not, on any conditions, be admitted into general hospitals or infirmaries?"

VERDICT OF MANSLAUGHTER AGAINST AN AMATEUR PRESCRIBER.

Mr. Taylor, coroner, resumed an inquiry on Tuesday, at the Coopers' Arms Inn, Wakefield, relative to the death of Mr. Joseph Newsome, innkeeper, who had been poisoned under unusually distressing circumstances. Mr. Newsome for some weeks past had been suffering from a bad cold, which caused him very restless and sleepless nights. On Saturday night he was talking to the company at his bar about the trouble his illness gave him, and a young man named Rigg went away, saying that he would get him something that would do him good. He shortly afterwards returned with a bottle containing about six ounces of a light-coloured watery fluid, and told Newsome to take half that night, and half the next morning. Newsome followed the instructions given, became very drowsy, wandered very much during the night, and was so dangerously ill next morning, that Mr. Kemp, Surgeon, was sent for. The doctor, however, arrived too late to be of any service, the deceased shortly afterwards undergoing every symptom of death from the effects of a narcotic poison. A chemist and druggist named Dennison stated that Rigg came into his shop on Saturday, and asked for five or eight grains of quinine and six or eight drachms of opium. Witness told Rigg that half a drachm was a full dose under ordinary circumstances, but in such cases as delirium tremens a medical man might administer more. Rigg said the person for whom he wanted the medicine was labouring under some such complaint, and the witness added two and a-half drachms of laudanum to the quinine, and filled the bottle up with water. At Rigg's request he put a label on the bottle, giving directions for three tablespoonfuls, or about a quarter of the contents, to be taken every three hours. When Rigg returned to the publichouse the bottle had no label upon it, and instead of following the directions of the druggist, and giving Newsome a fourth of the bottle's contents, he told him to drink off half. As regarded the statement of Rigg that the person for whom he intended the potion was suffering from delirium tremens, it was proved that Mr. Newsome had had nothing but tea and coffee on Saturday, and had not tasted three glasses of malt liquor or spirits for a month. The jury returned a verdict of "Manslaughter" against Rigg, but the coroner admitted him to bail.

RETENTION OF MENTAL VIGOUR IN OLD AGE.

Dr. Forbes Winslow, in a letter to the *Pall Mall Gazette*, mentions the following, among other instances, of the retention of mental vigour at advanced years:—

"Lord Eldon died at the age of eighty-six. He remained in full enjoyment of his wonderful intellect until shortly before his death. Lord Kenyon lived to the age of seventy. His powers of mind continued up to the last moment unimpaired. Lord Stowell lived to the age of ninety. His mind was vigorous to the last. Lord Mansfield died at the advanced age of eighty-nine in full and unclouded vigour of intellect. A few days before this illustrious judge passed into eternity he heard his niece asking a gentleman who was present as to the meaning of the word 'psephismata,' which occurred in Burke's celebrated work on the French Revolution. The answer was that it was a misprint for 'sophismata.' 'No!' exclaimed Lord Mansfield, 'psephismata' is right.' He then, without the slightest difficulty, quoted from memory a passage from Demosthenes in illustration of the fact. Dr. Johnson died at seventy-five. His last work, the 'Lives of the English Poets,' was written only three years before his death. Chaucer lived to the age of seventy-two, with an intellect in full and brilliant activity. Sir E. Coke died at eighty-two. The last few days of his life were spent in revising his numerous works, preparatory to their publication. Sir Isaac Newton published the third edition of his 'Principia,' with a new preface, at the age of eighty-three. The great Locke died at seventy-three, showing no decay of intellect. He was actively engaged in literary composition up to a few days of his death. Cherubini continued brilliant in conversation at the age of eighty. Gosse composed a 'Te Deum' at seventy-eight. Corneille at the age of seventy exhibited no failure of intellect. Waller composed when he was past eighty a beautiful poem, entitled 'A Presage of the Ruin of the Turkish Empire.' Titian continued to exercise his marvellous genius as an artist up to the age of ninety six, when suddenly he died of the plague at Venice. Benjamin West painted his celebrated 'Death on the Pale Horse,' said to have been his best work, at the age of seventy nine. At the age of eighty-three Cumberland, the Bishop of Peterborough, studied and mastered critically Dr. Wilkins's 'Coptic Testament' Handel made his last public appearance at the advanced age of seventy-five. Lord Lyndhurst who has not long passed away, has adorned every debate with the most profound wisdom and judicial eloquence that has never been surpassed. That noble lord, on the night he entered upon his ninetieth year, addressed their lordships in a speech that rivetted their attention for more than half an hour with the most perfect clearness."

Medical News.

The cholera has made its appearance at Ste. Brienne, in Brittany.

Mr. J. W. Clark, M.A., Fellow of Trinity, has been elected Superintendent of the Museums of Zoology and Comparative Anatomy at Cambridge.

The Sanitary Conference at Constantinople has decided that lazarettos shall be established in the vicinity of certain towns in Asia Minor. One of these lazarettos is to be built on an island near Smyrna.

An official notice has been published at Manchester ordering all dogs to be confined from the 23rd inst. to the 1st of October, and attaching a penalty to the non-observance of the order.

At a meeting of the guardians of St. George's, Hanover-square, held the other day, the appointment of Mr. H. B. Farnall, C.B., together with Dr. Smith, to visit and report upon the state of the metropolitan infirmaries was discussed at great length, all present being in favour of the appointment of Dr. Smith and against that of Mr. Farnall.

Northern Counties Lunatic Asylum.—A meeting of gentlemen interested in the establishment of a Northern Counties Asylum for Idiots was held on Monday, at the Town Hall, Manchester. It was stated that the total sub-

scriptions already received towards the institution amounted to £27,000, and £50,000 would be required. The subscriptions from this city amount at present to about £2000.—*Manchester Courier.*

CHARING-CROSS HOSPITAL.—We understand that Dr. Willshire is likely to resign in June next the office of Senior Assistant-Physician, which he at present holds in this hospital. In that case Dr. Frederick Headland will occup his place, and the vacancy thus created will have to be filled up. Dr. Julius Pollock and Dr. Tilbury Fox are spoken of as likely to become candidates for the post.—*Lancet.*

THE OPHTHALMOLOGICAL CONGRESS FOR 1866.—Professors von Jäger, senior, Arlt, and Gulz, as the official managers of the next Congress, to be held in Vienna, have issued a cordial invitation to the ophthalmologists of all countries, assuring them that a rich material awaits their inspection at Vienna, where every attempt will be made to render their stay profitable and agreeable. The first general meeting of the Congress will take place August 25th, at the Academy of Sciences.

A COMMITTEE which was appointed some weeks since to consider the question of nursing in St. George's Hospital have selected the sisters of St. Peter's Home to undertake the duty, and have assigned the following reasons for their choice:—1. The vicinity of St. Peter's Home to the hospital, and the intimate acquaintance with the working and details of the hospital which several of the sisters have already obtained; 2. That St. Peter's Home has no other charge of public nursing to interfere with or conflict with their attention to their duties at St. George's Hospital; 3. That the peculiari ties of dress and discipline are not so marked as in some other cases; 4. That St. Peter's Home is under the personal and immediate direction of the Bishop of London, without whose sanction nothing is done or undertaken, and that the Bishop has written under his own hand to a member of the committee to recommend the sisters.

THIS unlucky Vaccination Bill fails in a twofold aspect. It leaves the population as much as ever at the risk of bad or ineffective lymph, and in the next place, supposing the lymph to be pure, makes no proper provisions for its employment. It allows a minimum of remuneration to the operation, which is tolerably sure to be the maximum in practice, and which will thus perpetuate the present system of under-payment. Medical men are among the most philanthropic of our race; but there is reason to fear that the present inadequate scale of payment, coupled with other drawbacks, leads to a very slovenly performance of a highly important public function. How else are we to account for the fact that in the course of the recent inquiries out of half a million of vaccinated children who underwent examination only one in eight was found to be perfectly vaccinated, and that in more than one-fourth of the cases the vaccination had been of a "very inferior" order? The poor-law reports of 1862, as cited by Sir R. Peel, show that out of 702,181 children born in that year, only 437,693 were successfully vaccinated. At this rate vaccination is little standard better than a farce.—*Standard.*

CLARE COUNTY ASYLUM.—This building, in common with the majority of those in Ireland the purpose of which is similar, has been erected on a site selected for its salubrity. The site consists of about forty acres of land within a mile of Ennis, at the northern side of the town. The building faces the south, towards which the ground slopes gently. The whole number of patients for which accommodation is provided is 260; and twenty-five feet superficial are provided in the day-rooms for each patient, and fifty feet superficial in the dormitories, the ceilings being twelve feet in height. The amount of the present contract, exclusive of boundary-wall, gate and other lodges, farm offices, baths, water-closets, and engineering works, is about £29,000; but it is estimated that when these additional works are completed, the total cost will amount to £35,000. It is expected that the whole will be completed within a year from the present date.—*Builder.*

THE BRITISH MUSEUM.—The accounts of the British Museum have been laid before Parliament as usual. Professor Owen reports the acquisition of 30,402 specimens in the departments, of natural history; room has been made for the exhibition of a selection from them, but the bulk have been stored for exhibition and scientific applications when the required space may be obtained. Dr. Gray reports the acquisition of specimens which serve to show the changes that take place in the gradual development of the growth of species of animals, while some illustrate the slight differences which exists between allied species that belong to closely connected localities, thus exhibiting to students the variations that occur under these circumstances, which is a question of much interest and much discussion at present. All the departments have been enriched in the course of the year. The mineralogy department secured the collection of Colonel de Kokscharow, the most important addition to this department since the purchase of the Allan-Greg collection in 1860. Its value consists in the admirable series of Russian, and in particular of Siberian, minerals, which form the greater part of it. Such minerals are always difficult to obtain beyond the limits of the Russian empire. The topazes are especially splendid. The most remarkable addition that has ever been made to the collection of meteorites accrued to it in the past year by the arrival from Melbourne of the great mass of meteoric iron found at Cranbourne, near that city, and known in the colony as the "Bruce meteorite."

VACCINATION.—To prevent the chance of a syphilitic vaccination, Dr. Pacchiotti recommends the following rules:—1. Examine carefully the child from whom the lymph is taken. 2. Try to learn the state of the parents' health. 3. Choose, in obtaining the lymph, such children as have passed the fourth or fifth month, as hereditary syphilis, in general, appears before that age. 4. Do not use the lymph after the eighth day of the existence of the vesicle, as the lymph on the ninth and tenth days becomes dull by mixture with pus, which latter may be of an infectious nature. 5. In taking the lymph with the lancet, avoid hæmorrhage, as there is less danger with pure and transparent lymph. 6. Do not vaccinate too many children from the same supply.

ROYAL MEDICAL BENEVOLENT COLLEGE.—Yesterday evening the anniversary festival of this institution was held at Willis's Rooms, King-street, St. James's. Sir William Fergusson presided, and was supported by the presence of the most eminent surgeons and physicians in London; indeed, a list of those entitled by distinction to mention would read like a page from the Medical Directory. The dinner, which was provided by Messrs. Willis, was on a most liberal scale and admirably served. At its conclusion, and after the usual routine toasts had been given and warmly acknowledged, the chairman gave "Success to the Medical Benevolent College," and in doing so referred to the report of the institution which was distributed about the room, and which, as is generally the case in these charities, afforded the strongest proof, not only of its utility, but of its actual necessity. The College was founded, or rather first commenced, in 1851, as an asylum for medical gentleman who, from ill-health, want of professional success, or other adverse influence, had sunk into poverty, and for the widows who may have been left in reduced circumstances. The objects which the College is now carrying out are threefold—first, to maintain an asylum in which a hundred pensioners, who must be duly qualified medical men, or their widows, are provided with rooms and with incomes graduated according to their necessities; the second object is to provide a school in which a liberal education is given to 200 boys, the sons of doctors, at least 40 of whom are maintained entirely at the expense of the College, while the remainder are charged at the lowest rate found to be practicable; the third and last benevolent effort of the College is to provide either annuities or occasional pecuniary assistance to medical gentlemen in distressed circumstances, or to their families, when such assistance can be granted without detriment to the asylum or school, which is ever regarded as the principal object of this charity. There are at present resident in the College at Epson, 24 pensioners, each of whom is provided with three comfortably furnished rooms, an ample annual allowance of coals, and £21 a year in money. The full complement of 200 boys are now in the school, and in addition to these there are many day scholars who receive all the advantages of a first-class education on payment, but who are not necessarily the sons of medical men. The Council are, however, earnestly desirous of increasing the number of foundation scholars and of placing their maintenance and that of the pensioners upon a footing independent of the somewhat precarious support of

annual subscriptions. To this end they appeal to the public on behalf of a class of professional men from whom the country derive so much advantage at so little cost, and who, with so little regard to aggrandizement, and under so heavy a load of responsibility and actual danger to themselves and their families, do so much good almost unknown and almost unrequited. Sir William Fergusson brought these points of the report briefly but strongly before the guests. The best proof of the success of his appeal is to be found in the fact that between £600 and £700 was at once subscribed in the room towards the maintenance of the charity.

THE Italian Government has organized a complete system of meteorological observations, according to the system of the late Admiral Fitzroy.

THE Abbe Moigno has issued a French translation of Professor Tyndall's discourse on "Radiation;" and of Dr. Hofmann's lectures on "The Combining Power of Atoms."

THE county population of England and Wales, exclusive of cities and boroughs, at the 1861 census, was 11,427,755.

MANCHESTER AND SALFORD SANITARY ASSOCIATION.—The annual meeting of this association was held on the 17th inst., when the Bishop of Manchester took the chair. From the report read by the secretary (Dr. Morgan) it appears fever from overcrowding and impure air is greatly on the increase. 3788 cases are reported in public practice, mostly typhus; the deaths being one in eleven, or in true typhus one in six. Mr. W. Fairbairn, Rev. Canon Richson, Rev. J. D. Kelly, Dr. Noble, and other gentlemen spoke in praise of the Corporation of Manchester and the efforts of the association for their practical measures to improve the condition of the poorer classes.

OFFICERS OF THE HUNTERIAN SOCIETY FOR THE SESSION 1866-7.—*President*—Stephen H. Ward, M.D. *Vice-Presidents*—S. W. Devenish, M.B.; Sigismund Sutro, M.D.; Thomas B. Crosby, M.D.; D. De Berdt Hovell, Esq. *Treasurer*—William Cooke, M.D. *For the Oration of* 1867—W. Sedgwick Saunders, M.D. *Librarian*—Robert Fowler, M.D. *Secretaries*—H. I. Fotherby, M.B.; W. Allingham, Esq., F.R.C.S. *Council*—Robert Barnes, M.D.; Henry Blenkarne, Esq.; Thomas Brown, Esq.; Thomas Bryant, Esq.; P. Lodwick Burchell, M.B.; Thomas Mee Daldy, M.D.; Esquire Dukes, Esq.; J. Hughlings Jackson, M.D.; G. Lightenberg, M.D.; C. F. Maunder, Esq.; W. S. Saunders, M.D.; Alfred Smee Esq., F.R.S.

A RETURN has just been published of the acreage of commons and open spaces near London. There are 38,458 acres of these kinds of land within the twenty-five miles radius, and 13,301 acres within that of fifteen miles. In the home counties the apportionment is as follows: Fifteen miles radius—Essex, 3740 acres; Hertford, 477 acres; Kent, 1568 acres; Middlesex, 2218 acres; Surrey, 2295 acres. Twenty-five miles radius—Berks, 2 acres; Buckingham, 1022 acres; Essex, 5798 acres; Hertford, 3912 acres; Kent, 2601 acres; Middlesex, 2564 acres; Surrey, 22,557 acres.

THE BETHNAL-GREEN GUARDIANS AND THE POOR-LAW-BOARD.—The Guardians of Bethnal-green have at last come to what they look upon as a final settlement of the matter connected with the late official inquiry at that workhouse with respect to the sudden deaths of aged pauper inmates. The reports of the cases referred to shewed that in one of the cases a pauper named Robert Scolly was admitted on an order, and was handed over by the official at the gate to a pauper wardsman. Neither the paid nor the pauper official gave or saw that the newly-admitted inmate had the necessaries to which he was entitled, nor was his condition reported to the master, and in the morning he was found to be dead. A coroner's jury blamed the workhouse administration, and the Poor-law Board's inquiry proved that there had been gross neglect in the case, for the paid official at the gate gave evidence showing that he did not know such necessaries as beef-tea and stimulants were to be obtained in the workhouse after a certain hour in the evening. The judgment of the Poor-law Board was that the paid official, Cardwell, should be called upon to resign, or that he should be dismissed after the usual warning. The guardians, on having this communicated to them, referred the matter back to the Poor-law Board, desiring to be informed on what grounds the recommendation was made, to which the Poor-law Board replied by referring to the previous communication. This answer was received by the guardians with some merriment, and they agreed to pass on to the "next business," thus declining to carry out the judgment of the central authority.

SURREY COUNTY HOSPITAL.—The election of honorary medical officers took place on the 17th inst., when Mr. H. S. Taylor, Dr. J. Stedman, and Mr. R. Eager were appointed; the assistant honorary medical officers, Mr. J. Morton, Mr. T. Butler, and Mr. Schollick, having been elected three weeks previously.

NORTHERN COUNTIES' ASYLUM FOR IDIOTS AND IMBECILES.—An influential meeting was recently held in the Town Hall, Manchester, for the purpose of promoting the establishment of an institution for the training and education of idiotic and imbecile children and young persons. The Mayor, Mr. Boker, took the chair. Dr. De Vitre and Mr. Harrison, from Lancaster, attended to give explanations of the scheme, which was started some fifteen months ago under the auspices of Sir J. Kay Shuttleworth, who on this occasion could not be present. The Bishop of Manchester, Sir E. Armitage, and Mr. Hugh Mason expressed sanguine expectations of the advantages of the plans of the promoters. Mr. Fernley, Rev. S. A. Steinthal, Rev. Canon Richson, and Mr. W. R. Wood proposed resolutions which were strongly supported, and a handsome subscription was announced. The amount from Manchester alone was above £2000. The institution is planned on the Pavilion principle, for accommodating 300 inmates, but is to commence with 200, the remaining accommodation to be extended when required.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

HIS Excellency the Lord Lieutenant of Ireland having graciously signified his intention to visit the College, on Thursday next, the 3rd of May, at four o'clock, the President, Council, and Fellows will assemble at the College, at a quarter to four o'clock, on that day, to receive his Excellency on his arrival.

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, April 21, 1866, in the following large Towns:

Boroughs, etc.	Estimated Population in middle of the Year 1866.	Persons to an Acre. (1866.)	Births registered during the week ending April 21.	Deaths. Corrected Average Weekly Number.*	Deaths. Registered during the week ending April 21.	Temperature of Air (Fahr) Highest during the Week.	Temperature of Air (Fahr) Lowest during the Week.	Temperature of Air (Fahr) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2244	1400	1517	66·4	38·9	50·8	0·36	36
Bristol	163680	34·9	125	73	‡85	60·9	40·8	49·9	0·06	6
Birmingham	335798	42·9	251	163	182	60·8	41·2	50·4	0·09	9
Liverpool	481337	94·8	387	281	332	55·8	41·5	50·5	0·27	27
Manchester	358855	80·0	271	203	‡247	62·5	35·0	49·7	0·14	14
Salford	112904	21·8	97	57	75	60·0	36·0	48·8	0·19	19
Sheffield	218257	9·6	191	115	124	60·5	37·5	47·9	0·17	17
Leeds	228187	10·6	189	116	145	62·3	33·0	49·7	0·07	7
Hull	105233	29·5	80	49	49	...	...	...	...	...
Newcastle-on-Tyne	122277	22·9	84	65	67	57·0	37·0	47·7	0·22	22
Edinburgh	175128	39·6	124	84	83	58·7	36·0	46·3	0·60	61
Glasgow	432265	85·4	373	252	299	57·0	37·2	47·1	0·93	94
Dublin	318437	32·7	190	†156	198	60·5	39·2	50·1	0·52	53
Total of 13 large Towns	6122894	34·4	4606	3014	3403	66·4	33·0	49·1	0·30	30
					Week ending April 21.	Week ending April 21.				
Vienna	(1863) 560000	...	...	...	...	...	...	...	...	...

At the Royal Observatory, Greenwich, the mean height of the barometer in the week was 29·844 in. The barometrical reading decreased from 30·13 in. on Sunday to 29·62 in. on Thursday.

The general direction of the wind was S.W. and W.S.W.

* The average weekly numbers of births and deaths in each of the above towns have been corrected for increase of population from the middle of the 10 years 1851-60 to the present time.

† Registration did not commence in Ireland till January 1, 1864; the average weekly number of births and deaths in Dublin are calculated therefore on the assumption that the birth-rate and death-rate in that city were the same as the averages of the rates in the other towns.

‡ The deaths in Manchester and Bristol include those of paupers belonging to these cities who died in workhouses situated outside the municipal boundaries.

§ The mean temperature at Greenwich during same week was 47·8 deg.

Notices to Correspondents.

W. W.—The notice is inserted.

M. T.—The card has been received.

The Harveian Society.—The notice has been received, and also the Report.

The Obstetrical Society of London.—The Report has been received.

Mr. J. L. Milton.—The paper has been received.

M. W. Stephens.—Either of the qualifications mentioned would not be sufficient to procure a Poor-law Medical appointment, one of them being considered only as surgical and the other only as medical, and a candidate must possess both.

REPRINTS OF CONTRIBUTIONS.

Arrangements have been made in our printing department by which Communications to The Medical Press and Circular of sufficient length may, at the desire of their Authors, be reprinted from the pages of the journal in pamphlet form. *Twenty-five copies of the reprint will be presented free of cost*, and any further number at a small charge. Contributors are requested to intimate their desire for the republication of their Communications, and to specify the number of copies required, at as early a period as possible, as otherwise the type will be broken up.

MEDICAL APPOINTMENTS.

LONDON.

Armistead, J. W., M.R.C.S.E., Assistant-Medical Officer to the Leeds Public Dispensary.

Clements, G., M.R.C.S.E., Senior-House-Surgeon to the Royal Infirmary, Manchester.

Doudney, E., Assistant-House-Surgeon to the Kent and Canterbury Hospital.

Hickman, William, M.B., F.R.C.S., Surgeon for out-patients at the Samaritan Free Hospital.

Watson, Spencer, F.R.C.S.E., Assistant-Surgeon to the Central London Opthalmic Hospital.

S. N. Harrison, L.R.C.P.Ed., Surgeon-Accoucheur to the Kilham Lying-in Dispensary.

Eager, R., Esq., Medical Officer to the Surrey County Hospital at Guildford.

Stedman, J. R., M.D., Medical Officer to the Surrey County Hospital.

Mr. T. L. Lack, Assistant to the House-Surgeon to the Chichester Infirmary.

Dr. McDonald, of Dalmellington, House-Surgeon to the Ayr, Newton, and Wallacetown Dispensary and Fever Hospital.

H. S. Taylor, F.R.C.S.E., Honorary Medical Officer to the Surrey County Hospital, Guildford.

W. S. Watson, F.R.C.S.E., Assistant-Surgeon to the Central London Ophthalmic Hospital.

IRELAND.

H. S. Kane, M.D., has been elected Medical Officer and Public Vaccinator for the Antrim Dispensary District of the Antrim Union, vice M. Weir, M.R.C.S.E., who was elected, but declined the appointment.

POOR-LAW MEDICAL SERVICE.—VACANCIES.

ENGLAND.

Isle of Thanet Union.—Minster District; area 15,797; population 3479; salary £25 per annum. Also the Workhouse; salary £120 per annum.

Ongar Union.—Workhouse; salary £40 per annum.

Weymouth Union.—Portland District; area 3555; population 8468; salary £35 per annum.

Worksop Union.—Blyth District; area 7072; population 1660; salary £20 per annum.

Medical Diary of the Week.

Wednesday, May 2.

Hunterian Society.—7½ p.m. Council.—8 p.m. Dr. R. Bennett, "On certain Derangements of the Nervous System occasioned by Shock, especially in reference to Railway Accidents."

Obstetrical Society of London.—7½ p.m. Special Meeting of Council.—8 p.m. Dr. Thomas Radford: "Cases of Laceration of the Uterus."—Mr. Robert Ellis, "On Anæsthesia by Mixed Vapours."

Thursday, May 3.

Royal Institution.—3 p.m. Professor Huxley, "On the Methods and Results of Ethnology."

Harveian Society of London.—8 p.m. Mr. Berkeley Hill, "On a Case of Empyema with Fistulous Openings, Cured by repeated Evacuations of the Pus."—Mr. Haynes Walton, "On Detachments of the Retina, their Causes and Treatment, with Specimens."

Natural History Society of Dublin.—8½ p.m. Dr. E. Perceval Wright, F.L.S. "Note on *Scotopelia peli* (Temm.) Bp."—Mr. W. Hellier Baily, F.G.S., L.S. "On Fossil Plants from the South of Ireland." Dr. E. Perceval Wright, F.L.S. "To exhibit some New Echinoderms, and a New Teredo."

Friday, May 4.

Royal Institution.—8 p.m. Prof. Abel, "On Substitutes for Gunpowder."

Archæological Institute of Great Britain and Ireland.—4 p.m.

Saturday, May 5.

Royal Institution.—3 p.m. Professor Huxley, "On the Methods and Results of Ethnology."

BOOKS RECEIVED.

Lectures on Mental Diseases. By W. H. O. Sankey, M.D. London: Churchill and Sons.

On the Safe Abolition of Pain by Anæsthesia with Mixed Vapours. By Robert Ellis. London: Hardwicke.

The Mystery of Pain. London: Smith and Elder.

De Berdt Hovell on Medicine and Psychology. London: Bell and Daldy. 1866.

Contributions to Practical Medicine and Surgery, including the Production of Local Anæsthesia by Intense Cold. By Dr. Arnott. Second Edition. Churchill and Sons.

Baker Brown on the Curability of certain forms of Insanity, Catalepsy, and Hysteria in Females. London: Hardwicke.

Archives of Dentistry. Vol. I. Edited by Edwin Freeman. London: Churchill and Sons.

Copland on Bronchitis. London: Longmans.

Dr. Daldy on Diseases of the Right Side of the Heart. London: Bell and Daldy. 1866.

Dixon on Diseases of the Eye. Churchill and Sons.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.—LONDON.

Baines.—On April 22, at 11, Cranley-place, Onslow-gardens, the wife of Matthew Baines, M.D., of a son.

Duka.—On April 18, at 37, Coleshill-street, Eaton-square, the wife of T. Duka, M.D., Surgeon Bengal Army, of a son.

PROVINCIAL.

Marshall.—On April 23, at Holly House, Mortlake, the wife of W. Marshall, M.D., of a son.

Elliston.—On April 16, at Ipswich, the wife of W. A. Elliston, M.D., of a daughter.

Greig.—On April 12, at 4, Sunnyside, Sandgate, Kent, the wife of Dr. Greig, Royal Artillery, of a daughter.

Mason.—On the 14th inst., at Woolwich, the wife of R. Mason, F.R.C.S.E., of a daughter.

Gumpert.—On the 15th inst., at Westminster-terrace, Oxford-street, Manchester, the wife of Dr. Gumpert, of a daughter.

Folker.—On the 18th inst., at Hanley, Staffordshire, the wife of W. Folker, F.R.C.S.E., of a daughter.

Cotter.—On the 19th inst., at Stock's-hill, Holbeck, the wife of A. H. Cotter, L.R.C.P.Ed., of a son.

Whitling.—On the 24th inst., at Croydon, Surrey, the wife of H. Townsend Whitling, M.R.C.S.E., L.S.A., of a daughter.

IRELAND.

Wallis.—On April 17, at Mullingar, the wife of W. Wallis, Staff-Surgeon 12th Depôt Battalion, of a son.

SCOTLAND.

Balfour.—At 18, Lynedoch-place, on the 24th inst., Mrs. George W. Balfour, of a son.

MARRIAGES.—ENGLAND.

Swan—Tweed.—April 17th, in London, Robert L. Swan, Esq., eldest son of J. W. Swan, Esq., M.D., Ballyraggett, county Kilkenny, to Emily, Widow of the late C. W. Tweed, Esq., Master in Chancery.

Alderson—Willett.—On April 19, at St. Matthew's, Brixton, F. H. Alderson, M.R.C.S., to Eliza, eldest daughter of F. Willett, Esq., Derwent-villa, Brixton-road.

Callon—Cartwright.—On April 18, at Wolverhampton, W. J. Callon, M.D., to Beatrice Teresa, fourth daughter of J. Cartwright, Esq., of Wolverhampton.

Rickard—Leigh.—On April 19, at Lewisham, Dr. H. Rickard, R.N., to Catherine Emma, third daughter of E. Leigh, Esq., The Limes, Lewisham.

Wade—Pickering.—On April 21, at Henley-on-Thames, Seaton Wade, Surgeon H.M.S. *Asia*, to Mary Esther, third daughter of the late W. B. Pickering, Esq., of Wilton House, Denton.

Robinson—Bright.—On the 23rd inst., at Coxwold, Dr. Craven Robinson, to Sophie, youngest daughter of the late Maurice Bright, Esq., of Sheffield.

IRELAND.

Alexander—Jacob.—April 19th, at Dublin, the Rev. John Alexander, eldest son of Rev. J. Alexander, LL.D., to Caroline, youngest daughter of the late John Jacob, M.D., of Maryborough.

Brew—Leney.—On the 21st inst, at Bray, Hugh M. Brew, M.D., to Henrietta, daughter of John Leney, M.D.

DEATHS.—LONDON.

Elliott, Archibald, Surgeon R.N., at Belle Vue House, Exeter, on April 17.

Hensman, Thomas, M.R.C.S.E., L.A.S., at 26, Canning-street, Liverpool, on the 27th ult., aged 58.

Johnstone, J. M., M.D., at Larkhall-place, Bath, on April 18.

Laity, John, M.R.C.S., at Marazion, Cornwall, on April 8, aged 39.

Macbeth, William, Surgeon Her Majesty's 105th Regiment, at Fort William, on February 11.

West, Thomas, M.D., at Newnham House, near Daventry, Northamptonshire, on April 21, aged 70.

Davis.—On the 8th inst., at Stoke-Bliss, Herefordshire, of bronchitis, Francis Davis, Esq., aged 85. In 1805 he was appointed Assistant-Surgeon to H.M.'s Ship *London*; afterwards, and until he retired in 1833, he practised at Tenbury.

Rees.—On the 11th inst., N. Rees, M.R.C.S.E., of Llandilo, Carmarthenshire, aged 78.

Allbutt.—On the 16th inst., G. Allbutt, M.R.C.S.E., of Battley, Yorkshire.

Rickards.—On the 16th inst., H. Rickards, M.R.C.S.E., of Alfreton, Derbyshire, aged 65.

Grape.—On the 16th inst., at Bird's-eye Cottage, Bromyard, W. P. Grape, Surgeon, aged 86.

Spencer.—On the 17th inst., at Upper Leeson-street, Dublin, Charles Edward Spencer, infant son of M. Ryan, M.D., F.R.C.S.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

A CLINICAL LECTURE ON THE ORIGIN AND CLASSIFICATION OF FEVERS.

Delivered in the Theatre of the Richmond Hospital on 24th April, 1866.

By J. T. BANKS, M.D.,
KING'S PROFESSOR OF THE PRACTICE OF PHYSIC.

GENTLEMEN,—It has been deemed expedient in arranging the course of lectures on the subject of fever, which has lately been inaugurated by our distinguished colleague, Sir Dominic Corrigan, that one lecture should be devoted to a consideration of the classification and origin of fevers. I confess, *in limine*, that I find it a subject difficult to treat so as to invest it with much interest, for were I to enter into long details of classification and nomenclature, I should, doubtless, tax your patience to no small extent. I shall, therefore, keeping this before my eyes, be as brief as possible, and merely give you a short sketch, which, however, I trust, may not be altogether unprofitable to you who are but commencing the study of this most important class of diseases. To some who honour me with their presence I cannot flatter myself with the hope that I can impart information.

It would be waste of time for me to dwell at any length on the importance of the subject of fever, the more especially when I address *Irish* students. I may, however, tell you that in the wide domain of medicine there is no subject of more absorbing interest, or which demands a more devoted study on the part of all who seek to qualify themselves so as to earn even the modest title of being "safe practitioners." That fever has received no ordinary attention is proved by the fact that it has engaged the studies of the most profound thinkers and the most successful cultivators of the science of medicine from the days of the Father of Physic down to our own time. To us whose lot it is to practise the healing art in this country, fever possesses a surpassing interest, for its treatment, not merely during periods of epidemic visitations, but at all times, forms no inconsiderable part of our daily work. With such opportunities for observation as Irish physicians have enjoyed, it would be strange if they had not largely contributed to the accumulated knowledge possessed of this disease, and in truth they have not failed in this duty.

The earliest record we have of fever is to be found in the "Epidemics" of Hippocrates, and in proof of the accuracy of his description of the *causus or ardent fever*, it may be noticed that it accords with the fever now prevailing in Greece, and that the symptoms closely resemble those of the fevers of Eastern countries as described by various writers.

No attempt, however, was made to classify the fevers with reference to their etiology, for we cannot discover that Hippocrates recognized the effect of marsh effluvia, nor is there any mention of contagion—a circumstance which is remarkable, inasmuch as it would appear to have been a part of popular knowledge in his time, for Thucidides, in the description of the plague of Athens, manifestly refers to its contagious character.

In very early times, too, the necessity of separation of the sick from the healthy, with a view of checking pestilential diseases, was recognized but not acted upon, although fully carried out in endeavouring to arrest disease among cattle.

It has been supposed by some that the pestilential diseases of ancient times, sometimes appearing as pandemics, have found in modern times an analogue in our typhus—that, in other words, typhus is the plague of our clime.

There seems to be much probability in this opinion, for we find the diseases being generated under similar circumstances. A reference to the work of Hecker, the great historian of the epidemics of the middle ages, will satisfy you that the events which preceded the black death or the great mortality were such as, in a modified degree, preceded the epidemics of typhus in modern times, and even in this country. I have before stated that in the earliest periods no attempt was made at classification of fevers, but the accurate observers of ancient days soon became convinced of the fact that some fevers were produced by overcrowding and destitution, and that they were communicable from the sick to the healthy; moreover, that they presented characters which caused them to designate this class by the name of "continued fevers;" whereas others, which were not produced by famine or overcrowding, and which were not contagious, exhibited a train of symptoms totally different, and such as merited the appellation of intermittent. There does not appear to be any doubt that these two great classes of fevers existed from the most remote periods, and that the first has been the great scourge of our race at different epochs of the world. There is no ground for supposing that the third great class of fevers existed in early times—I allude to the exanthemata or eruptive fevers, although Krause has hazarded the opinion that variola and not bubonic plague, or pestilential typhus, was the disease described by Thucidides.

To come down to comparatively modern times, we find Sydenham, in his chapter on epidemic diseases, describes a fever which he terms pestilential fever, and which he says he will not definitely pronounce whether the name of *plague* be properly given to it, but that every one attacked with the true and undoubted plague presented the same concurrence of symptoms.

In the nosology of Sauvage, we find fevers thus classed—"Febres continuæ," febres remittentes, and febres intermittentes—and under the head phlegmasiæ exanthematicæ in addition to the eruptive fevers, we find pestis.

Fevers not being symptomatic of any local lesion, have been designated idiopathic fevers, to distinguish them from the pyrexia or the febrile state found in connexion with some local affections.

Cullen, by dividing continued fevers into synocha, synochus, and typhus, has given rise to much confusion.

The division of fevers into specific and non-specific is founded on the nature of the cause. In the first, the disease arises from the absorption of a poison; in the second, it is produced by some accidental exposure to the heat of the sun, or, it may be, the consequence of fatigue or indiscretion in food.

We may get an idea of what is meant to be conveyed by the term specific from a variety of examples which are familiar. The saliva of a rabid dog is capable of producing a disease by its specific action, so is the pus taken from a small-pox pustule; *albeit* in neither is there any appreciable difference from saliva and pus which do not contain any morbific agent.

There is no more interesting subject than a consideration of the effects produced by the absorption of some poisons. The selection which they exercise, too, is most extraordinary. You are no doubt acquainted with the specific effects of lead upon the muscles, or I should rather say on a particular set of muscles, and of phosphorus in producing caries of the maxillary bone. I might multiply illustrations, but our business to-day is with fevers. I cannot, however, refrain from calling your attention to a new disease which has for its cause the absorption of sulphuret of carbon. The symptoms of this disease manifest themselves in persons employed in the manufacture of vulcanized india-rubber.

In some instances, then, we have a morbific agent cognisable by the senses exercising its specific effects on the system, in others we can only judge of its existence by its specific effects. Fevers are produced frequently by material poisons introduced sometimes with intent, as in the case of the poison of small-pox, but in the greater number of instances the poison is conveyed from the sick to the healthy through the medium of the atmosphere.

The fevers which we meet in the wards of our hospital are in general produced by the absorption of a specific poison which exercises its influence in different ways; the poison of typhus, in producing a disease easily recognized by its general characters; the poisons of small-pox, scarlatina, and measles, by inducing a fever with characteristic eruption; and the poison of enteric fever, by the production of a fever with specific inflammation of the intestines—a disease totally different and easily distinguished from non-specific enteritis.

The continued fevers of our own country to which alone I wish to direct your attention at present have been classed under the head of "morbi contagiosi," excluding simple fever, the degree of communicability differing in a remarkable manner.

The terms "contagion" and "infection" have frequently been used indifferently, as if they conveyed precisely the same meaning, and much inconvenience has hence arisen. So much has this been felt that it has been proposed to use the word "communicable" as including both. Some would confine contagion to the transmission of a morbid affection from a diseased person to one or many persons by means of a material principle, the product of a specific elaboration. In illustration of what many understand by infection, the effect of marsh effluvia on the body may be cited. Numerous are the instances in which we are utterly unable to determine the manner in which diseases admittedly produced by the absorption of a poison are contracted. This is not only true of fever but of many other diseases. I have known this to be true of some cases of glanders in the human subject which have come under my notice in this hospital. Here is an accurate drawing of the appearance presented by a man who was the subject of this loathsome disease; the most searching inquiry failed to discover that he had come into communication ever so remote with a diseased horse.

To satisfy myself that he laboured under true glanders I caused some of the matter to be introduced into the system of a horse by inoculation of the Schneiderian membrane. In some days the horse showed that he had imbibed the poison, and he ultimately died of the disease. You may observe that the lungs of the horse present the same morbid appearance—viz., purulent depots, which are observed in those of man.

In connexion with this I may observe that the disease is occasionally transmitted in a most extraordinary and unexpected manner. Trousseau tells us of a young woman who was received into the Necker Hospital, in Paris, presenting all the symptoms of glanders; she had never had anything to do with horses, nor had she any communication with persons who had, but she was employed in plaiting horse hair, which had been imported from Buenos Ayres, and it was believed that the germ of the contagion had resided in the hair which came from South America.

That the tenacity of some morbid poisons is very remarkable is beyond doubt, but we may treat as apocryphal some of the statements as to the virus retaining its power of producing disease after the expiration of many years.

The power of poisons of different kinds to act on the living body so as to excite their specific action depends in a great measure upon the state of health and vigour of the recipient. This is exemplified not merely in fever poisons but in other cases. Take, for example, the effects of injuries received in the course of dissections; repeatedly are wounds inflicted on persons who happen to be in good health, and no injurious consequences follow, but if the person who is inoculated be in a favourable condition for the virus to act, then the consequences may be fatal.

In looking over some manuscript notes of my revered friend and teacher, the late Sir Henry Marsh, I found the description of his own case, which I make no doubt will be interesting to many, and which forcibly illustrates the truth of the statement I have made. He says that he was repeatedly wounded in dissecting bodies, some of which were still warm, others in every stage of decomposition, without sustaining any injury, but that when he received the scratch, which was so slight as merely to raise the cuticle, it was at a time of unusual exhaustion and fatigue.

I give you his own words, which pourtray in a very impressive manner the effects which sometimes follow the reception of a poison:—"In my own case a slight injury so quickly affected the constitution that in ten hours after it was sustained I vomited, and after a restless night I rose fatigued and uncomfortable, feeling much languor, and with difficulty performing my usual business, the local inflammation all the while increasing gradually, and the axillary glands becoming enlarged. In twenty-three hours after the receipt of the injury severe rigors, preceded by vomiting, obliged me to go to bed and cover myself with a heap of blankets; the rigor lasted about an hour and a half. Now, the pain, tension, heat, and throbbing in the finger were almost intolerable, and inflammation, extending along the course of the absorbent vessels of the arm, began to develop itself. The local sensibility was so augmented that tepid water seemed as if it would scald me. Soon afterwards the arm was swollen to the axilla, and the absorbents were beautifully injected. The pain was such that enormous doses of laudanum could alone enable me to endure its intensity. After the finger had been laid open eight successive times, and after the application of an immense number of leeches, mortification stopped at the second phalanx; the tendon sloughed away as far as the middle of the palm, and the inflammation of the arm gradually and slowly subsided. During the inflammation the radial and ulnar arteries throbbed violently." He then goes on to observe that in consequence of mental excitement and bodily fatigue the constitution was strongly predisposed to assume a morbid action.

Repeated observation has convinced me that it is when mind and body are depressed the poison of typhus most surely strikes down its victims. If we investigate the origin of fever in the cases of medical men in this country who have fallen in the performance of their duty, we find that the poison has frequently found mind and body broken down by incessant and often ill-requited toil. Under such circumstances the system is prepared, so to speak, for the reception of the morbific agent. Frequently the infected person is conscious when the typhus poison is taken in; I can recall the fact in my own case. In going my round in the Hardwicke Fever Hospital early in the morning and before breakfast, not being at the time in good health, I made a close examination of the chest of a patient labouring under typhus. While I was thus employed the patient was seized with cough, and I was so placed that I must have inhaled the sick person's breath. The odour was peculiar and intolerably offensive, and the remembrance of it became firmly impressed on my mind. I was certain that I had imbibed the poison, and the accuracy of my impression was proved by the fact, that after a latent period of three days I exhibited the usual train of symptoms which usher in typhus of the severest form. There is no doubt, then, that we can sometimes by the sense of smell become cognizant of the presence of a poison capable of producing disease, and there are persons who are endowed with such a power of smell, either natural or acquired, by education of the sense, that they can readily distinguish the odour of one animal poison from another.

This by no means agreeable occupation—an inquiry into the odours which emanate from the bodies of the sick—has exercised the ingenuity of some investigators, and they have favoured us with some strange information on the subject. The odour given off from small-pox has been compared to the smell of a he-goat; that of measles to a

fresh-plucked goose; scarlatina to cheese. The smell of plague has been compared with the odour of May flower, and that of typhus with a Cossack! That the typhus odour resembles ammonia I have often observed, and the best and most recent investigators agree in the opinion that it is a compound of ammonia. Probably the more intense the smell, the more operative the poison; hence the necessity on the part of the attendant to avoid inhaling this concentrated poison.

We have occasionally an opportunity of observing that more than one poison is received into the system at the same time—a fact which disproves the accuracy of Hunter's theory, and such a case you may have seen lately in one of our wards. A young woman, aged 19, presented the eruption of small-pox, and at the same time the rash of typhus. On admission she seemed to have small-pox in a very mild form, the spots being few and far between. On the third day the small-pox eruption not extending, we found an amount of constitutional disturbance quite unaccountable. Closely examining the case we satisfied ourselves beyond all doubt that the two diseases were present. The case has progressed favourably, and she is now convalescent.

In noticing the co-existence of the two poisons in this case, I may observe, that the variola was remarkable for its extreme mildness, and the typhus was above the average in severity. The benignant nature of the small-pox was noteworthy, inasmuch as the young woman had never been vaccinated. With respect to the claim of true typhus to be classed under the head of morbi contagiosi, there does not seem to be at present much difference of opinion. I believe all who have had experience will admit its contagious character, that the degree varies in different epidemics, and even in isolated cases, must be conceded. We know from sad experience in Ireland how fatal fever has been in our own profession, and how it has thinned our ranks. In these hospitals we have had to lament the loss of some of our most promising students, who, while acting as clinical clerks, have taken the disease.

The typhus of camps and prisons has been especially noted for its eminently contagious character. The fever which broke out in the prison at Rheims, in 1839, was of this nature; three physicians, six pupils, one pharmacien, one clergyman, twelve Sisters of Mercy, eight attendants, and four prison warders took the disease.

I have already referred to the tenacity of some poisons. Wunderlich bears witness to six months' tenacity of the poison in apartments which had been occupied by fever patients. Doubtless this and all the recorded examples of the poison refer to true typhus—the typhus exanthematicus of the Germans. I am satisfied that the doubts expressed by some observers as to the communicability of typhus owe their origin to the fact of the different forms of fever being confounded by many physicians until a very recent period, not that some did not in our epidemics of former times mark the difference which existed between true typhus and famine fever, &c.

With respect to the nomenclature of our fevers, believing that much inconvenience results from applying different names to the same disease, I think it would be very desirable if the names were fixed. I have no wish to alter well-established names sanctioned by long use, therefore I object to calling typhus "ochlotic fever," or enteric fever "pythogenic." I much prefer the term "enteric" to typhoid, the name given by Louis, or to the dothienenterie of Bretonneau. A few words before I close on the question of the identity or plurality of the fever poison. Time would not admit of my going into the question, and I shall only state, and think I shall have abundant opportunities of proving to you in the wards, that the fevers, typhus and enteric, are essentially different. You may see them, as I have, follow each other—a fact referred to by my friend, Professor Gairdner of Glasgow, and others, just as you may observe variola follow scarlatina in a case now in the Hardwicke. Having paid no ordinary attention to the subject, and having enjoyed ample opportunities for observation, I have long since ranged myself on the side of those who believe in the non-identity of the two fevers. There is no more difficult process for the human mind than giving up long-cherished opinions, and this applies to medical theories and doctrines to an extent of which we ourselves are frequently unconscious. This may in some degree account for the fact that there are still a few honoured members of our profession who believe in the identity of typhus and enteric fever, or that they are mere varieties and have a common origin. The manner in which some physicians in the plenitude of their great and matured experience have come forward to avow the change which time has wrought in their opinion upon this subject, is worthy of all praise.

Some enthusiastic persons have asserted that continued fevers may be banished by attention to wise sanitary regulations, that as plague no longer exists in many lands in which it was once so rife, so the cognate disease, or its modern representative, typhus, may also be exterminated.

Be this as it may, we know that much can be done by preventive measures, and on the eve of an expected pestilence we observe a wonderful amount of energy displayed, but unfortunately these exertions are but spasmodic, and when the danger is no longer at our doors everything reverts to its former state, calling to mind the old tale of the Byzantines, who exhibited such pious fervour during the earthquake, but who lapsed back to their former evil practices when they felt the ground once more firm under their feet.

ON THE TREATMENT OF SYPHILIS.

By J. L. MILTON,

SURGEON OF ST. JOHN'S HOSPITAL FOR DISEASES OF THE SKIN.

(Continued from page 27.)

In other and rarer instances this form of chancre is attended by bubo which does not suppurate, or if it suppurates does not yield inoculable pus. Here, however carefully induced, the formation of an abscess does not in any way arrest secondary symptoms. These are the cases so often triumphantly brought forward to support the doctrine that secondary symptoms follow every kind of chancre and bubo, but the two form of abscess are distinct *ab initio*, and the progress of the last described form proves in every stage how necessary it is to adhere firmly to those means which check suppuration.

It must be admitted that it is difficult to distinguish between these forms of bubo *except by the results of inoculation*. But if they are allowed to run their course unchecked, it will, I think, be found that in the first class the progress to suppuration is more rapid and painful. The second kind often goes a certain length towards subsiding, and is then called into activity by some imprudence on the part of the patient, such as a long walk, leaping, dancing, &c., when it proceeds to suppuration quickly and surely enough.

To hear some authors one might conclude that the bubo following soft sore is always solitary, and that of hard chancre always multiform, but such is not the case. I have seen two, three, and even four buboes suppurate after soft chancre. I attended a patient who had three on one occasion and four on another, both times from a simple sore. They all suppurated and some of them so badly that there was great difficulty in healing them at all.

Large florid excoriations or ulcers unattended by any marked thickening of the edges are for the most part promptly checked by the use of steel, which, I may here remark, is a most valuable remedy in nearly all forms of chancre except the indurated. Provided the steel be given in such a manner as to make a speedy impression on the system, I imagine it to be a matter of perfect indifference what preparation is used. The citrate, tartrate, tincture, and mixture of steel are all equally good; the grand point is, that the dose should be sufficient and sufficiently often administered.

Rest is one of the most important items in the treatment of this form of sore, and in none is it more necessary. Over

and over again I have seen cases in which no remedies proved of much avail till it was secured. If possible, the patient should be confined to bed for a day or two, during this time the chancre should be bathed every two or three hours, and lightly covered with wet lint and oiled silk. A brisk purgative may be given every two or three days with the best effect, and I know of none superior to a dose of colocynth and blue pill at night, followed by a dose of citrate of magnesia before breakfast.

Whenever pain harasses the patient sedatives may be administered. There seems to be no rule whereby we can estimate the dose to be given, except it be the severity and duration of the pain brought on by the ulceration; but I believe it may be laid down as an axiom that it is necessary *to quell the pain thoroughly*, and that till we do this we cannot check the ravages of the sore; indeed when the ulceration is rapid, the action of the sedative given is the surgeon's sheet anchor. As to the local treatment, I believe it is scarcely ever necessary to use anything beyond water dressing, though if the discharge be very profuse and the ulcer inclined to become sluggish, a mild astringent lotion is often useful.

If there be any form of sore in which warm aromatic dressings of laudanum, benzoin, myrrh, &c., are useful, it is in this and the sloughing chancre. Formulæ for such things have been accumulating ever since the days of Hippocrates, and perhaps modern research has improved little on the rude sagacity of ancient times. So long as these dressings possess aroma and warmth, and are so applied as to exclude the air, all the necessary indications seem to be fulfilled. The black and yellow wash are great favourites with some surgeons, but the benefit derived from their employment is often temporary and always uncertain. Indeed they seem to owe any efficacy they possess to the lime water, for which I have frequently exchanged them without noticing any difference in the effect produced. It may interest my readers to learn that Mr. Judd cured a case of phagedæna, which had lasted eighteen months, by applying a warm solution of pitch and opium,* and that Mr. Hunter† cured another, also of long standing, in a few days by giving forty drops of lixivium saponaceum night and morning in a basin of broth. M. Ricord has for some time used the stearate of iron as an application in those cases, forty parts of the salt being mixed with five of the essential oil of lavender; and M. Robert, in very obstinate ulcerations of the female organs, recommends styrax ointment; facts of more importance than hundreds on which memoirs have been written and evenings spent in discussing.

At other times phagedæna assumes a different aspect. The edges of the ulcer thicken, harden, rise up, and are undermined. The sore spreads in one direction and heals in another, now extending in breadth and again invading the deeper tissues, but always progressing, wearing out the patience of both the sufferer and his medical attendant. There is often little pain and the progress of the disease is frequently slow, but its duration seems almost indefinite. M. Ricord saw a case of this kind which, after going on for seven years, still yielded inoculable pus. Indeed it is very doubtful whether, if left to itself, it would heal at all in some persons until it reached the pubis, when its ravages spontaneously cease.

One of the chief obstacles to combat here, and one of the causes of this frightful persistence of diseased action, is the extraordinary perversity of many of these patients. Whether a certain kind of organism prone to phagedæna is accompanied by a peculiar organization of brain I know not, and the knowledge, if one possessed it, would only be an interesting fact for the psychologist, though it would not be so very improbable; but I do know that some of these patients are the most impracticable beings we have to deal with, and now whenever I see a patient of this kind I at once tell him that if he will submit properly to treatment he will most likely be speedily cured, but that if he does not feel disposed to endure the necessary amount of discipline, he had better not make the attempt.

For generally, the free use of steel mixture, in conjunction with decoction of aloes, proves perfectly adequate to effect a cure. If it fail, we possess excellent remedies in dilute nitric acid, followed by iodide of potassium, both of which may be given in some bitter infusion or tincture, and both of which should be given with brisk purgatives. As to the local remedies, the yellow wash and protiodide of mercury seem to me as good as any that I have seen tried, but unless they are properly and sedulously used they will prove as useless as all others; the patient will try a fresh source of relief only to abandon it for some new freak, and by exhibiting an instance of the mutilation which phagedæna, aided by folly, can produce. However, that is his own affair, as the disease, even among those who have to contend with the disadvantages of want of comfort, of rest, and of proper diet, and who are exposed to all the vicissitudes of the weather, is not so unmanageable when treatment has fair play. Some cases may require several weeks to heal; in others, loss of substance has begun before the patient is seen, and before treatment begins to tell some further loss is sure to occur. But the fearful destruction often recorded in the history of this malady is the patient's own doing.

This obstinate form of sore, when once it has begun to throw up dense white edges, does not, so far as my experience goes, induce secondary disease, or at any rate only very rarely, whether it is cured soon or late, whether we check it or leave it to take its course. The other varieties of phagedæna are occasionally succeeded by secondary affections of a mild form, such as papulæ, impetigo, and alopecia, and on a superficial view it might appear that these affections are due to this more rapid healing of the sore—in fact, to its not being allowed to run its course and wear itself out. I have heard the argument urged, but it seems to me that it cannot possibly stand its ground. Ricord has shown that a sore is as capable of infecting the system at the fifth day after connexion as at any period of its existence, and this evidence must, I think, decide the question.

We now come to the treatment of sloughing ulcers. The word ought, I think, to be restricted to that sore which sloughs at a very early period without ulcerating. Although it is attended by great depression, Mr. Judd and other writers maintain that these are the cases which peculiarly call for bloodletting. I do not see how we can doubt that it did good, or at any rate appeared to do so, for Mr. Judd had ample opportunities of seeing the effects of bleeding; but there can, I think, be as little doubt that very opposite measures have produced results equally if not more gratifying, and there are very convincing proofs of its utter uselessness. For instance, Mr. Carmichael* mentions a case in which the patient was bled three times to the extent of sixteen ounces; the pain was relieved in thirteen days. As the pain will subside in less time than this without bleeding, it may be very safely assumed that the remedy had, here at all events, not much to do with the result. Some other writers restrict the use of such means to cases met with in robust healthy persons. Such cases, I fancy, must be rare. I believe that sloughing happens mostly among unhealthy, dissipated, or highly nervous people, and that when it is seen in a robust-looking person there is still something wrong in the health.

In sloughing sores I have generally found that small doses of morphia, given at short intervals with ammonia and ether, and the use of white bread poultices, with a little solution of chloride of soda (Labarraque's solution) to remove the fœtor of the discharge, will change the appearance of the chancre in from twenty-four to forty-eight hours. As to the quantity of the morphia, it should be such as to produce a decided effect upon the pain; it is frequently necessary to give as much as a grain or a grain and a half at first in the twenty-four hours. So soon as

* Solution of pitch 3i., dried plaster 5ii., opium 3i. "A Practical treatise on Arthritis and Syphilis," 1836, p. 187.

† Works of John Hunter, vol. ii., p. 350.

* Essay on Venereal Diseases, 1825, p. 188.

the pain, restlessness, and quickness of the pulse begin to yield the dose of morphia may be diminished, and generally, on the third day at latest, it is well to order a brisk purgative. This should be strong enough to bring away three or four loose stools; it should act on the liver as well as on the intestines, and not gripe the patient. Provided these points are kept in view, the choice of the purgative may be safely left to the surgeon. Black draught, decoction of aloes, compound jalap powder, and syrup of senna with tincture of rhubarb, &c. &c., if equally nasty are equally good; a lucky thing for the patient and surgeon too, for aperients are numerous enough to furnish inventive minds with a succession of fresh crops till medicine shall no longer be wanted, and there are so many different opinions as to their value that I suppose scarcely anything but an Act of Parliament could ensure uniformity.*

The diet should be light, warm, and unirritating. Heavy meats, such as pork and beef, strong malt liquors and spirits, rarely fail to make the patient worse; a moderate amount of light wine, such as hock, champagne, or manzanilla, or a little hollands and water, have generally seemed to me to succeed best. In the subsequent treatment I have found no remedy superior to the dilute nitric acid in the decoction of bark. If it disagree with the digestion, iodide of potassium may be substituted for it, though even when pure it has never appeared to me to act so well as the acid.

There remain those chancres which, soft at first, rapidly acquire during their progress a certain degree of hardness, which are readily inoculated, and are yet followed by secondary affections, and that rare form in which the sore is *excessively* small, heals very rapidly, and is followed by most destructive accidents—rupia, caries of the vomer and nasal bones, obstinate disease of the testicle, &c. This is not the place to discuss the question, whether the first are really mixed chancres or sores resulting from a virus being grafted on a chancre springing from a different virus,† a doctrine which I should think could not possibly be applied to this sore more than once in fifty times, considering how common it is, and how rare must be the chances of such an inoculation. I have here to do solely with the treatment, and I believe the only way to deal with both kinds of these sores is to treat them like indurated chancre.

Sores which are hidden from view, whether in the urethra, or behind a prepuce which cannot be uncovered, are, I think, best treated locally with injections of nitrate of silver, from two to five grains, to an ounce of distilled water. As much as possible of the discharge should, first of all, be washed away with warm water, and then the solution should be slowly and carefully syringed over every part in which by pressure pain and hardness are discovered. The syringe should have a silver tube quite an inch and a half long. Treated in this way, these chancres heal so easily, and so rarely become phagedænic, that I have often been tempted to think that *light and air must be necessary for the development of this process*, though I admit that some cases published by M. Ricord militate against this view.

When phymosis is present, and especially when it is due to congenital tightness of the foreskin, I can see no objection to cutting away the constricting ring whenever the patient will allow it, which is not often the case. When the edge is fissured and hard, owing to the patient having neglected it, excision will often save a long and tedious treatment, as great part of, not all the diseased structure, can be removed, and the foreskin when tight is not only a nuisance but a source of danger. As to the cut edges becoming inoculated with the matter from the sores, I believe the chances of such a complication, if it can be dignified by that name, are overrated. In many cases we never get the chance of operating till the period of repair has begun and the sore is no longer inoculable. I have frequently operated at an earlier period, even when there was a great deal of pain and swelling, without any bad result; and, lastly, with anything like proper cleanliness, and the application of nitrate of silver to the cut edges and the points where the stitches are introduced, the first step towards inoculation should never occur.

In paraphymosis the case is different, the œdema and pain being so great that the surgeon abstains, and the patient shrinks, from cutting, except at the last extremity. The best practice seems to be to cauterize the sore, and then, if possible, to return the foreskin. Suspension of the penis and the free use of an evaporating lotion of ether and acetate of ammonia in camphor mixture, or of acetate of ammonia and diacetate of lead in elder-flower water, applied on linen, will often afford great relief.

The replacement of the prepuce is often a matter of great difficulty. If it cannot be effected by one fair attempt, when due care has been taken to cleanse the parts, compress the glans and draw the prepuce forwards, by unremitting traction, it will rarely yield to a second. Some surgeons, Fricke among the number, profess to have never failed. I have not been so fortunate or skilful, but I have the consolation of knowing that wiser men than myself have been baffled, especially when there was a large sloughing sore behind the constriction. In these cases perhaps the best plan is not to attempt the replacement till the ring is divided, for if after this we fail, the failure is not of so much consequence. Even those cases where the whole prepuce from the glans forward, except of course where it is attached to the frænum, is thrown off by sloughing, produce but very little shock to the system, and are followed by very slight deformity.

Chancres in women may be treated on exactly the same principles. The same escharotics, particularly the caustic soda, are to be resorted to; the smarting from its use is not more severe than in men. The speculum ought always to be used, and all possible care should be taken to prevent a chancrous surface from coming in contact with other parts. When the sores are so situated that the patient cannot reach them, they should be inspected daily by the surgeon and dressed by a nurse. Rest is even more necessary for women than for men, especially when the sores are seated near the fourchette.

It may be asked why mercury and iodide of potassium have as yet been scarcely spoken of, and whether the object of all this is to advocate the treatment of syphilis without mercury, which was already done years ago. To this it may be answered, that it was precisely on account of the great importance of these remedies that I preferred discussing them in such a manner as to allow of their bearing on the subject in hand being impartially examined without breaking the thread of the argument.

With regard to the power of mercury in hastening the healing of chancre in certain constitutions, perhaps the majority, there can be little doubt; but in many others there can be as little doubt that its employment is certain to be followed by the worst consequences—erethism, sloughing, disease of the bones, and shattered health. Indeed, so far as my experience goes, by much the greater number of instances in which the more dire results of syphilis—those fearful mutilations from rapid sloughing or intractable ulceration—are met with, occur in persons to whom mercury has been given in alterative doses so as to affect the system, either in primary syphilis or in the early period of secondary disease; and I am inclined to think that these results are almost certain to ensue if the mercury be given when there is any languor, wasting, or feverishness.

And the worst of it is, there is no guide as to which kind of constitution will bear mercury in the first stage and which will not. Thus it has been repeatedly given, and is still given, by many excellent surgeons—Mr. Lawrence, Mr.

* I think the following formula will, upon the whole, be found to answer as well as any:—

℞ Pil. hydrarg.
Extracti hyoscyam, aa., gr. iv.
Misce et divide in pil. ij. hora decub. sumend.
℞ Decoct. aloes. comp. ℥i. mane sumend.

† Mr. H. Lee, *Lancet*, 1866. Vol. i., p. 337.

believe, among the number—in sloughing sore. I had myself used it in two or three cases for this formidable affection, but my opinion of its efficacy was suddenly altered by an incident I shall not very easily forget, for, in conjunction with a very experienced surgeon, I as nearly as possible killed a strong, healthy-looking man with eight grains of calomel and about six drachms of blue ointment. Deeming one such experiment enough, I have not since tried mercury in sloughing sore.

As to the question whether mercury is really necessary in primary syphilis, it may be replied that the mercurialists themselves admit the possibility of every form of chancre being treated without it. Their objection is, that when simple treatment is trusted to, secondary symptoms happen so much more frequently than when mercury is given; that though a patient treated without it may now and then escape secondary disease, such cases are too rare to form a basis of treatment; and that the safest plan is rather to look at the worst side of the matter, to be ever armed against the possibility of mischief, and rather now and then to prescribe a needless course of mercury, than, through over-confidence, expose one patient to years of suffering.

Modern research has pretty well swept away this plausible and once favourite doctrine from the class-room, but it is quite certain that among surgeons in general it is still firmly enough rooted. A very great number of men still give mercury for every chancre, believing that infection may follow any kind of sore.

Now, the soft suppurating sore, accompanied by inoculable bubo, sloughing sore, and hard phagedæna, being rarely if ever followed by secondary affections, obviously do not require mercury, while the soft phagedæna and its sequelæ—impetiginous and rupial eruptions, alopecia, &c.—generally get on much better without mercury in any form and at any stage.

There remain then only soft sores, or rather sores with very little hardening, small follicular chancres, the source often of the most serious mischief, as also perhaps of pseudo-syphilis and mistaken diagnosis, and the true hard chancre. Here mercury, in many instances, if perseveringly and judiciously given, effects a complete and lasting cure. But it is no specific, and when secondary symptoms follow, there is every reason to believe that its previous employment had no beneficial influence on the later affection, and that as much mercury will have to be given as if none had been used.

But suppose the surgeon considers mercury necessary, that he looks upon it as a specific, in what form shall it be given? by inunction, vapour, or internally?

There are men in large practice who still cleave to inunction. "Rub in" is their watchword. No men, they say, ever cured more cases than the most staunch mercurialists. Benjamin Bell, Pearson, &c. &c., scarcely knew what failure was, and when they did fail, it was because they did not use mercury enough. But this practice has almost died out, its followers grow fewer and fewer every year, and those who linger must change or fall into the background. The present, and still more the coming, race of men would never stand the friction treatment; they would rather let syphilis run its course. To say the truth, there is not much to regret in the loss. The very men who practised inunction sat in judgment upon it. There can be little said against inunction that Pearson, Hunter, and others have not said in other words. But it was the best remedy, bad as it was, and to their thinking the only means of cure.

Shall we give it internally? There are plenty of authorities to warrant us in doing so, and as many to denounce the system as ruinous and useless. M. Ricord, who gives mercury in this way, and whose experience in this branch is almost without parallel, in the evening of his honourable career, tells us that the disease is only too often incurable when thus treated. Mr. Syme and Dr. Drysdale say mercury is simply a poison, and my own experience is that no drug ever yet did so much mischief, ever was so unnecessarily given, or ever raised such specious but utterly delusive hopes of cure, as mercury given inwardly in syphilis.

Of all the methods ever yet brought forward of employing mercury, that by vapour, as practised by Mr. Henry Lee, Mr. Langston Parker, and others is, to my thinking, by far the best, and in the hands of such men, especially with the appliances of a hospital, it is a most potent means of cure, and generally a safe one; but simple and effectual as it is, I doubt if it will be generally employed in private practice, and if this difficulty will in any way improve our chances of doing away with mercury altogether, it is to be hailed as one of the greatest boons.

Of the value of iodide of potassium in primary syphilis little need be said. Except in indurated chancre and hard phagedæna, I have not been able to observe any marked effects from its use. Over both those it appears to exert a certain amount of control, and, perseveringly given for a period of six or eight weeks at this stage, I am disposed to think it has the power of averting secondary symptoms. I possess notes of some cases in which I attended the patient for undoubted Hunterian chancre, where treatment of this kind was adopted, and where no secondary affections, or only very slight ones such as psoriasis of the palms of the hands, followed. I speak here *only of cases where I had repeated opportunities of satisfying myself years afterwards that there had been no constitutional affection of any moment.* No other evidence would be trustworthy. It seems, however, quite certain that such cases have occasionally been noticed where no iodide of potassium had been given, so that further proof would be required.

Some trials made with this drug may serve to show how little we can rely upon foregone conclusions in medicine. Towards the close of the primary stage, and before the outbreak of the secondary affection, the blood globules diminish, and as mercury causes a waste of these, it was thought that iodide of potassium might answer better in this respect. M. Diday (who was one of the first to put this idea in practice) and M. Robert admit that the attempt was a failure.

Treatment of Bubo.—As the bubo of indurated chancre rarely suppurates it is not generally requisite in the early stage to do anything more than simply bathe it with hot water. Perhaps at a later period, when there is a great deal of hardening, it may be painted daily with tincture of iodine, or when obstinate a small blister may be applied. The bubo accompanying phagedænic or sloughing chancre is also generally manageable enough; indeed it is often restricted to a slight swelling and tenderness of the gland.

But the buboes which follow soft sores are often formidable enough, and all who have had much experience of this disease must be quite familiar with the rapid painful abscesses and extensive ulceration, the intractable phlagedæna and obstinate sinuses, which now and then show themselves.

As the first step towards those complications, the formation of an abscess followed by the admission of air into an unhealthy suppurating cavity, can certainly be to a great extent checked, if not entirely arrested, every effort should be made to allay the inflammation. By allowing it to go on *pleno rivo* the patient is exposed to the most unnecessary pain, confinement, and indelible disfigurement. Often after a bubo has burst and closed up, pus collects again, another opening forms, followed by a third or a fourth, till the groin is almost riddled with sinuses.

The list of evils does not end with filth, lameness, sinuses and scars. The ulcerating surface may be attacked with hospital gangrene or most alarming hæmorrhage; or an intractable ulceration may fasten upon it, and for months defy the most persevering treatment.

(To be continued.)

THE cholera has been raging at Dickirch for some days past with unusual violence. After carrying off numerous victims among the working class, it is now choosing its prey among the wealthier inhabitants.

COMMON CHOLERA.

By J. DOWLING, A.B., M.D., Tipperary.

A few further observations on common cholera, a subject which has been recently discussed in The Medical Press, may not be altogether uninteresting. Common cholera I consider to be a disease essentially of irritation and not of poisoned blood, and that this is the case seems manifest from the rapid convalescence which generally takes place when once the symptoms have abated, and from the fewness of those who succumb to its attacks. There is at least as wide a difference between common cholera and Asiatic cholera as there is between vaccinia and variola. The cause of irritation may be internal, arising from the presence of acrid or indegistible substances in the stomach and bowels, or it may be external, as cold or other depressing agencies, which bring on congestion of the abdominal organs. The disease is most common in the summer and autumn months when new food is coming in and the temperature most variable. When it appears as an endemic, it is often confined to a very small area.

The plan of treatment which I have adopted for this form of cholera and invariably found successful, is the administration of laudanum in brandy punch, and the application of hot bran poultices—one after another—to the abdomen. Thirty or forty minims of laudanum in a half glass of brandy, not more, made into hot punch may be given to an adult. If the first dose, as generally happens, be rejected by the stomach, another may be immediately given; but if that also be thrown off I deem it advisable to wait for half an hour or more before administering a third. The auxiliary means should, in the meanwhile, be attended to. Hot bran poultices as hot as the patient can bear, sprinkled with laudanum, should be applied to the abdomen in quick succession, hot jars kept to the feet, and the hands placed in hot water. The bran can be very conveniently applied in pillow cases which are generally at hand. At the end of half an hour, if no amendment takes place, the laudanum must be repeated, but afterwards it would be prudent to allow an hour or even a longer interval to intervene before the doses are repeated. Much of the laudanum, if the stomach continues disturbed, will of course be thrown off, so the quantity retained may, after all, be only a small proportion of the quantity administered. If one or two doses suffice to allay the symptoms, there is no advantage in pushing the medicine further, while the danger of so doing is obvious, though the tolerance of opium in this disease is much greater than is commonly imagined. An old woman with choleraic vomiting and diarrhœa will bear two or three drachms of laudanum in as many hours. To a young man who was attacked by vomiting accompanied by little diarrhœa, but who suffered from convulsions to an alarming degree, I have myself administered about six drachms of laudanum in about eight hours. This man, who was a policeman, whose attack might fairly be attributed to night duty, his comrades had plied with brandy until he was half intoxicated, without producing the least beneficial result. Before I was able to procure laudanum I had to wait two or three hours and in the interval I tried occasional drachm doses of sulphuric ether with no better result. Indeed I am not quite sure that the brandy and the ether did not aggravate the disease; at all events, he became worse and worse. This man, however, was so well the following day that he might have got up. The after-treatment consisted merely in the exhibition of two or three effervescing draughts and two or three doses of calomel. There is no great danger of congestion from the use of opium, for the warm stupes, the hot jars, and the warm covering will cause revulsion to the surface; but should any congestion or inflammation appear to be present, the practitioner will of course direct his attention to it after the more urgent symptoms have abated.

Dr. Johnson of London, has recently written on Asiatic cholera, and advocates rather the promoting than the arresting of vomiting and diarrhœa in that disease. In common cholera vomiting and diarrhœa very often may be said to be the disease itself; in Asiatic cholera they are always only symptoms, and perhaps not the most dangerous. Persons, it is well known, die of Asiatic cholera without either symptom being present. But if it be the best mode of treatment of Asiatic cholera, to promote vomiting and diarrhœa—symptoms which of themselves are sufficient to cause death—on the ground of eliminating a poison so it would seem should we also imitate Nature in the treatment of small-pox and other exanthematous fevers, and leave nothing undone to promote the eruption on the skin—a mode of treatment which has long since been abandoned.

Proceedings of Societies.

SURGICAL SOCIETY OF IRELAND.—April 20.

Dr. WILMOT, President of the College, in the Chair.

Dr. Fleming brought under the notice of the Society a man who was affected with Cruveilhier's paralysis. He thought it would be admitted that this was a case showing in a very marked manner that peculiar class of muscular atrophy, which was comparatively rare, as the result of injury. This poor man was a sailor from the age of twelve years. In the year 1864, when engaged on board ship and employed aloft, he by some means lost his hold and fell down some sixteen or eighteen feet on the deck. The fall was partly broken by the rigging, but he was seriously injured at the time. He was stunned and remained insensible for some hours after the accident, and was attacked with a peculiar distressing sensation in the neck, extending along the spine and each upper extremity. Notwithstanding this, after two or three days he recovered sufficiently to go through some of his duty, and he continued to perform his work, but under most aggravated sufferings, the pain being referred to the localities he had mentioned. Between two or three months afterwards he found from day to day that he was losing the power of his upper extremities, particularly about the shoulders, and it was remarkable that the deficiency in that power commenced in the upper arm and ultimately seized the lower and forearm, so that although he had to a certain extent lost the power of the upper arm, he was yet able to hold with a certain amount of control objects with his hand. The disease progressed, and the muscles became atrophied to such an extent that some were reduced to perfect bands; some were hardly traceable, even under the electro-magnetic current. The man was able to walk about, and able to support to a certain extent his head, but occasionally the head fell down on the thorax. In addition to the loss of power in the upper extremities, he might mention that sensation was peculiarly acute in some situations. In all it existed, but in some there was hyperæsthesia. This man was in the hospital at Carlisle, and was for a length of time under the care of Sir James Simpson, at Edinburgh, and in London under the care of Sir William Fergusson. [This man was then undressed and examined by the members.] Dr. Fleming observed upon the well-marked effect of this disease which the man exhibited. There was little more than a capsule of skin thrown over the bones without any development of muscle. The respiration was probably diaphragmatic. He particularly directed attention to the back part of the spinal column. It was rather improved since his admission to hospital. Then he could not bear the slightest touch, but now he was much less sensitive. The man was particularly accurate as to the history of his case; his intellect was perfect in every respect. He swallowed well. He could not bend or raise his arm, and when asked to shake hands did so by swaying his body round. When he came into hospital he could not bear to be touched in the right scapular region, but now he was much improved, and his head was held better up. The treatment in Edinburgh

was electricity, which he liked and which he thought did him good, and he used strychnine also. His principal annoyance was a difficulty in respiration which he experienced in the morning. Occasionally there was some little interruption to the free function of the bladder and some slight attempt at incontinence of urine. He had examined the urine and found it normal in quantity and in quality.

Mr. Arthur Croker, Staff Assistant-Surgeon, laid before the Society

A LARGE SIZED CALCULUS,

which he had extracted by operation from a young patient in the General Hospital, on the 21st of last month. He was sent up from a country station with all the symptoms of calculus. There was very little distress, indeed, considering the size of the stone, the only prominent symptom being difficulty of micturition, and on the removal of the stone by the lateral operation they were very much surprised at the size of it. The age of the patient was 14. He used to pass a couple of quarts of urine at night.

The following are the dimensions, &c., of the calculus:—

Shape ovoid.

Long axis, 2 inches.

Short do., 1½ inch.

Weight before section, 1 oz. 5 drachms and 28 grains.

Section showed a nucleus and several laminæ. The nucleus was as large as a good sized bean, of rather irregular shape and rough surface, and formed of alternate white and dark laminæ, which were composed of oxalate of lime and lithate of ammonia. The layer immediately enveloping the nucleus was of loose structure and appeared to consist of phosphates; its exact nature was not ascertained. Surrounding the last mentioned layer and forming bulk of the stone there are a number of very hard, dense, and compressed laminæ, and composed like the nucleus of lithate of ammonia and oxalate of lime.

Mr. Croker finally observed that the case was progressing most favourably.

Dr. Wharton read the following case of

STRANGULATED FEMORAL HERNIA, TREATED ACCORDING TO PETIT'S METHOD.

Reported by Mr. JOHN J. MARSHALL.

Margaret McDermott, æt. 56, the mother of three grown-up children, was admitted into the Meath Hospital on 25th January, 1866, under the care of Mr. Wharton. The patient had been previously visited by Dr. Moore of No. 3, South City Dispensary, who, on having ascertained the nature of her case, directed her to seek immediate admission to the hospital. Her occupation is that of a huckster, and also of a washerwoman, which latter involves the necessity of lifting heavy weights. For six months previous to the above date, she had noticed a soft swelling as large as a "goose egg" in her right groin, which disappeared on her lying down, or on being pressed with the hand. On walking quickly she experienced "a tightness" and "cutting pain" at the neck of the tumour, but while sitting, standing, or even walking at a moderate pace, no pain whatever was complained of. On the evening of the 24th January, after a hard day's work, she observed a tumour, about the size of a large walnut, at the left groin, which was attended with a cutting sensation. On the same day her bowels were slightly moved, she felt very sick and ate but a little toast which remained on the stomach. She slept none during the night. On examination it was found that the case was one of double herniæ, that on the right side being inguinal and reducible, while that on the left was femoral and strangulated. The ordinary symptoms of strangulation—nausea, vomiting, thirst, dragging sensation from the umbilicus and constipation—having been present, measures were immediately taken to reduce the tumour, but without effect.

A consultation was therefore held, after which it was decided to perform herniotomy without delay. Chloroform having been administered and unavailing efforts having been made under its influence to effect reduction, the operation was performed as follows:—A fold of integument having been held up was transfixed at the base—proceeding not always free from danger—and divided upwards so as to form an incision of about one and a half inches in length in a vertical direction, and occupying the internal site of the tumour. This incision exposed a large quantity of adipose tissue, which, along with the coverings of the hernial sac, was divided in the usual way. Scarcely any bleeding took place. On reaching the sac, which presented an uninflamed appearance, search was made for the stricture which was easily reached, and divided. This stricture, appeared to have been formed by a portion of the falciform process of the fascia lata. Renewed attempts were now made to return the intestine, but to no purpose. Further exploration was therefore necessary, and on introducing the finger *deeply*, and in a direction almost at right angles to the plane of the abdomen, a second stricture, was discovered to the inside of the tumour, and in the situation of Gimbernat's ligament. On its division, it was found that very gentle pressure on the hernial sac caused the ascent of the intestine, and by a continuance of the pressure and gentle manœuvring, the sac itself was easily made to follow. The wound was dressed by means of silver sutures, the application of a large pad and spica bandage, when the patient was removed to bed, which was previously warmed.

The daily treatment and condition of the patient, although fully reported by Mr. Marshall, need not be detailed. It will be sufficient to state that perfect recovery without any interruption, save a rather sharp attack of diarrhœa, took place, and that the treatment consisted mainly in the exhibition of sedatives, of which opium in the form of Battley's liquor (for which, however, tinct. of opium was substituted during the attack of diarrhœa) formed the chief element. This drug was continuously given for several days. On the fourth day after the operation four grains of calomel were prescribed, which were followed after an interval of a few hours by a rhubarb draught. Hydrocyanic acid was directed in two-drop doses at the commencement of the treatment and continued so long as there was any tendency to nausea. The diet was light and nutritious but abundant. Brandy diluted was exhibited frequently in small quantities at the outset, and subsequently wine to the extent of from four to six ounces per diem. Mercury formed no part of the treatment except on the occasion mentioned above. The wound granulated and cicatrized so firmly that, on directing the patient to cough, no yielding at the situation of the wound could be observed or felt, while the hernia at the right side was instantly reproduced. The patient left the hospital in perfect health, having been provided with a double truss—an instrument of which she had never heard the use.

My object in occupying the attention of the Society on this evening, is with a view of canvassing the opinions of its members as to the propriety or otherwise of reducing a strangulated hernial tumour *en bloc*, and of soliciting their experience on this subject—a subject not new to the Society, but not, therefore, the less interesting. The question is one of much importance and has engaged the deserved attention of surgeons. The duration of the strangulation, measured as it were by the tightness of the stricture, forms no doubt a very important item in the account, but yet it is not a sufficient guide. In the case before us the hernia which was strangulated, was not more than twenty-four hours old, if so long. The strictures, however, were so tight that it was by no means easy to introduce my finger-nail under them, and very considerable difficulty was experienced in the insinuation of the extremity of Cooper's knife. Again, the tightness of the stricture must be as I imagine a more or less uncertain test, as the effects will probably depend upon the nature of the contents of the intestine and the condition of the sac itself. I am not myself aware *positively* of any circumstance which can be raised or considered as a direct objection to this mode of operating, unless it be that the impediment to the return

of the intestine depends upon a cause within and not external to the sac. There are some surgeons, however, who hold a contrary opinion, and that for reasons rather, as it appears to me, of a theoretical than of a practical character. Professor Hargrave, who deserves the thanks of this Society for his introduction of the subject to the notice of its members, has enumerated these objections, and as I think fully answered them. The discussion which ensued, and which will be found in the twenty-ninth volume of THE MEDICAL PRESS, cannot, I think, be considered as favourable to the operation, an effect attributable to the hypercriticism bestowed upon Mr. Luke's statistics (as brought forward by Professor Hargrave), but which in my mind are sufficient to settle the matter for ever, proving, as they do, that the results of his practice are marvellously successful. Let it be granted, that the intervals between the strangulation and the operation have been left unnoticed, upon which point the discussion chiefly turned. Yet this omission in no respect interferes with the credit due to him on account of his advocacy of this method of treating strangulated hernia, or with the singular results which he has experienced and published. Further statistical information will be found in a communication published in the thirty-second volume of the *Dublin Quarterly Journal* by Mr. Maurice H. Collis, in which he gives a successful case of herniotomy without opening the sac. In this paper a comparison has been instituted between the mortality from herniotomy according as the sac has or has not been opened. The result is altogether in favour of the latter, in which the death-rate is something under thirty per cent., whereas in the former it amounted to about fifty. The operation is one which met with much opposition on the part of some of the contemporaries and successors of its author, Petit, who, however, with due perseverance maintained its propriety, and concluded that "with the exception of gangrenous herniæ, those in which the intestine is loaded with scybalæ, and some of those in which the intestine contains foreign bodies, all others may be treated in this manner; there are some even which should not be treated in any other way." Mr. Bryant, in his analysis of fatal cases of herniæ, as published in the second volume of "Guy's Hospital Reports," third series, states that, with regard to the great question of opening or not opening the sac, the conclusions bear a decided tendency towards the latter operations, though more perhaps by negative than positive evidence, and as the results of his analysis, states that even gangrenous intestines should not be admitted as an objection to the operation, but rather the contrary. The operation would not have maintained its present status had not the second Munro almost, if not altogether, as an original observer, directed attention to its advantages. By means of experiments upon animals, he found that the contact of air with the peritoneum, as also the handling of the latter, were of themselves sufficient to bring about a fatal issue, and to this cause did he attribute the mortality incidental to herniæ operations. The results of his practice confirmed his views. Sir A. Cooper afforded a moderate support to the proceeding, chiefly on the ground, as far as I can understand, that if the epigastric artery were divided the hæmorrhage would escape externally; he also recommended its adoption in large herniæ, where there is no constriction of the neck of the sac, and also in small herniæ, in which it is possible and desirable to return the sac into the abdominal cavity. He was of opinion, however, that it would be gradually introduced into general practice, when it has been fairly tried, and found, if performed early, to be free from danger and attended with no unusual difficulty. Sir Charles Bell and Bransby Cooper advocated its adoption; the latter indeed upon priciple, as, according to him, the stricture is much more frequently dependent upon the parts external to the sac than upon the sac itself. Mr. Lawrence also generally approves of the operation; but his commendation may be described as lukewarm, for he hesitates to recommend its adoption unless unequivocal advantage should be found in the proceeding. To Messrs. Key and Luke is to be ascribed the position which the operation now holds in surgery. It has been stated that the operation is difficult of performance; but it may fairly be asked, will the opening of the sac render it less difficult? So far as the division of the stricture is concerned, it is more likely that this can be more easily effected, and with less risk to the patient, without opening the sac. It appears to me that in all cases it would be for the interest of surgery were it to be considered as a rule, that the sac should not be opened until after the division of any external stricture which may be within reach, and should this fail to give the desired relief, then will be the time to have recourse to any ulterior proceeding which the urgency of the case or the wisdom of the surgeon may dictate. In the case which has occasioned these remarks I had no difficulty to deal with after the division of Gimbernat's ligament, the intestine almost of its own accord, so slight was the pressure made use of, returned to the abdomen, and the sac may be said to have been in a hurry after it. Had it been otherwise it would have, no doubt, been necessary to have opened the sac for the purpose of releasing the intestine from any adhesion or other hindrance to its return. So far as the Meath Hospital is concerned, I am happy to state that the operation is in much favour in that institution. Mr. Macnamara adopted this method in a case in which he operated on 31st March last. The patient is in a most satisfactory state up to the present date. Mr. Porter also performed a similar operation so recently as on the 5th inst., and with every prospect of success.

Dr. BANON wished to know if Mr. Wharton confined his recommendation of this operation to femoral hernia. He presumed that he did not advocate it in cases of inguinal hernia.

Mr. STAPLETON looked on this operation as principally relating to femoral hernia. He quite agreed that it was not difficult to perform the operation without opening the sac, but from his experience he believed that in chronic cases particularly, although there might be a stricture besides that connected with the sac, the sac was generally the constricting part, and when it was opened the assistant should take a portion of the sac and pull it down, for he had known the intestine to go back and to be strangulated in the sac, and in chronic cases there was a great thickening of the neck.

Mr. COLLIS said it was now some years since he had first ventured to speak on this subject, and at that time there was not a single person to say a word in favour of the operation but Professor Hargrave. The mortality in the cases in which the sac was not opened amounted only to 14 per cent. The mortality in cases in which Petit's operation was performed in its integrity—that is, where the sac was not opened and the strangulation was removed without any injury to the peritoneum—was only 14 per cent.; but in these cases where it was found not possible to return the intestine without opening the sac, the mortality was 40 per cent. That showed that cutting into the sac and the wounding of the peritoneal surface was not a trifling matter.

Dr. DENHAM said that some time ago he found an aged lady, upwards of 70 years of age, suffering from strangulated hernia. He ascertained that the strangulation had taken place eight or nine days previously. The surgeon who attended her thought he had succeeded in reducing the strangulation, and attributed the symptoms which existed to some inflammation or natural obstruction. On examining the patient he was able to ascertain that a small portion of the intestine was strangulated in the groin. The room was fœtid from stercoraceous vomiting; the woman was extremely low, almost pulseless, and in a very critical condition. He had to undertake the operation himself, for the first time in his life, and probably might never be called upon to do so again, and he was happy to say he performed it successfully. In that case he was able to cut down on the stricture with comparative ease and to remove the stricture, and immediately on doing so he found the intestine slipping from under his finger. He

then returned the sac also; he was obliged, however, to still further relieve the stricture. In some hours after the operation the bowels were affected for the first time after nine days, and after a prolonged illness the lady perfectly recovered, and was now alive and well. He did not open the sac. This lady had occasionally worn a truss and occasionally went without it. The intestine used to come down sometimes, but only sufficiently to render her uncomfortable. It was decidedly strangulated for eight or nine days.

Mr. WHARTON said, in reply to the question of Dr. Banon, whether the suggestion he had thrown out applied to all cases, his opinion was that it was a desirable rule to hold by in all cases of strangulated hernia.

Mr. BANON read the following paper on a case of

REMOVAL OF LOWER JAW.

The case which I have this evening the honour to bring before the Surgical Society is one of epithelioma of the gums behind the incisor teeth and extending on each side as far as the first molar tooth. The disease had no connexion with the front gums or cheek, but appeared intimately connected with the posterior surface of the body of the lower maxilla, and formed a tumour in the floor of the mouth, seriously interfering with deglutition and respiration, from its pressure forcing the tongue backwards on the pharynx. The subject of the case was a gentleman, aged upwards of 40 years, who first called upon me in the beginning of April in the last year. He stated that about four or five months previously he first observed a growth at the back of the incisor teeth which he compared to the disease called "lampers" in the horse. At first it gave him but little uneasiness, but soon became painful to a great degree, and interfered with his articulation. It now grew more rapidly, so as to affect his power of swallowing, and occasionally produced a sense of choking. Under these circumstances he consulted his medical attendant in the south of Ireland, who recommended him to seek relief in Dublin. From the appearance of the parts and the rapidity of its growth and other symptoms, I had no doubt of the disease being of a malignant nature, and at once determined on a consultation as to whether, in the critical condition of the patient, an operation would be justifiable. Mr. Adams saw him with me on the same day, and agreed with me that, although little hope could be entertained that the disease would not return, the removal of the diseased mass, together with the portion of bone to which it was attached, was called for under the circumstances. He had, however, been latterly living so intemperately that he was advised to return to the country for two or three weeks and relinquish his habits of intemperance, with the understanding that something would be attempted on his return. Accordingly, he again called upon me at the end of the month, having followed our advice. His general health was improved, but even in that short period the disease had made sensible progress. The pain and other symptoms had become, if anything, aggravated, so that I now determined that no further time should be lost. I was unable again to avail myself of the valuable assistance of Mr. Adams, whose serious illness just then commenced. I had, however, the advice and assistance of my friends, Mr. Porter and Dr. Seward, who both recommended an immediate operation, which was performed on the 26th of April, 1865. The patient was placed in a strong chair and chloroform administered, it being determined that the first steps of the operation should be performed under its influence. It did not, however, act as well as we could wish. The first molar tooth on the left side being previously removed, the corresponding one on the opposite side being long absent, a small incision was made on the right side underneath the jaw corresponding to this point with a narrow bistoury carried from below upwards, behind, and close to the bone into the mouth. A narrow metacarpal saw was now introduced into the opening from below and passed through the mouth, the lips being held aside by Mr. Porter. The bone was sawn through from behind forwards, but rather slowly. A similar incision being now made at the opposite side, the chain saw was introduced from below and through the mouth, and was found much more manageable and rapid in its action than the metacarpal saw. The bone being now completely divided on each side, the next step was to unite both incisions by a transverse one in front, passing down to the bone, from which the soft parts were dissected. Mr. Porter now caught the bone with a strong forceps whilst I separated the tumour, with attached bone, from its deep attachments in the floor of the mouth underneath the tongue. Before dividing, however, the muscles in this region Mr. Porter held forward the tongue by means of a ligature passed through it, so that all risk of suffocation from its falling back was averted. Until now the hæmorrhage was but slight, the incisions being made in front of the facial arteries, a few small arteries only requiring torsion, but deep under the tongue in the cavity left by the removal of the tumour smart arterial hæmorrhage took place, which was most satisfactorily arrested by acupressure. The external wound was now brought together and secured with several points of silver suture, the cavity being plugged with lint. His progress was most favourable, the wound having healed in a fortnight, mostly by the first intention, and leaving scarcely any deformity. The acupressure needle was removed on the third day, no hæmorrhage following.

For several months this gentleman went on without any bad symptoms, his articulation alone remaining somewhat defective, principally from the tendency of the remaining portions of the maxilla to converge or fall in towards each other, thus pressing the tongue backwards. When I last saw him, however, there was some suspicious thickening underneath the tongue, which, I fear, may be the recommencement of the disease, no trace of which could be observed for at least eight months after the operation. My friend, Dr. Barker, who examined a portion of the tumour, says, "the diseased part seems to have been confined to a matrix of curled fibrous tissue, and consists of a few nucleated bipolar cells of large size, and a large quantity of germinal matter. I consider the disease was of that character that does not engage the glandular system, and not likely to return." Dr. Barker is so far right that at no period did the glandular system appear to be engaged, but I much fear, from my last examination some weeks since, that indications of a return of the disease are already present. It is for the Society to decide the exact nature of the disease, which I now exhibit. My own impression is, that it partakes more of the epithelial form of cancer, commencing in the soft parts and extending to the bone than of any other.

Mr. PORTER said that in consequence of the intemperate habits of the man, it was almost impossible to get him under the influence of chloroform. That was the reason they tried to saw the bones, by the two button-holes, as it was termed. Mr. Banon had seen the lower maxilla cut with a metacarpal saw, with Butcher's saw, and with a chain saw, and he believed the chain saw to be the best of all. In this case he (Mr. Banon) passed in the needle with the saw with the greatest facility, and he believed he cut through the bone in a less time than it could be done by the metacarpal saw or Hays' saw. The vessels under the tongue were commanded by Simpson's third mode of acupressure, and nothing could be more satisfactory.

Mr. COLLIS—Where were the needles applied?

Mr. PORTER—Through the mouth.

Mr. WHARTON asked was there any communication between the extremities of the bone on each side, and how the space was filled up.

Mr. BANON said that in a short time afterwards the space left was a hard cartilaginous surface, perfectly free from any appearance of disease. The two edges of bone had converged to a certain extent, the small opening between them being filled with this cartilaginous matter, and it extended in front, so as to form a new chin.

Mr. L'Estrange asked had they ever seen his forceps cutting down the lower jaw in one cut.

Mr. Porter said he recollected Mr. Cusack using it, and performing the operation with the greatest possible ease.

Mr. Fleming said he had also used it.

Mr. Stapleton referred to the difficulty of cutting with the chain saw in consequence of its becoming locked. If the locking were prevented the operation could be rapidly effected. There was a certain way of cutting with a bone forceps. If great pressure were used it would not cut.

EXCISION OF KNEE-JOINT.

Dr. Edward Hamilton said—I think it may not be uninteresting to lay before the Society the portions of bone removed in an operation of excision of the knee performed on last Saturday at Steevens' Hospital. A man, about 30 years of age, who had served in the army in India, several years ago received an injury by the kick of a horse at the inner side of the right knee-joint. He was for some time unable to use the limb, but subsequently returned to his duty; the joint again became weak and painful, which ultimately led to his discharge about two years previous to his admission. In last October he received a second injury from a fall, whereby the joint became very painful and useless. On examination, the limb was wasted; the joint not much enlarged, but very movable, especially in the lateral direction, this caused most intense pain; the patella was found to grate when moved; many attempts were made to obtain a stiff joint. He was now again placed in a fixed apparatus with that object, and retained until month after month passing over no improvement was manifested. The question of operation then came to be decided, the man himself being after some time most anxious for it. Although I am not favourably impressed with the operation of excision of the knee-joint, yet the case seemed so suitable for it, that, in consultation with my colleague, that proceeding was determined on. There were no peculiarities in the operation, the **H**-incision being adopted; the inner one was not made as far back as usually directed, to make sure of avoiding the saphena vein, a wound of which I consider a great disadvantage in the operation; the external one was kept well back and the bones divided from behind forwards. One small point on the tibia required the use of the gouge. The bones present the following appearances: the surface of the patella was denuded of incrusting cartilage; some small spots of which were seen remaining on the femur and tibia; a scale of bone was just detached from the surface of the tibia, but there was no trace of suppuration in or about the joint, although the ligamentous structures were completely removed.

THE PRESIDENT'S ADDRESS.

The Chairman then said—In closing the thirty-fifth session of the Surgical Society, it affords me great pleasure to be able to congratulate you on the success which has attended our meetings. I am sure you will all bear me out in the statement, that our labours during the past session have been as productive of instruction as most preceding sessions could boast of. No doubt the interchange of knowledge has borne the usual fruit and the sifting of individual opinion, the result of the well-directed and well-sustained discussion which, in most instances, took place cannot have failed to ripen previously acquired information. Perhaps the session has been characterised more by the number of recent specimens exhibited than by the number of papers read. However, of this I am confident, that every one who has attended the meetings regularly, having listened to, or taken part in, the discussions, with a mind couched and free from bias, without preconceived notions deeply rooted, will admit either that he has reaped fresh knowledge, or fertilized the field of his previous knowledge (hear). Remember that to learn the truth, to unlearn error, to improve our conception of the truths we have reached, constitute the worthy end of every project for the advancement of instruction. It would be unpardonable to occupy your time with anything bordering on an analysis or even a summary of the several subjects, which have been introduced and discussed during the session now ended. Such passing notice is the less called for, since the design for some time in contemplation will, I trust, be soon carried out, and that you will have in your hands a report of the proceedings of the Society printed in a connected form. It has been said, and with some truth, that owing to the discrepancy of opinion expressed, one is apt to leave this room after an animated debate in a degree of perplexity, and undoubtedly it is very difficult to reconcile conflicting opinions from the impression exerted on the mind merely by memory. But where the whole subject is spread out in print before the eye, and you can go leisurely step by step through every argument, and trace link by link the chain of evidence in favour of one view or another, of one argument or another, you can draw your conclusions, as the legal judge does, from the weight of each and from the sum of the proofs (hear). I have now only to thank you for the courtesy you have extended to me on every occasion that I have had the honour to preside here, and to wish prosperity to our Society. I trust that the Surgical Society of Ireland, ere it has added a very few years more to its age, will have so grown in strength and proportions, as not merely to rival, but to eclipse the sister societies in other countries, and thus help to uphold the national fame of the institution that gave it birth (applause).

The proceedings then terminated.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

18th April, 1866.

SEVENTH MEETING.—SESSION 1865-66.

Dr. BEATTY, President of the College, in the Chair.

The minutes of last meeting were read and confirmed, after which Dr. MacSwiney read a paper, entitled

NOTES OF A CASE OF RECOVERY FROM TRAUMATIC (?) TETANUS.

The patient, a lad aged 10, presented unmistakable signs of opisthotonos; and Dr. MacSwiney remarked that his (the patient's) eyes afforded a typical example of what the late Mr. Colles, in his description of the "tetanic face," was in the habit of calling "the peering eyes of tetanus." It was further remarked in this case that there was no appearance of a cut or abrasion of any kind; but Dr. MacSwiney detailed two occurrences, either or both of which he thought may have exercised an important influence in producing the attack. One of these occurrences was his having slipped down stairs and hurt his back about a fortnight before the supervention of tetanic symptoms; the other—which happened at the same time—was his having unsuccessfully attempted to carry an older boy than himself on his back. After desisting from this attempt, he was noticed to be pale and exhausted, and Dr. MacSwiney entertained no doubt of the spinal cord having received some hurt from that cause. Dr. Banon was called into consultation, confirmed Dr. MacSwiney's diagnosis, and both agreed that but faint hope of recovery could be entertained. Notwithstanding this opinion, however, the patient was pronounced to be quite well on the nineteenth day after the attack.

The object of the treatment adopted was to allay or mitigate the violence of the convulsions by the application of counter-stimulation along the course of the spinal column, and the administration of some of those substances known in medicine as antispasmodics; also, to sustain the energy of the muscular system by the frequent and persevering exhibition of invigorating and nutritious substances. Besides a good allowance of animal food, in the shape of eggs and beef-tea, the patient took from six

to twelve ounces of wine in the twenty-four hours, in half-ounce doses.

The drugs employed were sulphate of quina (for enemata); also, internally, chloroform, the tinctures of belladonna, Indian hemp, opium, hyosciamus, and Hoffman's anodyne liquor. Vesicating collodion was employed along the spine.

Dr. QUINLAN described a case of

FISSURE OF THE STERNUM

in a patient in St. Vincent's Hospital. This fissure was the result of caries of that bone, and, though much smaller, resembled the celebrated congenital case of M. Gronn, exhibited in Dublin in the year 1857. The fissure was filled up with thin cicatrised skin, under which could be distinguished three separate undulations, movements which Dr. Quinlan referred to the right auricle, the right ventricle, and the commencement of the pulmonary artery. On applying the stethoscope, the ordinary sounds of the heart were heard much louder than usual, and at the end of the first sound a slight peculiar metallic sound was occasionally audible. When the patient spoke continuously or coughed, the left lung protruded so as to fill up the depression in the opening. Dr. Quinlan called attention to the great force of the action of the right auricle, and detailed a series of observations which he had made as to the exact difference of time between the ventricular systole and the pulse, on the dorsum of the foot, the wrist, and the neck.

EDINBURGH MEDICO-CHIRURGICAL SOCIETY.

Dr. MOIR, President, in the Chair.

THE eighth meeting of the forty-sixth session of the Medico-Chirurgical Society was held in their hall, 117, George-street, on Wednesday, 2nd May, at eight o'clock p.m.

Dr. SANDERS exhibited a drawing of the

BASE OF THE BRAIN OF A WOMAN, THE SUBJECT OF APHASIA.

He pointed out that though the patch of softening did implicate Broca's convolution to a small extent, yet that it was chiefly confined to the island of Reil, and from this being so much more central a part of the brain than Broca's convolution, he was disposed to consider it more likely to be the seat of so important a function as that of speech, supposing that faculty to be connected with only one limited part of the brain, which had not yet been proved.

Dr. WARBURTON BEGBIE read a long and elaborate paper upon

PARACENTESIS THORACIS IN THE TREATMENT OF PLEURAL EFFUSIONS, ACUTE AND CHRONIC.

In this paper he strongly advocated the employment of paracentesis as an important means of treatment, not only in chronic but even in cases of acute pleuritic effusion. The paper was copiously illustrated with numerous cases, and notwithstanding its length, was listened to with marked attention.

The President, Dr. Haldane, and Dr. Halliday Douglas made a few remarks upon the subject, after which the Society adjourned for private business.

OCCURRENCE OF ERGOT ON DIFFERENT PLANTS.—Dr. Kühn has observed the ergot to occur on twenty-eight graminaceous and five cyperaceous plants growing in different positions and on soils of opposite qualities. He comes to the conclusion that moist bad soil and low position have little to do with its development. The fungus (*Claviceps purpurea*, Tulasne) produces in from twenty to thirty capitula upwards of a million spores, which readily germinate. He reared the ergot from spores placed in flower pots.—*Year-Book of Pharmacy.*

Hospital Reports.

[THE reports in our present number comprise Dr. Lyons's views on "Typhus Gravior;" Eruptions in Typhus; and an Illustrative Case of Typhoid Fever; also a case of "Hysterical Wry-Neck," and a somewhat rare case of "Poisoning by Oxalic Acid," under the care of Mr. Hamilton. Further, a case of "Anthrax," treated by Dr. O'Ferrall, according to his usual method. Other reports are in type; but are deferred to next publication.—T. W. B.]

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

THE Fever Clinique of this great Institution presents to the student and junior practitioner the most ample field of observation and research.

Typhus.—The type of fever prevailing for some months past has presented numerous well-marked examples of the "typhus gravior," with extreme asthenia, failure of the circulation, and a considerable proportion of deaths, in many instances attributable to thoracic complications. Interspersed with these cases, which realize some of the gravest phenomena of the fever of the famine years, are to be found instances of maculated typhus, in which, after the first week, defervescence commenced to be accomplished without distinct crisis, and patients, both male and female, who, from the severity of the symptoms at the outset, threatened a hard struggle for life, passed almost prematurely into convalescence. In numerous instances lowering of the pulse was observed days before the pyrexial action, as indicated by the thermometer, had fully subsided. In certain cases, the pulse went down considerably below the standard of health, ranging at the fifteenth or sixteenth day as low as 48 per minute.

Eruptions in Typhus.—In regard to the *eruptions* in typhus, Dr. Lyons forcibly observes on the want of accordance which unfortunately yet prevails amongst writers and practitioners as to the descriptions and nomenclature employed to define and designate the various spots which appear on the surface in the course of this fever. Dr. Lyons teaches that the spots proper to typhus, however they vary in size, colour, or abundance in different cases, and at different parts in the same case, agree in this, that being the result of minute congeries of vessels forced to the surface, they disappear upon pressure and reappear when the pressure is removed. The colour of the individual spot varies from the dusky, livid, bluish-brown tint of the typhus gravior to the more pinkish or "measly" rash of the lighter forms of the disease in proportion to the general carbonization of the blood, just as the colour of the intervening integument is found to vary owing to the same condition.

In marked contrast with this form of eruption, to which it is proper that the term "macula" should be strictly limited, is the permanent brownish spot or stain, the result of a minute cutaneous hæmorrhage, and to which alone the term "petechia" should be applied. The "petechia," using the term in this restricted sense, will be found to be a spot variable in size, not sensible above the level of the skin, consequently undiscoverable by the sense of touch alone, of irregular shape, dark brown in colour, unaffected in any degree by pressure, and if an opportunity be taken to examine the spot post-mortem, it will be found on microscopic examination to consist of a minute cutaneous hæmorrhage. It constitutes, in fact, a spot of minute hæmorrhagic effusion. Dr. Lyons's explanation of the occurrence of these spots is, that the condition of hæmorrhagic lesion is, under these circumstances, superadded to that of the true typhus spot, and the "ma-

cula" is thus converted into a "petechia," but it is to be understood that the macula may and does remain purely such throughout in many cases of even grave character.

That the eruption of spots of purple colour which do not disappear on pressure is only an incidental occurrence in typhus, is a fact familiar to all practitioners. In certain epidemics, and at certain periods, the presence of purple spots and purple patches of more considerable dimensions, one quarter inch to one inch and upwards in diameter, will be found to complicate the appearances offered by the skin in typhus. These spots, Dr. Lyons observes, whether large or small, will be found developed from the earliest period of the fever, associated with, and mixed up with, the proper spots of typhus, which, as can be easily demonstrated, disappear upon pressure, to reappear the moment such pressure is removed. The coincidence of both varieties of spots, and the presence of both concurrently in the same portions of the surface, proves, Dr. Lyons affirms, that the one class of spots is not caused by, or dependent in any manner upon, the other. Besides, it will be found, he states, that, if closely observed, the true spots of typhus, as long as they present no hæmorrhagic lesion, have the invariable characteristic of disappearing upon pressure.

Dr. Lyons lays great, but we think not unnecessary, stress upon the necessity of some common understanding being arrived at amongst the writers on, and teachers of, fever, as to the nature and specific designation of the cutaneous appearances presented in typhus, and he proposes that the term "macula" should be limited to the true spot of typhus, all but invariably present at some period in the typhus of this country, appearing at a tolerably fixed period of the disease, between the fifth and eighth day, disappearing on pressure, to reappear immediately when such pressure is removed, and generally continuous to about the tenth or fourteenth day of the fever. Should, however, minute hæmorrhagic lesion take place in the site of the macula, it becomes converted into a spot not removable by pressure, and is then to be designated a "petechia." To the spots of distinctly purple colour, level with the skin surface, undistinguishable by touch alone, permanent and unaffected by pressure, he applies the term "purpuric." This spot is only occasionally present in the true typhus, and, when present, is due to the associated condition of purpura hæmorrhagica. It ultimately disappears by absorption of the effused hæmatin, fading of colour, and transition through all the tints, from purple to yellow, characteristic of what takes place in the gradual removal of all cutaneous blood stains. The presence of the "purpuric spot" is undoubtedly an important complication of the typhus state, and is so far regarded by Dr. Lyons as evidence of the additional gravity of the case. To those practitioners whose experience runs back to the epidemics of the famine years, the presence of the larger patches of purpura, with further proof the association of the hæmorrhagic condition, by bleedings from the nose, gums, &c., will be no unfamiliar occurrence, as stated by Dr. Lyons.

Typhoid Fever.—Frequent examples of this form of fever are to be met with intermixed with the cases of true typhus, and sometimes with symptoms and under circumstances requiring no little care and attention to establish a diagnosis.

That a close resemblance exists in certain cases between the outward appearances in typhus proper and true typhoid fever, Dr. Lyons affirms, cannot be doubted by those who have had a sufficiently extensive experience of the two diseases. That they were long confounded is no little evidence of the similarity of the phenomena often presented by both when viewed superficially, though it is undoubtedly true that in numerous cases of typhoid there is a total absence of the dusky hue of skin, prostration of the system, and depression of vital energy so early developed in typhus, and which constitute such marked features in that disease.

In numerous instances, however, both at home and abroad, Dr. Lyons states that he has seen examples of true typhoid and also of cholera typhoid, in which the prostration of the system, "the facies typhosa," and the general dusky tint, of skin, produced a striking resemblance in external appearance to the features of the Irish typhus proper. Nothing can be more different in symptomatological characters, he freely admits, than typhus and typhoid as ordinarily presented in these countries, and no error could have been more improbable than that the one disease should have ever been confounded with the other, did the symptoms in each invariably correspond to a type of diseased action so distinct in the one case from what is ordinarily presented in the other. From the clear skin, slightly flushed face, smart pyrexia, and absence of all depression of system, which characterize not a few cases of typhoid at the outset, as witnessed in these countries, the more common error is, in Dr. Lyons' experience, that the affection is confounded with the milder forms of non-eruptive or simple continued fever. This is especially so in those insidious cases in which the intestinal lesion does not progress *pari passu* with the fever, but remains latent, there being little or no diarrhœa, and after a false convalescence of it may be weeks, a month, or more, is again brought into dangerous and often fatal activity by want of caution in diet, premature exposure, and return to ordinary avocations, and the habits and usages of health.

Dr. Lyons then teaches that while in ordinary instances typhus and typhoid are as widely different in appearance and general symptomatology as they are in the pathological conditions which essentially characterize them, cases will frequently be met with, both at home and abroad, in which typhoid presents many of the outward phenomena of typhus, and in this superficial resemblance is to be found the true source of the confusion which so long reigned as to the nature of these important maladies.

He further enforces the necessity of practically recognizing the distinction in typhoid between those cases in which the intestinal lesion progresses *pari passu* with the fever, and those more insidious forms of the malady in which the deposit of typhoid matter in the patches of Peyer and the solitary glands remains in a quiescent condition for a period more or less considerable after the subsidence of the primary pyrexia.

In this latter class of cases, Dr. Lyons observes, the true nature of the disease is often overlooked at the outset; the patient convalesces, but imperfectly, and after a week, a month, or longer interval, new pyrexial action is lit up in the system. In this manner more than one relapse has been known to occur, and as has happened in well-marked instances in Dr. Lyons's experience, death has ensued from intestinal ulceration with protracted diarrhœa, or, it may be, profuse hæmorrhage from the bowels, at an interval of fully three months from the commencement of the primary attack of fever.

Typhoid fever; frequent relapse; melæna; phlegmasia alba; recovery.—The following case may be noticed as an example of protracted typhoid with a somewhat unusual complication. The patient presented well-marked typhoid fever, with unequivocal symptoms of intestinal lesion, and on two or three occasions had profuse melæna. Under appropriate treatment, and a diet rigidly limited to the blandest farinaceous aliment, with milk and eggs, he slowly convalesced, but not without repeated renewals of the pyrexial condition and a hard struggle for life. When convalescence had apparently fairly set in, a new feature was superadded to the case which further threatened existence. With little or no distinct premonitory symptoms, smart pyrexia again supervened, and the right lower extremity was found to swell up rapidly, and on the second day was enlarged from groin to ankle, and through the whole foot, to at least three times its ordinary dimensions. Some slight pain was complained of in the groin, and along the line of the saphena vein; pain was also elicited on pressure along the course of the iliac artery and vein, and shortly after much venous marbling was noticed on the upper and outer part of the thigh, and lower and right side of the abdomen and flank. The pulsation of the femoral artery was extremely feeble, and on one day

hardly perceptible. The temperature of the affected limb was sensibly higher than that of the opposite one. Perfect rest, leeches over the site of most pain on pressure, wrapping the whole limb in cotton wadding, with wine and tonics (the phosphates of strychnia, iron, and quinine), were attended with the happiest results, and after a period of three weeks the limb was gradually restored to its normal condition. The total duration of this case was over seventy days. Dr. Lyons illustrated his observations on this case by reference to another which he had recently seen in private, occurring in a young chlorotic unmarried female, independently of any true febrile state, and in which the disease occurred in each lower extremity successively, being attended, however, with far more distress and suffering, and requiring repeated leeching, with bold stimulation. This case likewise ended favourably, and bore iron with markedly beneficial results. In neither of these cases was albumen at any time present in the urine.

RICHMOND HOSPITAL.

(Cases under the care of Mr. HAMILTON.)

HYSTERICAL WRY-NECK.

A CASE of hysterical torticollis, under Mr. Hamilton's care, is worth notice.

The patient, a healthy-looking young girl of 19, when admitted, presented an unusual degree of deformity. the head being drawn down to the left side to such an extent that the ear nearly touched the shoulder; there was also a twist of the head, so that the face looked rather to the right side. She had formerly been in the hospital with a fixed hysterical joint, which suddenly got well. The muscles of the neck, particularly the sterno-mastoids, were very rigid, and from the head being drawn somewhat backwards, there was a deep hollow just below the occiput. Any attempt to straighten the head was attended with great pain, and was violently resisted by all the muscles. There was exquisite tenderness all down the cervical spines and a dull pain in the back of the neck.

The indications for the cure of the complaint laid down by Mr. Hamilton were—to restore the head to its natural position by manual efforts, to keep it so by mechanical appliances, and to combat the hysterical disposition to which the deformity owed its origin by appropriate internal treatment. She was put under the influence of chloroform, and the head, not without force, put straight. The next morning it had became crooked again. It was again forcibly straightened without chloroform, and with more ease than before. This was done every morning. Electromagnetism was applied, but, curious to say, at first without her perceiving any sensation from it. A blister along the cervical spine, and valerian, ether, ammonia, and iron, administered. The most important part of the treatment perhaps was the use of an instrument for keeping the head straight after it had been forcibly rectified. It would be hard to describe this instrument in words, it is sufficient to say that it consisted of two steel bands across the shoulders with upright bars and pads, regulated by screws, so as to press on any part of the side of the head or face. The effect was so satisfactory that she left the hospital on Saturday last, April 28, with the head nearly quite straight.

CASE OF POISONING BY OXALIC ACID.

A very important case which occurred under Mr. Hamilton's care during last month is particularly worthy of record. The patient, a man aged about 40, by occupation a servant, was in the habit of cleaning shoes and boots, and for that purpose he kept a solution of oxalic acid, one ounce to a tumblerful of water.

Coming in one day thirsty, he seized the vessel just mentioned, and, under the impression that it contained water, he drank its contents. At once he perceived his mistake from the burning acrid taste in his mouth and pain in the stomach; he vomited almost immediately, and within twenty minutes was in the Richmond Hospital, where Mr. Henry, the resident pupil, forthwith gave him a quantity of magnesia followed by an emetic.

In this case almost all the symptoms usually described in books were present, so that they need not be here recounted. There were, however, two very remarkable features in it—first, that the man recovered; and, second, the absence of bloody or dark-coloured vomiting usually accompanying poisoning by oxalic acid.

From Beck's encyclopædic work on "Medical Jurisprudence," it would appear that the cases of recovery are few as compared with the deaths, especially after so large a dose as this man is represented to have taken, and after so long a time had elapsed as twenty minutes from his taking the poison to his admission to hospital.

The account above given of the quantity of the poison and the manner of the patient's drinking it, ought perhaps to be taken *cum grano salis;* especially as Mr. Henry observed, that conflicting accounts of this part of the transaction were given by the man and by his friends. The difference between their statements, however, mainly tended to raise a doubt as to whether the case was one of accidental poisoning or of attempted suicide.

A train of very severe symptoms followed the first accident. He had evidently acute gastritis, pain, uneasiness, and tenderness in the epigastric region, a whitish loaded tongue, with bright red tip and edges, nausea and obstinate constipation. These symptoms gradually yielded to leeches, blistering, small doses of grey powder, and, as a purgative, the red infusion with sulphate of magnesia.

The vomited matter Mr. Henry described as *straw coloured.* This is not the normal appearance of the vomit in oxalic acid poisoning. By all writers the fluid is called dark coloured or sanguinolent, or greenish brown, or almost black. Beck, indeed, in the eleventh edition of his "Medical Jurisprudence" (ii., 499) says, "there are, however, exceptions to this; some have not vomited at all;" and Dr. Christison observes, "that this is most apt to happen when the poison has been taken much diluted."

Taylor also notes the rareness of colourless vomiting, remarking of the vomited matters, "in one instance reported by my friend, Dr. Geoghegan, they were colourless." Of course, when the fluid in the present case is described as *straw coloured,* it is not thereby meant to identify it with a colourless fluid; it is, however, more allied to it than to the coloured fluids ordinarily discharged from the stomach in cases of oxalic acid poisoning.

ST. VINCENT'S HOSPITAL.

Case under the care of Dr. O'FERRALL.

TREATMENT OF ANTHRAX BY PRESSURE.

W. P., ætat. 60, a shoemaker, and a resident of Dublin, was admitted to hospital on the 20th of April, 1866.

At the time of his admission he was suffering from an anthrax over the right hip, between the last rib and the crest of the ilium.

He stated that he had had this for three months. During the latter part of this time he was treated by a medical practitioner, who, a week before his application for admission to hospital, burned it with what, from the patient's description, appears to have been potassa fusa. When admitted, there was considerable swelling of the affected part, all round which the neighbouring surface was very hard and of a dark red colour.

This case was treated on Dr. O'Ferrall's well-known plan of "pressure," and when I saw it on the 25th ult., the pressure had so far succeeded as to leave nothing to be seen but a large and not unhealthy ulcer.

In the year 1858, Dr. O'Ferrall published, in the fifth volume of the second series of the *Dublin Hospital Gazette,* a memoir "On the Treatment of Anthrax by Pressure," and in a clinical lecture by the same gentleman, published

in The Medical Press of March 9, 1864, I find it stated that in St. Vincent's Hospital since 1858 "no anthrax has been treated by incisions, but in every case pressure alone has been employed."

This practice was noticed in France, where, in the *Journal Pratique de Médecine et Chirurgie* for August, 1860 (No. 5882), its introduction into St. Vincent's Hospital was duly recorded. It has also been recently discussed in the Academy of Medicine of Paris (*Gaz. Heb.*) At first Dr. O'Ferrall tried pressure in cases where the ordinary plan of incision had clearly failed, and he was subsequently induced to lay aside the cutting instrument altogether from the success attending treatment by pressure. The objections entertained by this gentleman to incision may be thus shortly summarized:—1, incision was painful; 2, as such it was calculated to give a shock to the system at a time when it was least desirable to do so; 3, it was accompanied by unavoidable hæmorrhage, and, in some cases, by syncope; 4, incisions were not always either efficient or final; 5, erysipelas has sometimes supervened.

Reflecting on the pathological conditions of anthrax, and the principal elements of that disease—such as gangrenous cellulitis, with engorgement and destruction of the surrounding capillary vessels—Dr. O'Ferrall considered that the difficulty was purely *local*, and that some local remedy might be best employed to meet it. When he pressed the diseased part with his finger, he found the dusky redness to disappear for the time; and it then occurred to him that compression, if steadily maintained, might accomplish what position was unable to effect.

The principle adopted was to maintain and promote the capillary circulation. It was necessary that the compression should be firm, and should in all cases begin at the periphery of the swelling, and gradually approach its centre.

Dr. O'Ferrall advises the dressing to be removed daily, and remarked that pus invariably oozes freely from the centre during the process, and the slough begins and continues to project until it comes away altogether.

In some localities, when the tumour was of small size, and traction of the skin not easily accomplished, Dr. O'Ferrall has found a coating of well-made collodion to be of considerable service, chiefly because of its contractile properties.

In either case—that is, whether strapping or collodion be employed, the centre or apex of the anthrax is never included in the compression, and is always left free for the discharge of pus and sloughing areolar tissue.

NARROWING OF THE PELVIS, WITH CONSECUTIVE PUTRESCENCE OF THE FUNDUS UTERI.

By Dr. SCHARLAU.

The following case illustrates the practice in Germany in difficult labours, and gives an instance of acute gangrene, or, as it has been called by Rokitansky and Klob, putrescence of the uterus. A primipara, aged 34, fell in labour on the 3rd September, 1865. On the 5th the os uteri was fully dilated, and the forceps was applied. The "strongest tractions" were used in vain. Then a colleague assisted during two hours in a second application of the forceps. This failing, the patient was taken to the lying-in institution at Berlin. She was then very much exhausted; pulse, 128. A laceration of the vagina extending to the fundus was felt. The os uteri was rent in several places. The head presented. The child being alive, it was not thought justifiable to perforate. She was ordered ten grains of Dover's powder, and left to rest. After an hour and a half, the fœtal heart being no longer heard, perforation was resorted to. The cephalotryptor (and other means of extracting) was rejected on account of the existing lacerations. The exhausted efforts of nature were trusted to for expulsion. Exhaustion increased, and in another six hours the head had made little progress. The cephalotryptor was now applied; after a time it slipped, and delivery was completed with forceps. After labour her condition did not improve. The temperature rose from 38°·3′ cent., on the first day, to 41°·2′ on the ninth day. It maintained this elevation for three days, then fell to 38°·9′. She died on the sixteenth day. The pulse rose with the temperature On the third day there was vomiting and great abdominal pain. On the sixth day the uterus was felt as high as the navel; a foul, sanious discharge flowed from the vagina. There had already been gangrenescence of the vulva. The post-mortem examination showed adhesions of uterus to intestines and abdominal wall. Near fundus of the uterus was an opening, with thin, discoloured edges, and corresponding to it was a small opening in the intestines where this had been bound in contact; so that there was a direct communication between the uterine cavity and the intestinal canal. In the vagina, corresponding to a necrosed point in the ramus of the pubis, was a long deep rent; the fundus of the vagina was perforated. The inner surface of the uterus was covered with a shreddy, blackish, putrescent mass. Near the fundus a portion of the muscular tissue was destroyed. No thrombi were formed. The right synchondrosis was torn open, and in the articulating surfaces was much purulent fluid. On the right ascending pubic ramus was a spot of necrosis, quite denuded of periosteum; opposite this spot was a rent in the vagina. The pelvis is described as belonging to the generally small class, compact; pubic arch, narrow. The conjugate diameter was a little under four inches, the transverse was four and a half inches. The cavity of the pelvis was also somewhat contracted.—*Monatsschr. f. Geburtsk.* and *Brit. and For. Med.-Chir. Review.*

AUTO-LARYNGOSCOPIC EXPERIMENTS MADE FOR THE PURPOSE OF ASCERTAINING THE MECHANISM OF DEGLUTITION.

By Dr. KRISHABEN.

M. Krishaben states, that in the act of deglutition the alimentary bolus passes along one of the pharyngeal channels on either side of the epiglottis, which last is raised by the elevation of the larynx; the bolus, consequently, enters the œsophagus at the moment when, by the contraction of the constrictor muscles, the pharynx is diminished in size, and is brought up against the bolus. The deglutition of liquids is effected in the same way, except that these pass pretty frequently over the epiglottis itself, which rarely occurs with solid aliments. A small quantity of fluid, when liquids are drunk, enters the larynx around the margin of the epiglottis and may even creep down to and moisten the vocal cords. In the act of gargling, the larynx is widely open, and a large quantity of fluid passes into the interior of the vocal organ.

It is easy to bear with the presence of an alimentary bolus in the respiratory tract—*i.e.*, in the larynx, even on the vocal cords, and in the interior of the trachea. The sensibility of the trachea to the contact of foreign bodies is infinitely less than that of the larynx. The contact of hard and cold bodies with the mucous membrane of the larynx cannot be tolerated; but the contact of soft and moist bodies, of the same temperature as the body, can be sustained for several minutes without occasioning any cough or other inconvenience. For the performance of these experiments but little practice is required.—*Comptes Rendus* and *Brit. and For. Med.-Chir. Rev.*

Detection of Alcohol in Small Quantity (Carstanjin).—The liquid to be tested is mixed with a portion of platinum-black in a small flask, heated to 124° F., agitated well, and filtered. A few drops of liq. potassæ are added to the filtrate, which is evaporated to dryness over a water-bath. The residue is then mixed with a little arsenious acid, and submitted to heat. If alcohol is present, cacodyl is produced, recognizable by its garlic odour. It is suggested by M. Nickles, that propylic alcohol will also yield cacodylic products by this process.—*Journ. de Pharm.*

Reviews.

THE FORMS, COMPLICATIONS, CAUSES, AND TREATMENT OF BRONCHITIS. By James Copland, M.D., F.R.S. New Edition. Pp. 165. London: Longmans. 1866.

The indefatigable author of the colossal "Dictionary of Practical Medicine" here presents us with a monograph on a disease, which, as he very truly observes, attacks all classes of the community, and is one of the most fertile causes of our mortality. His reason for writing it, or rather for republishing it (for it is in great measure a reprint from an article in the "Dictionary" published in 1832), is that his observation of the affection in practice has been uninterrupted for more than thirty years, and he probably concludes, and with reason, that the accumulated experience thus obtained, may be advantageously communicated to the profession. Dr. Copland, as may be supposed from his philosophical turn of mind and his extensive acquirements, does not slavishly adhere to methods of treatment which may have been successfully adopted by a previous generation but are no longer available, and we accordingly find that his opinions on bloodletting, for instance, as a remedy in acute bronchitis have undergone considerable modification since they were promulgated in 1832. But although he admits that bloodletting is not so easily borne as it was in former years, he yet considers that this measure has been of late years too indiscriminately condemned, and that there are certain conditions in which a cautious abstraction of blood may even at the present day be imperatively required. This contribution to practical medicine is written in Dr. Copland's characteristic style, and will be a welcome addition to the library of the medical practitioner.

A GUIDE TO THE PRACTICAL STUDY OF DISEASES OF THE EYE: with an Outline of their Medical and Operative Treatment. By James Dixon, F.R.C.S., Surgeon to the Royal London Ophthalmic Hospital, Moorfields. Third Edition. Pp. 382. London: Churchill and Sons. 1866.

Among the practitioners of Ophthalmic Medicine and Surgery and the writers on that branch of science, Mr. Dixon has for many years held a conspicuous place; and in preparing this third edition for the press he has not limited himself to a mere revision of his former work, but has added some parts, rewritten others, and rearranged and corrected the rest in accordance with his own more extended experience and the researches of other authors. Since the last edition of Mr. Dixon's "Guide" was published, great attention has been paid to those defects of the eye which are now believed to be due to errors of accommodation and refraction, and a new nomenclature has been devised to express those abnormal conditions; and Mr. Dixon has therefore commenced this new edition of his work by a brief but very clear sketch of this modern department of ophthalmology. Those who are unacquainted with the distinguishing features of Mr. Dixon's "Guide" may be informed that it is divided into eighteen chapters, and that the description of ophthalmic diseases and injuries, their pathology, diagnosis, and treatment, is prefaced by brief remarks upon the respective structures of the eye in a state of health. Mr. Dixon very liberally acknowledges the contributions of his contemporaries in the advancement of ophthalmology, and his book has the merit of being a most practical and useful treatise.

THE ALKALINE PERMANGANATES AND THEIR MEDICINAL USES. By John Hunter, late Assistant Demonstrator in Chemistry, Andersonian University, Glasgow. Pp. 48. London: Churchill and Sons. 1866.

The use of the alkaline permanganates, both in the form of the officinal preparation and in that of Condy's disinfecting fluid, has led the profession to investigate their physiological action more closely than has hitherto been done, and to devise methods for their successful application in the treatment of disease. Until the introduction of these substances as disinfectants by Mr. Condy, they were not even suspected of possessing any active properties which could make them available in any of the useful arts; but since the researches of that gentleman on the part played by ozone in natural disinfection, the use of the permanganates as *ozonizers* has been very generally admitted. Those who are not very well versed in chemistry may be reminded that permanganic acid contains a very large proportion of oxygen, with which element it very readily parts when brought in contact with bodies for which oxygen has an affinity, and as many diseases are now supposed to arise from a deficiency of oxygen in the system, the permanganates act by supplying the want in the form of ozone, which is oxygen in the nascent state. It would involve more chemical and physiological explanations than are compatible with the limits of a brief notice to describe the theoretical views on which the medical and surgical use of the permanganates is founded; but we may state that Mr. Hunter, in a very small compass, has brought together a great number of interesting facts in connexion with the history of the permanganates, and has described very lucidly the views of those who advocate their employment in medicine as therapeutical agents. Mr. Hunter has, we think, supplied a want which many must have felt who are hitherto unacquainted with the nature and properties of these curious salts.

ARCHIVES OF DENTISTRY: a Record of Dental Knowledge, Medical, Surgical, Microscopical, Chemical and Mechanical. Edited by Edwin Freeman. Vol. I. London: Churchill and Sons. 1866.

These Archives, which it is intended to publish periodically, probably quarterly, are to contain original papers, discussions, reports on dentistry transactions, of interesting foreign papers, an abstract of the general progress of dentistry in all parts of the world, and criticisms on dental literature. In the introductory address it is stated that the Archives are designed to serve as a medium of communication between the medical and dental professions, and it is hoped that through its pages practitioners of medicine may obtain an insight into the present state of dental knowledge and be induced in return to impart to dentists the results of observation and experience on points of practice. The assistance of the younger members of the dental profession is especially invited, as it is suggested that they have had the advantage, denied to many of their elders, of systematic instruction in the dental art. The present volume contains some very valuable papers, both theoretical and practical, in reference to the physiology and pathology, and therapeutics of the teeth, and when we mention that the names of Mr. Freeman himself, Dr. Beale, Dr. Richardson, Professor Owen, and Mr. Salter, are to be found among the contributors, we have sufficiently indicated their scientific value. Among the reviews and extracted articles we find some transactions from foreign authors, and a lecture on the "Structure and Formation of the Teeth" by Dr. Lionel Beale, which originally appeared in our journal. We wish success to the Archives.

ON REFLEX PARALYSIS. By William Galloway, A.M., Ph.D., &c. &c. London: Churchill and Sons. 1865.

The above treatise is a pamphlet of forty-eight pages, and had for its foundation a paper on the infantile disease which was read before the Dundee Medical Society by the author, a practitioner in that town. This paper has been extended, and in its present shape it includes observations on reflex paralysis, as it occurs in adults. A considerable part of the

forty-eight pages is occupied with a *résumé* of the opinions of various authorities, home and foreign; as, for example, the views of Rilliet, Bouchut, Duchesne, Romberg, Brown-Séquard, Wilks, Kennedy, Lee, West, and others; and the name, definition, predisposing and exciting causes, accession, symptoms and progress, and indications of treatment.

Dr. Galloway is of opinion that treatment "ought to be directed—1st, to the paralysis; 2nd, to the atrophy; 3rd, to the deformities." Indications of cure, he believes, will be—

"I. To the Paralysis.

"1st. To seek out and remove the irritating cause.

"2nd. To prevent or diminish the transmission of nervous influence to the spinal cord.

"3rd. To counteract the contraction of the bloodvessels of the spinal cord, by increasing the amount of blood circulating in them, and thereby increase its nutrition.

"4th. To increase reflex action, the vital property of the spinal cord.

"5th. To invigorate the constitution."

"II. To the Atrophy.

"1st. To counteract the contraction of the bloodvessels of the motor nerves and paralyzed muscles, by increasing the amount of blood circulating in them, and thereby to increase their nutrition.

"2nd. To awaken the nervous energy of the motor nerves.

"3rd. To increase the muscular irritability of the paralyzed muscles."

"III. To the Deformities.

"1st. To prevent deformities as far as possible.

"2nd. To remedy deformities by orthopædic measures."

The last few pages are devoted to the consideration of *the position of the patient in bed*; *cold and heat applied to the spine*; *galvanism*; the use of strychnia, sulphur, phosphorus, iodide of potassium, ammonia, quina, and iron. Dr. Galloway remarks that "Dr. Joseph Bell of Edinburgh has found great benefit from the use of bitter ale in a case of diphtheritic paralysis."

We are not aware of any pamphlet on this subject which contains so much useful knowledge and so many good hints as that of Dr. Galloway's now before us. We have no hesitation in recommending it to the attention of our readers.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 9, 1866.

CHOLERA AND ITS PREVENTION.

We alluded last week to the fact that a fatal outbreak of cholera had occurred in a vessel sailing from Liverpool to New York, one hundred and forty deaths having occurred in little more than a fortnight, and a great number of persons having been landed in a dangerous condition at Halifax when the ship arrived at that port. We also stated that this disease broke out at sea among a number of the German or Dutch emigrants, who formed the steerage passengers, and who embarked on board the vessel at Liverpool. It has subsequently transpired that it has lately become a common practice for emigrants from Holland to America to pass through England by special arrangement with some of the railway companies, and to embark at Liverpool, this route being the cheapest. Since our article was written, a decided case of fatal cholera has occurred at Bristol, the person attacked being a sailor who had just come over from Rotterdam to London, and who had, in all probability, brought with him the seeds of the disease.

As a further evidence that the present outbreak of cholera originated in Germany, we learn that two cases lately reported in Liverpool as occurring among the German emigrants, have terminated fatally, and it is believed that other cases have been brought under notice. It also appears that in a ship, called the *Helvetia*, sailing from Liverpool for New York, the disease has broken out among the German emigrants. Before the ship left Liverpool, two German passengers were sent ashore in consequence of showing dangerous symptoms, but when the vessel went to sea, all the passengers were apparently healthy. But she had scarcely arrived at Queenstown before the disease broke out, and two men had died when she reached the port. The Admiral in command in Ireland ordered the vessel back, and as we write, she is, we believe, returning to Liverpool.

It is satisfactory to be informed that on Thursday last the Directors of the National Steam Navigation Company in Liverpool passed a resolution to put a stop for the present to the conveyance of German and other steerage passengers between Liverpool and New York by their vessels; and we are also told that a Government prohibition has been issued against all German emigrants entering England who have not been submitted to medical examination.

The particulars which have transpired in reference to the recent outbreaks of cholera on board the ships *England* and *Helvetia*, while they are calculated in some respect to increase the obscurity in which the pathogeny of the disease is involved, offer some important suggestions as to the prophylactic treatment. In the first place, it is very difficult to reconcile the facts, as they are reported, with the theory of the *water origin*, as it may be called, of the disease. Here is a malady carried on board a ship, breaking out with great virulence at sea, and spreading from one person to another, without, as it appears, any other mode of propagation than that which naturally suggests itself—namely, the communication from diseased to healthy individuals by personal contact, or at least by proximity. On board a ship we can hardly conceive that the seeds of cholera can be conveyed by persons using contaminated drinking water, or by the introduction into that water of the discharges of those who are affected. It really appears that the zymotic theory, which has lately fallen into some disrepute, explains the facts in a far more intelligible manner; but as we possess, as yet, no detailed and scientific account of the progress of the malady, we are unwilling to offer any dogmatic opinions on the subject.

It is far more important to determine, and without any delay, what is best to be done under the present most alarming circumstances, when the disease is at our very doors, and indeed within our thresholds. The utility of quarantine, long disused in many countries, is again beginning to be canvassed, letters on the subject

are appearing in the public journals, and the topic is being discussed in the Houses of Parliament. There is no doubt that the system of quarantine has been very grossly abused in several countries, and great inconvenience has been occasioned by its operation; but, on the other hand, no one can have traced the progress of the cattle plague without being convinced that a system of isolation of the diseased animals is the only efficient preventive, and no one can dispute the proposition that if the German emigrants had been forbidden to land in England some 270 lives, which were sacrificed on board the *England* in its passage from Queenstown to Halifax, might have been saved.

In a letter which has appeared in the *Times*, Mr. Harry Leach, the Resident Medical Officer of the *Dreadnought* Hospital Ship, offers some very useful information on this subject, gathered by himself in a recent visit to Turkey and the Principalities. In those countries, as is well known, the system of quarantine has long prevailed, and has been wholly inefficient, but Mr. Leach points out that the inefficiency is due to the absurd manner in which the quarantine regulations are carried out, and not to the system itself. In fact, it appears that quarantine in Turkey is a mere farce, the lazarettoes being placed in close proximity with the habitations or workshops of healthy persons; and even at Marseilles, where the authorities ought to know better, the lazaretto is close to the steam-boat pier. On the other hand, Mr. Leach points out that in the kingdom of Greece, and in the islands adjoining the Morea, the system of quarantine is strictly enforced, and with such good results that cholera has been completely shut out from the main land and from the islands, even although it has raged in the countries all round them. The Greek islands present, indeed, very favourable spots for the enforcement of quarantine laws, and England is of course less happily situated from its geographical condition, but Mr. Leach throws out the suggestion that the Channel Islands, Scilly, or the Isle of Man, might be made available for quarantine stations.

The danger is urgent, and extraordinary means must be devised to meet it, and the Government has already taken some vigorous measures, which are now in operation in Liverpool, and which will in all probability be extended to the other towns on the sea coast.

VILLAGE HOSPITALS IN GREAT BRITAIN.

Large crowded hospitals in towns, however useful they may be to the inhabitants thereof, not unfrequently act injuriously upon surgical patients brought from the free air of the country. Indeed, they do so not only by their choky, comparatively unwholesome atmosphere, but also by the mere fact of the great distances from which they, as it were, drain their patients; and the unfortunate subject of an accident in many cases loses his limb, if not his life, from the mere fact of having been jolted about in a cart for ten or fifteen miles on his way to the nearest hospital. We know well that in regard to all surgical cases the recoveries are most numerous in a new hospital; even inferior surgical skill gets a better percentage of cures out of such an hospital than the very best can obtain in an older one, whose very walls seem tainted with the poisons of erysipelas and pyæmia. Of course the same statement may be made to a limited extent in regard to medical cases, while it is specially applicable to obstetrical ones, but it is most true and of most importance in surgical cases, because the very nature of such cases induces them to go to hospital in much larger relative numbers than the other classes of cases referred to. We can readily perceive, therefore, the vast importance it would be for the patient to have an hospital at hand to which he could be quickly carried on some improvised stretcher, and one, too, which, from its comparative insignificance and inexpensiveness, could be given up without a thought and established in some neighbouring locality, should any of these endemic poisons appear to have localized themselves in them. It is long since Sir James Simpson recommended peripatetic hospitals, with the view of avoiding some of the evils referred to. He suggested that the buildings should be made of cast-iron, and whenever pyæmia made its appearance, that they should be taken down and re-erected elsewhere, after due and proper disinfection. It is doubtful whether this peripatetic system would meet the wants of a large town, even though it should be found to remedy the evils complained of, while in smaller towns and villages such a system would not be required, because the small hospitals required in such situations could be at once vacated if necessary, and another cottage secured. We hold, however, that in such circumstances such a procedure would but rarely be required. In the free air of the country, with patients uninjured by long carriage, perhaps with persisting hæmorrhage, and with minds cheered by the neighbourhood of their friends, and by the knowledge that it is their own doctor, who has known them from infancy, that is attending them, pyæmia would probably be unknown. But it is not only to the patient that the establishment of village hospitals would be a boon. Charity is always "twice blessed;" and this case would be no exception, for the keeping of surgical cases amongst the country practitioners by the establishment of Village Hospitals would not only benefit the poor patients, but by keeping the doctor's hand in, and familiarizing him with surgical operations, would, so to speak, keep him at school, and maintain his anatomical and surgical knowledge in a state of constant and more or less brilliant readiness, to the no small benefit of the country squires in his vicinity, some of whom sooner or later are sure to reap the reward of their own good deeds. But, indeed, such hospitals ought to be almost entirely self-supporting. The patients will readily pay board when they can, and when they can't, of course the parish is liable for them; while all the neighbours, rich and poor, will be only too willing to send a supply of wine or other luxuries—to the sick

too often necessities—as they may be required. Seven years ago the seed of this great boon was planted at Crawley, in Surrey; since then they have been established, and are in full working order, in upwards of twenty places in England, and in one in Scotland, St. Andrews, while they are in course of erection in more than three times that number of places in England; and we hope the day is not far distant when every village in Scotland ten miles from an hospital town will have its own village hospital—an invaluable boon to the poor, a blessing to the rich, and a school for the doctor.

THE THERMOMETER AS A DIAGNOSTIC AGENT.

The use of the thermometer as an aid to the diagnosis of disease has now become pretty general, especially in our hospitals and infirmaries, and the interest shown by practitioners in this comparatively new field of clinical research is of itself sufficient to indicate the importance of the subject. It has been the custom from time immemorial for the physician to ascertain by the sense of touch the temperature of the body in all acute affections, but it is only within a comparatively recent period that this vague and unsatisfactory mode of measuring the heat of the skin has given place to the more exact observations of the thermometer. Wunderlich has long used this instrument in practice; but the profession in this country is indebted to Dr. Aitken of Netley, for the complete and interesting information he has given on the subject in his recent work on the "Practice of Medicine," which has undoubtedly been the chief means of attracting attention to this hitherto neglected but valuable diagnostic agent. By the use of a reliable thermometer we can now ascertain to the fraction of a degree the exact state of the temperature of the body in any disease, and by its daily use we may derive information of great value, not only as to the nature of the illness we are called on to treat, but also as regards its probable duration, course, and termination. So far as our own experience goes we have found it of great service in febrile diseases; and it is chiefly, we believe, in this class of ailments that the thermometer will be found useful, although in many other acute affections, such as pneumonia, it likewise affords considerable assistance. Every medical man knows the difficulty of making a decided and satisfactory diagnosis in the early stage of fever, and often no opinion can be given with safety until the disease has taken a firm hold of the system. In such cases, then, the state of the temperature of the body, as ascertained by the thermometer, will generally remove all doubt and enable us to tell with precision the nature of the illness. There may be, for example, a quick pulse, a foul tongue, a suffused eye, rigors, vomitings, headache, and dull aching pains all over, without any persistent elevation of the temperature, and we can, therefore, safely conclude that this disturbance of the system is due, not to the presence of fever poison in the blood, but to some other perhaps less serious cause. Then, again, we may have a patient whose tongue is moist and clean, who has no giddiness nor headache, no vomitings or rigors, who in fact has almost none of the usual symptoms which herald the approach of a febrile attack, but in whom there is a considerable rise in temperature—a rise that continues to increase till the appearance of a rash, or the manifestation of some other distinctive signs shows clearly the presence of fever. Whenever a person who has been exposed in any way to the infection of fever complains of a little feebleness, or feels out of sorts, we may feel sure if the thermometer reveals a range of temperature higher than the normal standard, that the case will result in fever, even although there may be no other indications of the presence of the poison. We had quite recently an illustration of the aid that may be derived from thermometry in doubtful cases. A girl of some thirteen years of age was received into a house where there was a large number of young people. She complained of her throat, which was swollen and inflamed, her head was sore, and she said that the day before she had shivered several times. The pulse was quick, the face flushed, the skin felt hot and dry, and there was also a suspicious blush of redness on the arms. She never had suffered from scarlatina, and all these symptoms naturally created considerable anxiety and alarm lest this fever should break out in the house. It was of the utmost importance that a decided opinion should at once be given as to the nature of the case, and whether the patient ought to be removed or not. The thermometer was applied, but the mercury did not rise above 98°, and we were thus enabled to give it as our opinion that the patient was not suffering from fever—an opinion the correctnes of which was confirmed by the further progress of the case.

In a series of observations made upon typhus cases we found that in the majority of patients, the turn, as it is called, was indicated by a fall in the temperature, before any amelioration in the condition of the patient could be detected, either from the state of the pulse or the expression of the countenance; and in cases which, after the crisis had taken place, appeared to be getting worse instead of better, we found that if the temperature kept down, everything went on well in spite of a temporary rise in the pulse or other untoward sign. The observations we have yet made in other forms of disease are neither so numerous nor extensive as to enable us to speak with certainty as to their results. But we may just say that in phthisis we think that the assistance to be derived from continuous thermometric observation is not so great as some writers would lead us to suppose. It has been said that in this affection the constant and persistent elevation of the temperature is sufficient of itself, even when the physical signs are uncertain, to indicate the presence and sure progress of the disease. Now, curiously enough, we have met with at least four cases in which there were the most unmistakable evidence of the presence of tubercle in the lungs, cases in which the disease made rapid progress, and yet in each of them there was no elevation of the temperature either by night or by day. In two of them, indeed, the heat was under the usual average standard. But the thermometry of disease may be said to be yet in its infancy, and while we would caution observers to eschew everything that savours of dogmatism, and to guard against imperfect or hasty conclusions, we would, at the same time, bid them prosecute their inquiries with increasing zeal; for we are convinced that the application of the thermometer to the detection of disease will ultimately result in good, and in it practitioners will find an agent which, in doubtful cases, will yield them information which nothing else can give—information that may frequently relieve from anxiety and prevent mistake.

OUR SANITARY STATE AND PROSPECTS.
(DUBLIN.)

Every day adds to our knowledge, as well as to our responsibility, inasmuch as the former leaves us without excuse if we do not fully discharge the latter. A very striking instance of this is seen in the result of the Cholera Conference at Constantinople. The members of that meeting, selected from different countries, professing various creeds, possessed of most extensive and most varied acquirements in medical, topographical, and ethnological knowledge, have arrived at certain decisions as to the origin, mode of propagation, and of prevention of cholera; and it now remains to be seen whether the requisite means and courage are possessed by the ruling powers who are called upon to carry out the necessary measures of observation and prevention recommended by the Conference.

We must not expect too much from the Sultan or the Viceroy of Egypt when we reflect on the amount of passiveness exhibited nearer home in somewhat similar circumstances. In Paris it was not thought advisable to institute a system of house-to-house visitation, such as had been carried out with so much benefit in England and in some places in Ireland, as, for instance, at Finglas, during the epidemic of 1854, inasmuch as it was feared that such a measure would cause a panic amongst our French neighbours. For like reasons the statistics of the disease were for a long time kept from the public eye in that most fashionable of capitals. We must not, however, consider ourselves as free from censure in many points connected with this and other matters of vital importance. If we regard the cattle plague, surely in England we have nothing to boast of, either in the way of promptness and punctuality, in supplying the necessary returns or in respect to unanimity and promptitude, and a true sense of what should have been adopted from the very commencement as the best and really most economical mode of dealing with that which has cost the country so very large a sum.

Again, in Ireland, though prompt measures were most happily adopted by common consent against the importation of the cattle plague, and thus far with most excellent results; still other evils have been inflicted on us and we cannot say that we have been setting our house in order against the possible advent of cholera. On the contrary, an association has actually been formed by those rate-payers who own many of the lodging-houses tenanted by the working classes to protect themselves from the efforts of the Corporation to compel them to keep the tenements of the poorer classes in suitable habitable order. We are happy to say that the Medical Officers of the several districts of the city of Dublin have come forward with their testimony to show the great need of prompt and efficient action, on the part of the authorities, in enforcing the measures which the latter have had in contemplation; and we trust, for the sake of the labouring classes, that a comprehensive system of ready legislation will be shortly carried through Parliament to compel all holders of tenements to keep the same in proper hab table order. While, however, we record our approval of the willingness shown by the Government, the Corporation, and the Medical Officers of the several city districts, we cannot acquit the Corporation of some matters urgently requiring amendment; one is the continuance in some of the most thickly inhabited parts of town of large depôts of street sweepings. We have in previous numbers of The Medical Press and Circular shown that fatal fever arises in close proximity to these offensive depôts. We have also pointed out that cholera first appeared in 1854 in tenements adjoining one of these Corporation depôts, and that it carried off several of the people in the neighbourhood, and spread from it as a centre to other parts of the city. We can also prove that fever habitually exists in dwellings adjoining these depôts, and that each season it commences in such positions, and radiating thence, annually spreads through town. Surely such a state of things should not be suffered to continue. Ireland possesses hundreds of thousands of acres in want of the very matters which are at present allowed to accumulate, to the injury of our citizens, in Dublin. With such excellent roads as we possess; with two canals, that encircle our city, on which iron barges could be procured to convey away the town sweepings; and with numerous lines of railways in communication with (as well as the canals) very many rural, peat, mountain, and seaside districts—the state of things of which we complain ought not to exist. We commend these matters to the consideration of the members of our Municipal Council as eminently within their province.

And while we ask the attention of the authorities to such commonplace but eminently useful matters, we would solicit their attention to the state of the cowsheds and yards of Dublin, and to that of the parts of the city and its vicinity where pigs are kept, but too commonly in close proximity to the apartments occupied by the owners of these animals. We have before quoted in these pages the proceedings of the civil authorities in some of the Italian towns, where cholera committed most severe ravages within the last year, and we may now repeat the statement here—namely, that the very first steps taken were to turn out great numbers of pigs that had been kept by the people, as is done in very many cases much nearer home, in the midst of the towns.

In this way we will find that while, no doubt, we ought in common with all other enlightened nations, do our utmost to inform other people of the best means of preventing or of lessening the prevalence of cholera fever, &c., we certainly should not leave it in their power to say that either from the love of gain, or from negligence, or from any other cause, we permit our own country to be little better than theirs, when we consider the relative advantages we possess in many respects.

In the last published report of the Royal Navy Medical Department there is much valuable evidence as to the importance of preventive measures during epidemics, and we cannot do better than quote what may perhaps stimulate to exertion some who are now inclined to inaction on these important matters.

In 1862 and 1863 epidemic cholera occurred at Shanghai and we will briefly allude to two classes of residents at that important Chinese port—namely, the European merchants and the Chinese who had sought refuge there. The extracts also allude to the European soldiers at that station. The British Deputy-Inspector Dr. Home, observes, "Four marked characters distinguished the better class of the European community, who, I may observe, scarcely suffered at all during the two cholera epidemics, from their less fortunate fellow-countrymen the private soldiers, on whom the disease fell on both occasions very heavily." 1st. As a rule, they (the civilians) all live extremely well, partaking of animal food always twice and often thrice a day.

2nd. They inhabit large airy dwellings and never sleep, if at all possible to avoid it, on the ground floor.

3rd. They never expose themselves to the mid-day sun, and scarcely ever to the night air, except in covered (sedan) chairs.

4th. They bathe in their own houses every morning, and in the afternoon, either by walking, riding, drilling as volunteers, playing rackets or otherwise, they take care that the system has regular and sufficient exercise.

I confess I see but little difficulty in giving the soldier the benefit of all these advantages. If his diet is improved and I am inclined to lay much stress on this (utterly interdicting the use of salt provisions), his barracks made spacious and airy, sentry and all other out-door duty reduced to a minimum, if bath rooms and the means of amusement and recreation are provided for him, and if the European corps, stationed at Shanghai, whether Infantry or Artillery, be not kept in China beyond the regulated period of three years, I see no reason why the soldier, even at Shanghai, should not approximate at least, if he does not actually reach the high standard of health in which the civilians in comfortable circumstances enjoy."

Our valuable contemporary, the *British and Foreign Medico-Chirurgical Review*, remarks, that "If the well-conditioned Europeans at Shanghai suffered comparatively little, very different was the fate of the poor native population, as we learn from the Surgeon (Dr. Morgan) of the *Euryalus*:—

"The mortality among the unfortunate Chinese who had sought refuge in the settlement, surpasses belief, which is not to be wondered at where there were so many human beings crowded together in indifferent dwellings. I have been informed upon good authority that they died at one time at the rate of 3000 a day, and as they could only procure a burial ground that could only accommodate 1000 a day, the remaining 2000 were enclosed in boxes of deal boards loosely put together, or packed up in straw or matting, and left to rot in the sun. During the time this ship was at Shanghai there were thousands of dead bodies more or less hidden from the sight of the passer-by by some loose covering, that were in a state of decomposition and tainting the surrounding atmosphere with their deadly effluvia."

We see in the foregoing the great value of healthful dwellings and sanitary precautions brought into strong contrast with the awful consequences of neglect of these measures, as seen in the poor Chinese who were crowded together in unhealthy dwellings with bad food and clothing, and we particularly would impress on our readers that these two very different states of being were consistent in the same climate at a period of epidemic cholera. The fact that the disease at present prevails in parts of Germany, and exhibits renewed evidence of its rapid powers of locomotion, so to speak, as seen in the case of the emigrant ship *England*, mentioned a few days since in the *Saunders's News-Letter*, should stimulate the public to activity on these all-important matters.

THE Vestry of St. James's, Westminster, on the motion of Mr. Compton, have resolved, with one dissentient, to petition both Houses of Parliament that the metropolis may be included in the places named in the schedule of the Bill for the better prevention of contagious diseases at certain naval and military stations.

PROFESSOR STRUTHERS ON THE EDINBURGH ANATOMICAL SCHOOL.

ON Friday evening last, Dr. Struthers, Professor of Anatomy in the University of Aberdeen, and formerly Lecturer on that subject in the Edinburgh extra-Academical School, read a most able and interesting paper at a *conversazione* given by the President and Fellows of the Royal College of Surgeons in their Hall, Nicolson-street. The subject of the paper was "The History of the Edinburgh Anatomical School," a theme which the learned lecturer was well qualified to treat. Dr. Struthers, who for long has made anatomy the great study of his life, must have had peculiar pleasure in collecting material for his instructive essay; and we are sure that the College as well as the whole profession must feel greatly indebted to him for thus furnishing us with a historical sketch of the origin and development of a department of the metropolitan medical school which has shed so much lustre on her name.

The arrangements were the same as on the previous occasions when *conversaziones* were held, the company, which was numerous and distinguished, having been first received in the museum by the President, Dr. Dunsmure, and then repairing to the lecture-room, where Dr. Struthers read his paper. The history of the Edinburgh Anatomical School, properly so called, he said, commences in the year 1720 with the first Monro, although so early as 1505 dissection was carried on in Edinburgh. While, in the year 1720, the school which so shortly afterwards was destined to rise to such eminence, was just in its infancy, the science of anatomy had already in Italy, Holland, Belgium, and France, been prosecuted with enthusiasm and success.

Many men were connected with the establishment of the Anatomical School, such as Monteith and Elliot; but it is chiefly to the labours of the Monros that Edinburgh is indebted for the place she occupies as a school of anatomy. The attendance during the first ten years at Alexander Monro's lectures was on an average sixty-seven, and at this time is probable that that number included nearly all the medical students in the city.

After labouring for a period of thirty-eight years he raised the numbers to about 200, which was the number of pupils on the roll when he retired. He resigned in 1758 in favour of his son, Alexander Monro, (secundus) who was appointed professor at the early age of twenty-one, before he had taken his degree or even finished his studies at the University. He did not enter on his duties, however, till four years after his appointment, and during the interval he devoted himself to the study of anatomy in Leyden, under Albinus; in Berlin, under Michel; in London, under William Hunter; as also in Paris. His career was a brilliant one, and the attendance on his lectures rose from 200 to 400. After lecturing for about half a century, he was succeeded by his son, Alexander Monro (tertius), who discharg edthe duties of the chair till 1846. The three Monros, therefore, occupied the position of Professors of Anatomy for the lengthened period of 125 years. This distinguished trio was succeeded by the brothers Bell, John and Charles, the former having lectured for fourteen years—viz., till 1800, and although the latter portion of his lifetime was chiefly devoted to surgery, he was, nevertheless, a distinguished anatomist. He was undoubtedly the father of the Edinburgh School of Surgery, and his fame as an operator was

widely spread. He is buried in Rome, and over his grave is placed a plain tombstone, on which is carved the modest inscription, "Here lies John Bell, surgeon, of Edinburgh, a man not uneminent in his profession."

Sir Charles Bell, who was twelve years younger than John, his brother, commenced his professional career in Edinburgh, then went to London, and returned to Edinburgh again. His writings are extensive and varied, and his reputation as an anatomist is considerable. But, besides being an anatomist, he was also a distinguished surgeon and an admirable artist. It is in physiology, however, that Charles Bell's name will go down to posterity. He was knighted in 1830 along with Brewster and Herschell, and died, in the sixty-eighth year of his age, in 1842. Professor Struthers then gave interesting biographical notices of Barclay, Gordon, Walker, Cullen, Fyfe, and Knox, and concluded by mentioning some of the characteristics of the Edinburgh Anatomical School.

The lecture seemed to give the greatest pleasure to all who listened to it, and at its close Professor Christison moved, and Professor Syme seconded, a vote of thanks to Dr. Struthers for his careful and instructive paper.

Notes on Current Topics.

THE TREATMENT OF THE SICK POOR IN ISLINGTON.

It is positively unfair that St. Pancras should lately have the monopoly of abuse from the journals, medical and lay, on account of its treatment of the sick poor, while many of the other parishes and unions are quite as deserving of censure. Our contemporary, the *Lancet*, in its Commission upon the state of the Islington Workhouse Infirmary, certainly let down that establishment far too gently, mildly censuring, indeed, the accommodation afforded for the reception and attendance on the sick, but praising all the general arrangements in the most eulogistic terms, and patting the Trustees on the back for their magnanimous determination to erect a new building. We really think that in the case of Islington, the *Lancet* Commissioners have been gulled, and in a series of papers now appearing in the *Standard*, and written, it is understood, by Dr. Stallard, the liberality of the arrangements is represented in its true light. As for the erection of a new workhouse, if the *Lancet* Commissioners had known anything about the Trustees, they would be aware that the Islington Workhouse has been unequivocally condemned for *twelve years*, and that whenever its glaring defects have been represented, the parrot-story is always repeated that a new edifice is soon to be erected, although, to the best of our belief, that work is not yet even begun. As to the other "liberal" arrangements, Dr. Stallard tells us that the wretched sick out-door paupers are supplied with masses of fat, bone, skin, and gristle, instead of mutton chops, as ordered by the medical officers, and he hints, and we believe with good reason, that the latter dare not remonstrate under fear of dismissal. The "liberality" in the drug department may be estimated by the facts stated by Dr. Stallard, that cordial tinctures have been removed from the list; that bark is not allowed, and even iron was for some time prohibited, at least in the form of tincture. *En revanche*, however, a little peppermint is allowed, both in the aperient mixtures and in the astringent ones, and Dr. Stallard expresses a wish that one of the Trustees could be treated with a few doses of "the chalk-and-water given for the relief (?) of diarrhœa," and, he adds, "we cry shame upon such a paltry economy." The *Lancet* admits that in applauding the liberality of the Trustees in the drug department, it mistook the drug bill for some thousands of out-patients for that incurred for the use of the patients in the infirmary. We repeat that our contemporary has been completely gulled at the Islington establishment, and the *Standard* has put the matter in a much clearer light. When Mr. Farnall, C.B., and Dr. Edward Smith make their Report on the Islington Workhouse, and its arrangements for the care of the sick poor, their labours may perhaps be facilitated by reference to some previous reports long ago made to the Poor-law Board and still in its possession.

EGGS AND THEIR PRETENDED SUBSTITUTES.

Our attention has been called to the circumstance, that some compounds, popularly known as "baking powders," are advertised as possessing such an amount of nutritive property as to enable persons to substitute them for butter and eggs. This idea is altogether erroneous, as these powders consist almost entirely of carbonate of soda and tartaric acid with a small proportion of rice flour, and it is said that in order to give them the colour of eggs, they are further mixed with a little chromate of lead. Such being their composition, they contain very little nutritious matter, rice being one of the least nourishing of grains, tartaric acid and soda being not nutritious at all, and chromate of lead being actually poisonous, although the quantity of the latter material is probably too minute to be injurious. These "baking powders" may be useful enough in the preparation of pastry, supposing the chromate of lead to be omitted, for the carbonic acid evolved by the union of carbonate of soda with tartaric acid may render the pastry more light and digestible, but such powders cannot afford a saving of butter by being substituted for it, nor can "egg-powders" supply the place of eggs in puddings or other articles of food. These powders, therefore, even if they be innocuous, may be the means of deceiving the public, especially the poorer classes, if those who sell them pretend that they contain ingredients they do not possess; and in the case of children, illness may perhaps be generated, if these powders are substituted for more nutritious substances.

NEW FORM OF ADMINISTERING IRON.

Our attention has been directed to a new form of iron medicine introduced by Messrs. Ch. Collas and Co., a pharmaceutical firm in Paris. In this preparation the iron is reduced to the metallic state, and therefore resembles the ferrum redactum of the British Pharmacopœia. As it is, of course, very susceptible to oxidation, Messrs. Collas envelope the metal in gelatine capsules which prevent this result. The idea seems to be a good one, and the iron in this form is worthy of a trial by the profession. Each capsule forms a small pill containing one grain and a half of pure iron.

India.—A native has been detected mixing poison in the bread made in the Government bakery at Lucknow, and has been sentenced to transportation for twelve years.

RETROSPECT OF THE JOURNALS.

May 5, 1866.

This week's journals are rather devoid of interest.

The cholera is the favourite topic of the hour. The *Lancet* seems to think that if we were to be visited by it this year, we should have had some cases of it during the last winter. It is, however, very close to our doors, Rotterdam being in almost daily communication with the principal seaports of Great Britain. Wherever we have Germans congregated together in a small space, we may expect to find the cholera. Surgeons in charge of emigrant ships are in the habit of looking with horror on a cargo of German emigrants; the filthy habits of the lower orders are proverbial, and this, taken in conjunction with their peculiar diet, is the readiest explanation of the fact that we so very often hear of the disease breaking out on board ships, as it lately did in the *England*.

The House of Commons appears to be the best ventilated building of modern times, it is even said that the air inside is purer than that without. Dr. Percy has presented a report on the subject, the air is put in motion by means of combustion. Originally fans were used, but these have been superseded by the charcoal fires. On the night when leave was given to bring in the Reform Bill it was found that 1,500,000 cubic feet of air passed into the House during an hour. However, from some fault of the construction or from the excellence of the ventilation, considerable annoyance is caused occasionally by extraneous perfumes; even should any horse-dung happen to fall in the Common's-court, the odour will be immediately perceived in the House, so much so, that carriages were obliged by the police to remain in the Speaker's court. A person passing by with a lighted cigar impregnates the atmosphere to a ridiculous extent.

Apropos of the attack made on Chief-Justice Lefroy in the House of Commons lately, the *Lancet* wishes that something similar might have the effect of producing a change in the Examining Board at the College of Surgeons, where men beyond seventy years of age are required to put in practice an amount of mental and bodily exertion during a large portion of the year that can be only expected in men of the full vigour of adult life, and which under the present circumstances, tends to bring discredit on the College.

The members of the English Universities seem to be plagued by those who vend obscene publications; independent of the moral aspect of the trade in the abstract, a very grievous amount of mischief is effected by these rascals on the pockets, and worse still, the minds of young people.

There were three doctors in the passenger train that caused the fatal collision on the Brighton railway—Drs. Murray, Habershon, and Bayfield; the former stopped all night, with the injured.

The Bermondsey Board of Guardians are taking into consideration the system of substituting paid and trained for pauper nurses in their infirmary.

£20,000 has been voted amongst the Civil Service estimates towards the erection of a building for the University of London. It is to be erected close to Burlington House, and will cost £65,000.

The dispute between Dr. F. Winslow and Dr. Tuke, we regret to observe, has degenerated into lamentable personalities.

Mr. M. B. Hill gives some interesting details of the process of injecting mercurial preparations hypodermically. The one which he has used is the bichloride; as might be expected, it causes some pain, but the effects are most marked, the patient generally being brought completely under the influence of the drug before one grain has been administered. This is an interesting point, as the plan has succeeded in those cases in which the patients were considered to have been proof against the medicine as administered by the mouth.

A good deal of excitement has been caused in the neighbourhood of Newcastle by the accidental or intended poisoning of a respectable family, three of whom died.

Dr. Owen Davies relates a case in which he imagined that an attack of puerperal convulsions was to be distinctly traced to eating mussels.

From the *Medical Times and Gazette* we perceive that the St Pancras "laying out case" has turned up again. The Poor-law Board censure all concerned, including the doctor, who unfortunately had not seen the child for a couple of days.

The following case of dislocation of the lower jaw may be of use to laryngoscopists:—"The case which gave rise to these observations was that of a phthisical woman, 38 years of age, suffering from chronic ulcers of the larynx, and in whom complete dislocation forwards was twice produced at intervals of a month, while cauterisation was being applied by means of the laryngoscope. It was easily reduced by pressure with the thumbs on the last lower molars, and drawing forward the ascending ramus embraced by three fingers of each hand. The accident may easily be prevented by cautioning the patient to moderate his coöperation, so as not to effect with too great energy the double movement of depressing and advancing the lower jaw. An excess of action in the external pterygoid muscle seems to be the chief agent in effecting the dislocation. With even a moderate separation of the jaws, such as is requisite for the employment of the mirror, the condyle of the jaw is already carried forwards; and the external pterygoid, then brought into action, exerts strong traction on the condyle, so that in predisposed persons, dislocation may readily take place."

In a communication on the subject of the use of the medicinal sulphites and hyposulphites in zymotic diseases, we fancy we can recognize the pen of a distinguished writer from this side of the Channel.

All the journals give a very unfavourable review of Mr. Brown's book on the Curability of certain Forms of Hysteria, &c.; the publication in question, as well as the report of the Surgical Home, which is in the hands of half of the English nobility, will not do Mr. Brown much credit among his professional brethren.

"Cause of Goitre.—M. Maumené is led from his observations and experiments to believe that the cause of goitre is the presence in drinking water of fluorides. These, he asserts, are peculiarly abundant in the water of goitrous districts. M. Maumené gave for a period of five months fluoride of potassium to a dog, at the end of which time a swelling similar to goitre appeared in the neck; the dog then made his escape, but three years afterwards was again discovered with a swelling which appeared to M. Maumené to have all the characters of goitre."

If the foregoing be correct, our practice of administering iodides and bromides in goitre smacks strongly of homœopathy.

Dr. McCraith of Smyrna, who may very reasonably be supposed to be well acquainted with cholera, suggests that the European powers should establish an international quarantine at Mecca.

Dr. D. Davies describes the case of cholera which occurred in Bristol, and was imported from Rotterdam. We should recollect that a steamer trades between Rotterdam and Dublin.

Solubility of Camphor in Water (Markoe).—Storer, in his "Dictionary of Solubilities," states that water takes up three times as much camphor from its intimate mixture with carbonate of lime or magnesia, than when shaken with camphor alone (assuming it to be a fact that, in the latter case, but one part of camphor is taken by 1000 parts of water), making the limit of solubility one part of camphor to 333⅓ parts of water. Mr. Markoe, in experimenting upon the aqua camphoræ of the U.S.P., found the solubility to be 1 part of camphor in 240 parts of water He thinks that the preliminary trituration of the camphor with alcohol, previous to its mixture with carbonate of magnesia, will explain the greater solubility.—*Year-Book of Pharmacy.*

Parliamentary Intelligence.

HOUSE OF LORDS.—May 1st.

The Lord Chancellor moved the second reading of the Law of Capital Punishment Amendment Bill, which is based upon the report of a Royal Commission. The noble and learned lord explained that the Bill retained the punishment of death for murder; but placed the offence in two classes—namely, murder in the first degree, punishable with death, and murder in the second degree, which need not necessarily be so punished. The former included deliberate murder, in which there could be no doubt as to the intention; the latter, murder committed for facilitating escape from the consequences of other crimes and upon officers of the peace in the execution of their duty. One provision in the Bill would give the judges power to record the judgment without pronouncing sentence; and the recommendations of the Royal commissioners were also adopted with respect to infanticide and to public executions, the scenes at which were so disgraceful that some attempt was absolutely necessary to put an end to them. The Bill, after some discussion, was read a second time.

HOUSE OF COMMONS.—April 27th.

The following petitions were presented:—By Sir James Fergusson, from the Ayrshire Poor-law Association, in favour of the Poor-law Officials' Superannuation, and praying for certain amendments. By Lord J. Browne, from the Swineford Board of Guardians, county Mayo, praying to be relieved from half of the cost of the salaries of the medical officers and school-masters of the Poor-law Unions, as in England. By Mr. H. Lewis, from the inhabitants of the borough of Marylebone, against compulsory vaccination and for full inquiry. By Mr. Alderman Cowen, from Josiah Thomas, Newcastle-on-Tyne, for inquiry into the operation of the Vaccination Act. By Mr. Evans, from John Smedley of Lea Mills, against compulsory vaccination, and in favour of a Royal commission on the subject. By Mr. Hanbury, from Robert Hawks, against the Vaccination Bill. By Mr. Milner Gibson, from the Poor-law Guardians of Ashton-under-Lyne, praying that unaffected districts may contribute towards the compensation for cattle slaughtered under the Cattle Diseases Act.

April 30th.

Mr. Villiers, in answer to a question, said that a measure for amending the administration of the poor-law in the metropolis would be laid in a short time on the table of the House, with a view of carrying into effect as far as possible the recommendations of the committee which sat upstairs. With respect to the conduct of the guardians of Clerkenwell he might state that a new board had been elected, and he hoped that more effectual measures would in future be taken for providing proper accommodation for the houseless poor.

THE UNIVERSITY OF LONDON.

In going into committee of supply, after a long discussion, in which several members joined, £20,000 was voted, without a division, towards erecting a building for the purposes of this institution. The edifice is to be erected on the north side of the gardens attached to Burlington House.

THE CATTLE PLAGUE.

Mr. Cheatham asked the Secretary of State for the Home Department if the Government would suspend the operation of Part I. of the Cattle Diseases Prevention Act, relating to the slaughtering of animals and compensation for the tame, after the 10th of May.

Sir G. Grey said that originally it was intended that these clauses should only remain in force for a certain time, the order in council continuing their operation till May 12. The Privy Council had not considered the question of extending the time, but he thought that probably, owing to the great advantage that had been derived from observing these regulations, an order would be made for continuing them in force.

CONTAGIOUS DISEASES BILL.

The House having gone into committe on this Bill, Clauses 1 to 14 were agreed to.

On clause 15 Mr. Ayrton proposed an amendment.

Mr. Henley asked why the Bill should not be extended to Westminster, where there were troops.

Sir G. Grey said the Bill applied to places where either of the services constituted a considerable portion of the population.

May 2nd.

The Contagious Diseases Bill was read a third time.

CHOLERA IN CORK HARBOUR.

Mr. Maguire wished to place a matter of great urgency before the house. The authorities of the city of Cork had been for some time in the communication with the Lord Lieutenant, and he had been recommended to place an old man of war in Cork harbour as a floating hospital. For three or four days he had himself been in communication upon the subject with the Secretary for Ireland, and he had just received this telegram from the mayor of Cork:—"Cholera is on Board an emigrant ship which has arrived in Cork harbour. There were two deaths among the passengers. There is no convenience for quarantine. I have ordered her back to Liverpool." There was a large garrison and a fleet in Cork. It would be a most calamitous thing if, for want of proper precautions, the disease broke out at Queenstown or Cork (hear, hear). He could tell the government, upon the authority of the mayor of Cork and the local magistrates, that there were no means of maintaining a strict quarantine in the harbour, and he now called upon the government to do as they did in 1833, and send to that harbour a large and convenient vessel to answer the purpose of an hospital, and thereby to keep the disease away from the shore (hear, hear).

Sir G. Grey could only express his regret that the Mayor of Cork had not done as the Mayor of Liverpool had done—namely, communicated with the Government as to the facts of the case, with a view to the necessary arrangements being made to prevent the spread of cholera. The Government had heard nothing whatever from Cork on the subject. About an hour ago they had received a communication, by telegram, from the Mayor of Liverpool, stating that cholera had appeared amongst some German emigrants, and that the ship on board of which those emigrants were had touched at Queenstown. The Mayor asked that immediate measures should be taken by the Government to prevent the spread of the disease to Liverpool. He (Sir G. Grey) immediately forwarded that information to the officer of the Privy Council who was charged with the duties connected with quarantine, and his right hon. friend the Vice-President had just told him that he had taken steps with a view to the necessary measures being adopted. The only reason why the necessary measures had not been taken in Queenstown was that the Government had received no information of the disease appearing there. He had no doubt that the same steps would be taken with regard to Queenstown as had been taken at Liverpool.

Mr. Maguire explained.—The local authorities in Cork had been in communication with the Lord Lieutenant on the subject for the last week, and within the last three days he (Mr. Maguire) had communicated the facts to the Chief Secretary for Ireland, who promised his attention to the matter (hear).

Sir G. Grey said that no information had reached the Government, that cholera had appeared on board any British ship except on that at Liverpool.

Sir F. Heygate was about to ask a similar question in reference to the port of Londonderry, where considerable alarm prevailed lest the disease should appear there.

Sir G. Grey said the Government had received no information on the subject from Londonderry.

Mr. Ayrton hoped that the Government would do nothing so cruel as to put cholera patients into a ship, or keep cholera patients in a ship.

Tooth Cement (Stehle).—Gutta percha, 5 parts; white wax, 1 part; oil of cloves, a few drops. (*Wittstein's Vierteljahresschrift f. Pharmacie* p. 2. xiv.) Another (Sorel):—A light oxide of zinc is prepared by moistening the ordinary oxide with nitric acid, and then igniting it. Thus prepared, it is made into a soft paste with a solution of chloride of zinc, having a specific gravity 1·9 or 2·0. This soft mass speedily acquires great hardness, which it permanently preserves. If a grey colour is required, the least trace of carbon may be used, got by holding the pestle with which the paste is made over the gas for a moment. A trace of sulphide of cadmium will produce a yellow tint.—*Year-Book of Pharmacy.*

PROFESSOR STRUTHERS ON THE EDINBURGH ANATOMICAL SCHOOL.

On Friday evening, the President and Fellows of the Royal College of Surgeons gave a *conversazione* in the Surgeons' Hall, at which Professor Struthers, F.R.C.S.E., delivered a lecture on "The History of the Edinburgh Anatomical School." The company, which was very large, included the following gentlemen:—Lord Deas; Dr. Dunsmure, President of the Royal College of Surgeons; Dr. Smith, President of the Royal College of Physicians; Professors Christison, Syme, Balfour, and Spence; Bishop Strain; Dr. Graham, Dalkeith; the Rev. Mr. Rigg, Rev. James Cranbrook, Rev. D. Croom, Dr. Matthews Duncan, Dr. Coombe; Dr. Manford of Inverness; Dr. Baker of Birmingham; Bailie Handyside; Councillors Mossman, Marshall, Scott, and Colston: Messrs. Scott Moncrieff; S. Douglas, W. S.; J. W. Tawse, W. S., &c.

The following is an abstract of Professor Struthers' lecture:—

The history of the Edinburgh Anatomical School, properly so-called, commences in the year 1720, with the first Monro, Long before this, however, there had been dissection and occasional anatomical instruction in Edinburgh.

THE SURGEONS IN 1505.

The earliest notice of dissection in Edinburgh is in the first charter of this college, granted by the Town Council in 1505, and ratified by James IV. in the following year. The candidate for admission was to be examined in anatomy, and the surgeons were to have a body once a year for dissection. This was more than a century before Harvey discovered the circulation of the blood, and it is remarkable that the municipal authorities of Edinburgh should have at so early a period given legal recognition to dissection, as the groundwork of the healing art. We have no information of any change during the next two centuries. Medical education was by apprenticeship, with these occasional dissections by the surgeons for the instruction of themselves and their apprentices.

DEVELOPMENT OF THE SCHOOL—1694 TO 1720.

During the quarter of a century preceding the commencement of a regular school, certain of the surgeons were specially appointed to conduct the annual anatomical demonstration. To Alexander Monteith belongs the merit of stimulating his brethren to the work in 1694, although I am not satisfied that he actually taught anatomy himself. During the first part of this period, the annual demonstration was given by ten of the surgeons, on ten successive days. The Town Council had not only granted the surgeons' petition for greater opportunity of dissection, but stipulated that the surgeons should build an anatomical theatre, and that the magistrates should have the privilege of being present at the demonstration.

A different system was employed during the last fifteen years of this period, the duty being now devolved upon one, or on two, of the surgeons specially appointed; and, at the same time, a new element is introduced by the Town Council conferring upon the same surgeon, or surgeons, the title of Professor of Anatomy in the University. During the first three years, this double appointment was held by Robert Elliot; during the next seven years, by Elliot and Adam Drummond; and, after Elliot's death, by Drummond and John McGill, till 1720, when Drummond and McGill demitted in favour of Monro, being but too glad to be relieved from an office which was more arduous than remunerative.

The harmonious action of the two bodies in making and agreeing to these double appointments was no doubt greatly promoted by the circumstance that the President of the surgeons (or Deacon, as he was then called) had a seat at the Council Board, a connexion which continued till the Burgh Reform in 1833. The chief object in seeking also the appointment from the Town Council, in the cases of Elliot, Drummond, and McGill, appears to have been to obtain the small salary which the Council gave with the title of Professor of Anatomy in the University; but, in Monro's case, the University appointment was his chief object, as part of the plan now on foot for the formation of a regular school; the best way to which was by obtaining the use of the theatre and subjects belonging to the surgeons, and at the same time the friendship of the Incorporation, and its support with the Town Council.

COMMENCEMENT OF THE MEDICAL SCHOOL.

After the appointment of Monro in 1720, the scheme rapidly developed. Four physicians—Drs. Sinclair, Rutherford, Plummer, and Innes—joined Monro in the surgeons' theatre. Left behind by the removal of Monro five years afterwards to the University buildings, they petitioned the Town Council to be made Professors in the University. This the Council did on the 9th February, 1726; and thus the medical school of the University was formed by the transference of the school which Monro had gathered round him in the theatre in Old Surgeons' Hall.

The first correct history of this development period, as it may be called, of the school was given by Dr. Gairdner in his two addresses before this College in 1860 and 1864, on the history of this College, and on the early history of the medical profession in Scotland. Dr. Gairdner kindly placed the original documents at my disposal; but the preceding very brief notice of this period will suffice to explain how matters stood before a regular school sprang up. I wish to mention that Dr. Gairdner has also, with the greatest kindness, otherwise done much to lessen the disadvantage at which distance has recently placed me in regard to consulting the records of this College and of the Town Council, for the proper subject of my lecture.

Looking back at this history, we are struck, first, with the early enactment of dissection, and then, notwithstanding, by the long period during which no progress was made, although during these two centuries anatomical teaching and science had made great progress on the Continent—in Italy, Belgium, Holland, and France. During this time, Vesalius, Fallopius, Sylvius, Columbus, Eustachius, Cœsalpinus, Fabricius, Malpighi, and other anatomists of fame, had flourished. Harvey had discovered the circulation of the blood a century before, and had been dead since 1658; and yet Edinburgh, which was in a comparatively short time to surpass all other schools in reputation, was during all this time without either school or anatomist of fame. For the explanation of this long delay we need not go farther than the condition of Scotland—miserably poor, and distracted by frequent war. The efforts which began with Monteith in 1664 are accounted for by the circumstance that, in that year, the powers of this College were extended from the city to a considerable part of Scotland; but even then the political condition of Scotland offered little encouragement to the cultivation of science. The union with England took place only in Elliot's time; and it was twelve years after this that the school was opened by Monro.

Even then the formation of the school was due—I find more than has been yet acknowledged—to the forethought and guidance of one whose name deserves mention and honour. This was John Monro the father of Alexander Monro, an army surgeon, of good Scotch family and education. He had settled in Edinburgh in 1700, and joined the surgeons. An able, accomplished, and amiable man, he rose high as a practitioner, and was President of the surgeons, in 1712-13. As a surgeon to King William's army, he had seen the necessity for improved medical education, and, as a travelled man he knew what medical education was on the Continent. His affection for his only son, and his desire to see a medical school established in Edinburgh, became united in the idea of his son being the instrument. It was henceforward the idea of his life. He educated his son for it, and when the time came communicated his plan to the surgeons and physicians, by whom it was well received. It was part of his plan to persuade others to join with his son: and, when the college part of the scheme was fairly launched, he saw the necessity for an hospital, and set his son to write and work for it. To this farseeing and good man must be assigned the merit of the idea, and of being the organiser of the scheme, the success or failure of which was to depend on his son.

ALEXANDER MONRO.

Young Monro's education was planned by his father with a view to his becoming teacher of anatomy. After receiving all that Edinburgh could then give, he was sent at the age of twenty, to London, Paris, and Leyden, between which he spent two years in the study of anatomy and other branches of medicine.

He came under the influence of two eminent men—the great Boerhaave, in Leyden, under whom he studied the practice of medicine; and, in London, Cheselden, who was Monro's true master and inspirer as anatomist and teacher. Cheselden had already been teaching anatomy and surgery

for seven years, was an enthusiastic teacher and eloquent lecturer, and, above all, encouraged the students to observe and think for themselves. Nine years Monro's senior, they were kindred spirits, and formed a lasting friendship. Here Monro nearly lost his life from the effects of a dissection wound.

Returning to Edinburgh, he was examined and admitted by the surgeons; and two months thereafter—on the 29th January, 1720—being in his 23rd year, was elected Professor of Anatomy in the University by the Town Council, on the unanimous recommendation of the surgeons.

Great exertions having meanwhile been made by the father to attract notice to his son's approaching course, he began with fifty-seven students. He continued to teach for five years in the theatre in Surgeons' Hall, when he removed to the University Buildings, the removal being for greater security to his museum, his establishment in Surgeon-square having been threatened by a mob, which it required the energy of the magistrates to quell.

The attendance on Monro's class is interesting, as probably indicating the total number of students of medicine then in Edinburgh. During the first ten years, the average attendance was 67, the maximum 90; during the second ten years, the average was 109; during the third ten years, 147. In 1745, the year of the Rebellion, the number fell from 150 to 76; but in the following year rose to 182—the largest class he had yet had. In round numbers, we may say Monro began with 50 students, and had raised the number to 200 before he retired, after thirty-eight years' teaching.

Six years after he had begun to teach, Monro published his great work on the human bones, which underwent eight editions in his lifetime, and was translated into most of the European languages. The early publication and great reputation of this work must have tended materially to give fame to the Edinburgh school. This work, it is interesting to know, had its origin in one of the essays at the Student's Society which met in Cheselden's class-room, in which Monro had been a leader.

All Monro's writings have been reprinted in one large quarto volume. They are full of fact and thought, expressed in few and plain words. It is, however, impossible for me, in the limits of this lecture, to give anything like an analysis or critical notice of the writings of the various anatomists of whom I have to speak, or to do more than merely allude to them.

As a practitioner Monro took his turn as one of the surgeons attending the hospital, and gave lectures on the surgical cases. In private practice he does not appear to have been an operating surgeon, at least in the greater operations; but his advice was frequently sought as that of a scientific practitioner in all kinds of cases. Of fifty-five papers or essays, in his collected writings, there are, in anatomy and physiology, seventeen; in surgery, nineteen; in medicine, fifteen; in midwifery, four. As evidence of his judgment as a practitioner, I would mention particularly his paper on "Cancer of the Breast," in which he expresses those doubts and views which, after the lapse of a century, surgeons have now come to entertain.

Monro has the chief merit also in the establishment of two of our institutions. Various public bodies took part in establishing the Royal Infirmary, but Monro and Lord Provost Drummond were the active spirits of the movement. When the present building was at last commenced, in 1738, they were the "Building Committee," and regularly paid out the workmen's wages with their own hands. Hence the Professor of Anatomy is *ex-officio* a manager of the Royal Infirmary.

The other was a medical society which, after publishing several volumes of essays and passing through an intermediate stage as the "Philosophical Society," was finally, in 1782, incorporated as the Royal Society of Edinburgh.

After resigning the duties of the anatomical chair to his son in 1758, in his sixty-first year, Monro devoted himself during the remaining nine years of his life to practice, and to more regular clinical teaching at the Infirmary—more now, I infer, as a physician than as a surgeon.

Monro is invariably referred to as having been, in every relation of life, a most admirable and lovable man—sincere, modest, without jealousy, benevolent, an able and active and at the same time a calm and placid man. He had family and friends influential and plenty, but the work he had to do was of a kind at which friends could only stand and look on. He had to do a new thing in Edinburgh—to teach anatomy, and provide for the study of it in a town of then only 30,000 inhabitants, and in a half-civilised and politically disturbed country. He had to gather in students, to persuade others to join him in teaching, and to get an infirmary built. All this he did, and at the same established his fame, not only as a teacher, but as a man of science, and gave a name to the Edinburgh school, which benefited still more the generation which followed him. This really great and good man, therefore, well earned the title often given him, of father of the Edinburgh School.

OPENING OF THE SURREY COUNTY HOSPITAL.

The Surrey County Hospital, which is said to owe its origin mainly to the clergy of the district, was inaugurated on Friday, by the Lord Bishop of Winchester, in the presence of a large assemblage of the neighbouring gentry and others. The building is situated about five minutes' walk from the Guildford station of the South-Western Railway, and stands on an eminence, commanding an extensive view of the surrounding country. It is a neat unpretending structure, some 260 feet long and about 80 feet high, with a façade of Bargate stone and bright red brick dressings. The internal design of the building is of a nature to be in every particular admirably adapted to the purposes for which the structure is intended, while the different departments are fitted with all the modern appurtenances necessary in such institutions.

The ceremony of dedication took place in a marquee erected for the time being in the rear of the hospital.

The company then proceeded to the entrance hall of the hospital, where the ceremony of uncovering the bust of the late Prince Consort was gone through. The bust, which is a beautiful work of art by Mr. Theed, stands on a marble pedestal on the right of the hall staircase, enclosed by a neat gilt railing. As soon as the veil was removed from the bust,

The Lord Bishop said—As the hospital is opened this day, and honoured by the bust of the late Prince Consort—honoured at the express desire of her Majesty—I think it will be right in us to show our feelings, not merely of loyalty but of affection, as subjects of one of the best Queens that any nation ever had, and express them by three cheers and one cheer more.

This expression was heartily responded to by all present.

A fair proportion of the company afterwards adjourned to the eastern, or male ward of the building, where they sat down to a collation presided over by Mr. Bateman, the high sheriff of the county.

The usual loyal toasts were given and duly responded to.

The Rev. Mr. Hatchard then said he had to inform the company that her Majesty had not alone consented to allow herself to be placed at the head of the hospital as its patroness, but had sent them a donation of 100 guineas. He then read the following communication from her Majesty:—"Sir,—I have submitted your letter to the Queen, and I am commanded to say in reply that although her Majesty finds it necessary to decline her patronage in most cases to purely local institutions, except in places adjacent to where her Majesty resides, an exception will be made in favour of the Surrey Hospital, to which her Majesty graciously consents to become a patroness, and commands me to forward a donation of 100 guineas.—I have, &c., "T. M. Biddulph."

The Bishop of Winchester having spoken in general terms upon the merits of the institution and its promoters, commending the former to the general support of the county at large, proposed "The Health of the Chairman."

The Chairman briefly acknowledged the compliment.

The Ven. Archdeacon of Surrey then gave "Success to the Royal Surrey County Hospital." In the course of an able speech he said he felt that the success which had attended it was owing to the great support given by the public, and the constant and individual labours of the committee. He also mentioned with admiration the efforts of the ladies who raised £1900 by the bazaar last year,

and thus enabled the hospital to start on its mission free of debt.

Mr. H. B. Clarke, in the absence of the treasurer, through illness, made a financial statement, from which it appeared that the donations and subscriptions up to the present time amount to £14,962, to which were to be added £1904, proceeds of the bazaar, and £535, Mr. Hatchard's bed fund; total, £17,101. The total cost of the building had been £15,015, and of furnishing, £2000—together, £17,015, which left a balance of £386.

The Chairman, in proposing "The Health of Earl Onslow and other Donors of the Hospital," alluded to the act of his lordship in presenting the committee with part of the site on which the hospital stood, and expressed a hope that £2000 a year, the estimated cost of its maintenance, would be forthcoming.

"The Committee" and "The Medical Staff" were then respectively proposed and responded to by the Rev. C. R. Dallas and Mr. Clark, the senior consulting surgeon to the hospital; and the proceedings subsequently terminated.

QUININE A CONSTITUENT OF THE BODY.

It is too soon to say that chemists have discovered that quinine is a natural constituent of the body; but they have found in the textures of the body of the guinea-pig a substance which they find it hard to distinguish from quinine. The discovery came about in an unexpected way. Dr. Bence Jones and Mr. Dupré were making experiments with a view to ascertain the rate at which substances passed into and out of the textures. They chose quinine because of its effect, or rather the effect of an acid solution of it, upon light. Quinine was given to one guinea-pig and withheld from another. Both were killed. The organs and tissues of each were subjected to a process of heating in a water bath with very dilute sulphuric acid; and from the tissues of the one that had not taken quinine was extracted a fluorescent substance, the solution of which acted on the spectrum almost precisely as the solution of quinine. Not only by the mode of its extraction from the tissues and its behaviour towards light was this substance not to be distinguished from quinine, but in its chemical reactions with various other substances it very closely resembled the alkaloid of cinchona. For the present it has received from the above gentlemen the name of Animal Quinoidine, and is supposed by them to be one of the earliest products of the downward passage of albumen.

It will be very remarkable if organic chemestry does not confirm this discovery, and assure us of the existence of a substance in the human body not to be distinguished from quinine. We have not much confidence yet in organic chemistry as an exponent of physiological and therapeutical facts. But this is merely because of its imperfection; and we cannot doubt that as it becomes more perfect it will diminish the number of facts which do not admit of explanation. One of these at present is the action of quinine in the cure of ague. This is almost the only specific we have; and, in its unique isolation, it has always been curiously regarded by scientific physicians. We ourselves have been at a loss whether to regard it as an earnest of other specific remedies yet undiscovered, or to view the fact of there being one specific remedy as (so to speak) a mere accident, not justifying the hope that disease generally was ever destined to be treated and cured by specifics. Of course there was always the possibility of some explanation of its action being given; and already it seems possible that we are close upon it. Chemistry may be about to show us that quinine acts by supplying artificially a natural substance which is temporarily deficient or absent in the system, as the effect of marsh poison or other causes. This is Dr. Bence Jones's theory. We are terribly at the mercy of organic chemists in this region of science. They will forgive us if we receive their speculations with considerable doubt; we can only assure them that our doubts is largely mingled with gratitude. Dr. Bence Jones's own account of this matter was lately given in a lecture at the Royal Institution.—*Lancet.*

THE MEDICAL COUNCIL.

On Thursday week next, May 17th, the Medical Council will meet at the Royal College of Physicians. We could wish that before that time the amended Medical Act promised by Sir G. Grey were well on its way through the House of Commons. But we cannot learn that the timbers are fairly laid, so that it is difficult to state the day of launching the ship. The matter is understood to be now in the hands of Mr. Henry Thring, Parliamentary Counsel to the Home Office. We know that the business of parliamentary counsel to that office is no light one; but we have been waiting the good pleasure of Mr. Thring for some time now, and as the Bill to be drafted is by far more important than it is complex, we can but hope that the present delay will be soon brought to an end.

An effort will probably be made to render the application of the regulations requiring a preliminary examination more stringent; but if no protection be given, increasing stringency will not be peculiarly acceptable. Last Monday Mr. Holland, the member for Evesham, brought in a bill which will shortly be read a second time, providing that no person who is not a member of the Royal Veterinary College of Surgeons shall be permitted, under certain penalties, to call himself a "veterinary surgeon." We have serious doubts whether horses and their ailments can properly be considered entitled to precedence over human beings and their disorders, but no doubt a good many friends of the stable will give the Bill their warm support on the second reading.

The Pharmacopœia is still *in limbo*. Unhappily, Mr. Warington has been for some months seriously indisposed, but whether the Pharmacopœia ought to have been kept waiting so long, and purchasers of the Pharmacopœia indulged with so many copies of a book which is only published to be superceded, is a question on which the profession will probably differ in opinion from the committee. At any rate the profession suffer by the delay, for such of them as want a Pharmacopœia are put off with a book which will soon be comparatively useless.—*Lancet.*

TREATMENT OF LUNATICS IN FRANCE.

A report addressed to the Emperor Napoleon by the Minister of Commerce and Public Works on the lunatics confined in public and private asylum throughout France, contains some interesting facts.

The number in each of the lunatic asylums on the 1st of January was on an average 305. Taken separately, some contained from 1000 to 1300 patients, and others not more than 20. The largest lunatic asylum in Paris is the Salpetrière, where there were 1362 patients on the 1st of January, 1861. A census was taken throughout France on the 1st of January, 1851, the 1st of January, 1856, and the 1st of January, 1861, of all lunatics, distinguishing those treated at home from those in the asylums. It appeared that in 1851 there were 24,333 lunatics treated at home and 20,537 in asylums; in 1856, 34,004 at home and 26,286 in asylums and in 1861, 53, 150 at home and 31,054 in asylums These returns show that the lunatics increased within ten years from 44,970 to 84,204. Further returns show that the greater number of idiots are treated at home, and that the lunatics are sent to asylums. By comparing the number of lunatics and idiots according to their sex with the entire population, it will be found that there is one male lunatic for 915 men and one female lunatic for 839 women; and secondly, that there is one male idiot for 796 men, and one female idiot for 1034 women, showing that there are fewer lunatics among men than among women, and that there are fewer idiots among women than among men. The Minister directs the attention of the Emperor to the greater mortality among men than among women in lunatic asylums. The average is 130 deaths among men to 100 among women. The four-fifths of the patients admitted into lunatic asylums are supported by public charity at an expense of a little more than 1s. a head per diem.

Some French chemists have succeeded in obtaining oxalic acid from the waste of shoemakers' and saddlers' shops.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

The annual general meeting of the members of this Society was held at 53, Berners-street, London, W., on the 26th ultimo. The balance sheet for the year 1865 was read, from which it appeared that some sixty-five widows and orphan children of deceased members of the Society had received during the year ordinary relief to the extent of £2150, besides other grants.

The following officers and directors were selected for the following year:—

President.—Martin Ware, Esq.

Vice-Presidents.—Everard A. Brande, Esq.; Peter M. Latham, M.D.; John Bagot, Esq.; D. Henry Walne, Esq.; A. J. Sutherland, M.D.; F.R.S.; George Burrows, M.D.; F.R.S.; John Miles, Esq.; C. H. Hawkins, Esq.; F.R.S.; James Paget, Esq.; F.R.S.; Charles Hawkins, Esq.; Thomas Hammerton, Esq.; Sir Charles Locock, Bart.; M.D.

Treasurers.—James Thomas Ware, Esq.; George Hamilton Roe, M.D.; Richard S. Eyles, Esq. (Acting.)

Directors.—Henry Sterry, Esq.; Henry Jeaffreson, M.D.; H. S. Illingworth, Esq.; Francis Hawkins, M.D.; T. B. Curling, Esq., Jno. Hilton, Esq.; Jno. Love, Esq.; Henry A. Pitman, M.D.; John Adams, Esq.: Robert Druitt, M.R.C.P.L.; J. C. Forster, Esq.; Edward Tegart, Esq.; John Quain, Esq.; Henry Lee, Esq.; C. Collambell, Esq.; Richard Scott, M.D. George Johnson, M.D.; C. F. Du Pasquier, Esq.; E. N. Berry, Esq.; Samuel Solly, Esq.; John Morgan, Esq.; Richard Barnes, M.D.; George Budd, M.D.; Wm. Bowman, Esq.

The annual dinner is appointed to be held on the 16th inst., for particulars of which, and the district within which medical men must live to become members of the Society, we refer to the advertisement in our present number.

We hope that many of our readers will join this most useful Society.

REPRESENTATION OF THE MEDICAL PROFESSION IN PARLIAMENT.

We would remind our readers of our article on this subject which appeared on the 14th of February last.

The question is now raised as to the redistribution of seats; some of the boroughs are thoroughly corrupt, and probably many will be disfranchised. No party in the State is likely to object to representatives for the Medical Colleges. It is, as we showed, the interest of all and an injury to none. The only reason why it is not granted is that it is not asked. Let the profession be unanimous in asking for representatives, and put forward their claim, and Parliament will easily learn the propriety of granting a reasonable request.

COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION.

At the Committee's meeting of to-day (May 5th), communications were read from Drs. Mackesy, Edgar (of Fermoy), Sandiford (of Castlemartyr), Madras (of Coachford), and Manby (of Leeds).

Dr. Mackesy says:—"To express deep obligation and sincere thanks to the President and Members of the County and City of Cork Medical Protective Association for their *kind* resolution of sympathy."

Dr. Edgar writes:—"I enclose my subscription and that of Dr. Blacquiere for the current year, and assure you that the rules and exertions of the Association merit my strongest approval."

Dr. Sandiford says:—"In enclosing my subscription allow me to say how very deeply I feel the benefits which this Association confers on the profession, and as a Dispensary Medical Officer, I am very grateful for its exertions on our behalf."

Dr. Madras alluded to the attempts being made, in some localities, to render the Dispensary Medical Officers Assistant Relieving Officers, and asked for a copy of a letter addressed to the Dispensary Medical Officers of Cork by the Poor-law Commissioners on the subject. Instructions were given that Dr. Madras be supplied with a copy of the letter.

Dr. Manby's letter is dated West Bromwich, Staffordshire, April 25, 1866:—"Will you kindly send me a copy of the last report of the Cork Medical Protective Association? I am Secretary to our local Society, and though we have done little hitherto, I am anxious to interest the members in matters not purely professional, but ethical and political."

The Chairman read an article from a recent number of the *Lancet*, referring to the Medical Reform Council of this country, and contrasting it with that of Canada, which elicited a warm discussion that terminated in its being unanimously resolved—"That a *special* meeting of the Association at large, called by *special* summons, be held on the 12th inst., to consider this important question, with a view of immediate action pending anticipated legislation on the matter."

A sub-committee having been appointed to arrange matters for the consideration of the *special* meeting, the proceedings terminated.

PRECAUTIONS AGAINST CHOLERA IN SOUTHAMPTON.

Since the receipt of the circular recently issued by the Quarantine Department of the Privy Council to the authorities of the various towns and ports of England several meetings of the Sanitary Committee of the Southampton Corporation have been held, with the view of adopting any necessary steps to give effect to the Government letter. In their deliberations the committee have had the advantage of the advice of Dr. Parkes, Professor of Hygiene at Netley Hospital; Dr. Wiblin, the superintendent of quarantine at this port; and Dr. McCormack, the newly appointed officer of health. At the quarterly meeting of the corporation, held last week, Mr. Alderman J. R. Stebbing, chairman of the Sanitary Board, brought up its report, recommending that a deputation be authorized to proceed at once to the Privy Council-office in London, and represent to the authorities there the remarkable circumstance that beyond due attention to the sanitary condition of the borough itself no steps could be taken at this or any other port in the United Kingdom to protect any of the seaports of England from the effects of cholera prevailing in any ship or vessel arriving in this country from abroad; that while the superintendent of quarantine can, as to yellow fever and certain other specified diseases, exercise the most complete authority over the vessel, the sick, or dying, and prevent any communication with the shore either of individuals or their effects he has no such authority in respect to cholera, and that, despite that officer's authority, both dead or dying, sick or well, and (what is from modern experience known to be almost as serious) their clothes and effects may be landed at this or any other port, and cholera patients be thus spread all over the coast of England. The corporation immediately confirmed the view of the Sanitary Committee, and an early interview with the Privy Council department of the State has, we believe, been arranged by a preliminary deputation consisting of the medical gentlemen above referred to, who proceeded to London to confer with Mr. Simon, superintendent-general of the quarantine department of the Privy Council, immediately after their interview with the Sanitary Board. It is satisfactory to add that every precaution has been taken in the town itself for the prevention of sickness. All the courts and alleys are limewashed, lodging-houses cleansed or closed, gullies and drains trapped and deodorized, all the nuisances reported by the house-to-house visitation at the close of last year have been removed, with a few exceptions still in progress, and a permanent staff of one medical officer charged with the health of the town, one principal inspector of nuisances, and four assistant inspectors, who devote their whole time to sanitary measures, are actively engaged in the important duties, in addition to the services of Dr. Wiblin, the Government superintendent of quarantine at this port.—*Times.*

Notices to Correspondents.

X. Z.—The *atmograph* is a newly-invented instrument for measuring and recording the respirations. The word signifies properly a vapour or exhalation, but it also means *the breath*.

A Sufferer.—We do not recommend the operation in question, nor do we believe that it is so generally successful as is asserted.

Dr. J. T.—To believe that such a medicine has any curative effect on valvular disease of the heart is a sheer fallacy, about which it would be idle to argue.

Expectans.—It has been decided that the hospital is not to be removed, the site having been refused by the authorities.

The Society for the Relief of Widows and Orphans of Medical Men.—The list has been received.

The Westminster Hospital Medical School.—The card and the communication have been received.

Dr. L.—The pamphlet has been received.

A Surgeon.—The candidate must possess a licence to practise medicine as well as surgery.

Querist.—There is no law to compel the coroner to follow the plan indicated.

M. R.—The newspaper has been received.

Medical News.

The friends of Mr. William Turner, the accomplished and respected Demonstrator of Anatomy in the Edinburgh University, will be pleased to learn that he has been appointed Examiner in Anatomy to the University of London, a post which his long experience and distinguished abilities render him peculiarly well able to fill.

Royal College of Surgeons of England.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College, at a meeting of the Court of Examiners on the 26th ult.:—

Blythman, Clement Samuel, Swinton, Yorkshire.
Bowkett, Thomas Edward, Poplar.
Buckley, Henry Child. Llanelly, Carmarthen.
Coalbank, Isaac, Old Dalby, Leicestershire.
Cooke, James Lawson, Market, Drayton.
Gray, Alexander Riddoch, M.A. and M.B. Aberd., Aberdeen.
Hill, Arthur, L.S.A., Pimlico.
Hughes, James Brierly, Congleton, Cheshire.
John, William, Haverfordwest.
Kelly, Charles, Market Deeping.
Lamb, Barnabas Walter, Stourport, Worcestershire.
Malins, Edward, Liverpool.
Monckton, William, Brenchley, Kent.
Parsons, Frederic William, Bayswater.
Pattinson, Henry Beaumont, Heavitree, near Exeter.
Richards, William Joseph, Redruth, Cornwall.
Tattersall, William James, Bacup, Lancashire.
Taylor, Moses, Walsall, Staffordshire.

At the same meeting of the Court

Thomas David Bowen, Greenwich Hospital,

passed his examination for naval surgeon; this gentleman had previously been admitted a member of the College, his diploma bearing date April 11th, 1861.

The following gentlemen were admitted Members on the 27th ult.:—

Airey, George, Bayswater.
Carter, William, M.D. Edin., Mid-Calder, Edinburgh.
Chapman, George, Bricrley Hill, Staffordshire.
Davies, William, Llanpumpsaint, Carmarthen.
Dunn, George Newman, Dublin.
Exell, Edmund, Yeovil, Somerset.
Hayden, James Augustus, High Wycombe.
Heelas, Martin Luther, Wokingham, Berkshire.
Hiron, William Nathaniel, Chipping Campden.
Hott, John James, L.S.A., Bromley, Kent.
Kenyon, George Arthur, Doncaster.
Maybury, Augustus Constable, Frimley, Surrey.
Oakman, Joseph, Wimbledon.
Raine, George Rolph, Billericay, Essex.
Read, Arthur Walter, Coventry.
Riley, Joseph, Barnes, Surrey.
Smith, Joseph William, Weaverham, Cheshire.
Thomson, Henry Albert Richardson, Spenser-square.
Thurston, William French, Notting-hill.
Watson, Samuel Key, Jersey.
Withers, Richard Walter Owen, Shrewsbury.
Wright, Robert Temple, Norwich.

It is stated that twelve, of the ninety-eight candidates who offered themselves for examination, failed to acquit themselves to the satisfaction of the Court, and were consequently referred back to their hospital studies for six months.

The following gentlemen passed their Primary Examinations in Anatomy and Physiology at a meeting of the Court of Examiners on the 1st inst., and when eligible will be admitted to the Pass Examination:—

George Vawdrey, William Turner, E. S. Pearse, A. C. Taylor, R. E. Daniel, J. G. Hurford, John Guy, and J. A. Bevan, students of Guy's Hospital. W. B. Thorne, F. H. Waylen, T. E. Scobell, F. E. Aldrich, E. R. Johnson, and C. H. Newstead, of St. Bartholomew's Hospital. P. A. Young, A. D. Walker, and R. W. Toss, of Edinburgh. A. J. Baker and H. N. Chilcote, of the Westminster Hospital. A. P. Fiddian, of King's College. Richard Minors, of St. Mary's Hospital. H. G. Hall, of Dublin. Robert Pollock, of University College. George Moore, of Birmingham.

The friends of the Rev. W. Clark, M.D., have determined to offer to the University of Cambridge a marble bust of that gentleman, to be placed in the Museum of Comparative Anatomy, which they wish the University to call the "Clarkian Museum" in honour of Dr. Clark, to whose exertions and liberality its existence is in a great measure due.

In consequence of the alarm excited by recent cases of hydrophobia, dogs have been "proclaimed" in Manchester and Salford some months earlier than usual, and within the last few days have been destroyed by the police with prussic acid.

The Emperor of Morocco, in consequence of his late serious illness, has decided on creating, at Tetuan, Saffi, Tangier, and Fez, four large hospitals for the army and the poorer classes of the population. A French physician has been charged with the organization of those establishments, and has already arrived at Tangier.

Medical Society of the College of Physicians, Ireland.—In consequence of the meeting of the General Medical Council, the eighth meeting will be held on Wednesday, 9th May, 1866, tea at eight; chair to be taken at half-past eight p.m. *Communications.*—1. Dr. H. Kennedy—"On Mixed Types of Fever." 2. Dr. M. Eustace—"Cases of Insanity of Difficult Diagnosis, tending to Crime; with Observations." 3. Dr. J. Byrne—"A Case of Puerperal Fetid Abscess in the Lung."

The Disease Among Sheep.—An Order in Council has been issued, directing precautionary measures against the further spread of the disease among sheep.

Royal Society.....At the Royal Society's *Soiree* on the 28th ult., Dr. Bence Jones exhibited illustrations of the fluorescence of a certain substance, allied in its nature to quinine, inherent in the flesh of animals, the singular characteristic optical effects of which were shown in the extra violet rays of the electric light. Mr. Bateman discoursed on the water supply of London from the Plynlimmon district. Professor Graham showed the process of the separation of the oxygen from the air by dialysis. The air from within an India-rubber bag is exhausted, and as the vacuum is continued by the descent of a column of mercury connected by a pipe with the bag, the air has a natural tendency to flow through the substance of the bag itself. The oxygen, however, being more soluble, so to express it, by the India-rubber than the other component of the air, the nitrogen, a portion of the oxygen of the air (about forty per cent.) passes through, and is carried down in globules by the column of mercury, and being collected in test tubes or other convenient receptacles, partially extinguished matches may be relighted, and other experiments illustrating the properties of oxygen may be performed.

Belfast Branch of the Royal Medical Benevolent Fund Society of Ireland.—The stated quarterly meeting of the Committee of this branch of the above Society was held on Wednesday, the 2nd inst., in 33, High-street, and was attended by the following members:—Dr. T. H. Purdon, permanent president, in the chair; Dr. Patterson, Dr. James Moore, Dr. Ferguson, Professor Cuming, M.D.; Dr. Keown, R.N.; Dr. Browne, R.N., treasurer; and Dr Stewart, secretary. The treasurer reported having received subscriptions from Sir E. Coey; Dr. Johnson, Strangford; Dr. Musgrave, Lisburn; Dr. Thompson, Lisburn; Dr. McHarg, Lisburn; Dr. Campbell, Lisburn; Dr. Pirrie, Dr. Moreland, Dr. Murney, J.P., Dr. Thomas Reade, Surgeon Thompson, Bangor, &c., and that the proceeds for this year in donations and subscriptions amounted to the present time to £80 nearly; that several of the supporters of the Society in town and country had not yet remitted their subscriptions, but which it was desir-

able should not be further delayed, the time having arrived for forwarding to the general treasurer in Dublin all funds in hands preparatory to the general annual meeting there next month. It was, accordingly, resolvee that every effort should be used to collect in as immediately as possible all out-standing liabilities, and that subscribers and friends at a distance be requested by the secretary to forward their contributions at their earliest convenience. A letter was now read from Dr. Wharton, the esteemed and zealous general secretary, Dublin, announcing the holding of the ensuing annual meeting next month in the King and Queen's Royal College Physicians, Kildare-street, and intimating that, as the reports of the branch associations formed a main feature of the annual report, it was the anxious desire of the Parent Committee that the report of this one for the past year, the oldest of all the branches, should be forwarded to him as usual for embodiment in the Parent report; and, in accordance with which request, instructions were now given to the secretary to supply a statement of the operations of this branch for the past year to Dr. Wharton for the desirable purpose as stated in his official letter. The president, Dr. T. H. Purdon, and Dr. Browne, were requested to attend the annual meeting next month in Dublin on behalf of this branch, and express its entire satisfaction with the Society's management by the Parent Committee. This being the period of the year for recommending parties for grants at the annual meeting, several applications were now submitted, and, having been particularly inquired into, each was recommended for assistance as far as the limited funds at the disposal of the Society would admit of; and some further business having been disposed of, and the best thanks of the meeting given to the chairman for his always most generous support of this branch, and exertions in promotion of its truly benevolent objects, the meeting separated.

CLINICAL LECTURES.

In our present number we are enabled to furnish our readers with Professor Banks's Clinical Lecture on the "Origin and Classification of Fevers," which forms one of the important Course, or Fever Clinique, recently adverted to in our columns.

We have also to acknowledge the receipt of a Clinical Lecture by Dr. Duncan on "Acute Rheumatism." This may be regarded as necessarily connected with one by that gentleman given in our last number. We hope to publish it in our next.

Medical Diary of the Week.

LONDON—Wednesday, May 9.

Royal College of Physicians.—5 p.m. Dr. Andrew Clark, "On some Points in the Minute Anatomy of the Lung; on the Theory of Pulmonary Hepatization; and on the States of Lung comprehended under the term Phthisis Pulmonalis."

Microscopical Society of London.—8 p.m. Mr. Jas. Smith, "On a form of Rotating Leaf-holder."—Dr. Greville: "New and Rare Diatoms. Series 20"

Thursday, May 10.

Royal Institution.—3 p.m. Professor Huxley, "On Ethnology."

Friday, May 11.

Royal College of Physicians.—5 p.m. Dr. Andrew Clark, "On some Points in the Minute Anatomy of the Lung; on the Theory of Pulmonary Hepatization; and on the States of Lung comprehended under the term Phthisis Pulmonalis."

Royal Institution.—8 p.m. Prof. Ansted, "On the Mud Volcanoes of the Crimea."

Saturday, May 12.

Royal Institution.—3 p.m. Professor Huxley, "On Ethnology."

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING MAY 5TH, 1866.

By J. H. Steward, Strand, and Cornhill, London.

May, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
30	29·080	45	36	48	48	E	—	000	Wind.
1	29·050	43	40	42	43	E	—	010	Rain.
2	29·050	58	37·05	42·05	43	NWW	—	008	Showery.
3	29·055	56	40	47	47	W	—	003	do.
4	29·073	68	36	51	53	N.W	—	000	Pleasant.
5	30·007	65	38	54·05	53·05	W	—	000	Fine.

REPRINTS OF CONTRIBUTIONS.

Arrangements have been made in our printing department by which Communications to The Medical Press and Circular of sufficient length may, at the desire of their Authors, be reprinted from the pages of the journal in pamphlet form. *Twenty-five copies of the reprint will be presented free of cost*, and any further number at a small charge. Contributors are requested to intimate their desire for the republication of their Communications, and to specify the number of copies required, at as early a period as possible, as otherwise the type will be broken up.

☞ *Original Communications, Hospital Reports, Society Proceedings, and other matter of considerable length, should reach our Office not later than* Friday evening *for insertion in the following Wednesday's issue. No exception to this rule can be made. Important information—Telegraphic News, and other matter occupying only a short space—can be received up to Monday evening.*

Authors' corrected proofs must in all cases be returned to the Office not later than 10 *o'clock on* Monday morning, *and no alterations can be attended to after that date.*

MEDICAL APPOINTMENTS.

LONDON.

S. J. B. Caldwell, L.R.C.P.Ed., M.R.C.S.E., Senior Resident Medical Officer at the Liverpool Workhouse Infirmary, has been appointed Medical Officer and Vaccinator for No. 6 (Liverpool) District, vice Mr. A. R. Beckett, deceased.

T. Crean, L.K.Q.C.P.I., has been elected Medical Officer for the Brewood District of the Penkridge Union, Staffordshire, and for the Union Workhouse, Brewood, vice C. O. Gilby, M.R.C.S.E., resigned.

N. E. Cresswell, M.D., has been elected Medical Officer and Public Vaccinator for the Biddenden District of the Tenderden Union, Kent, until March 25th, 1867, vice H. S. Hutcheon, L.R.C.P.Ed., resigned.

E. P. Davies, M.R.C.S.E., has been elected Assistant Resident Medical Officer to the Carmarthenshire, Cardiganshire, and Pembrokeshire Joint Lunatic Asylum at Carmarthen.

A. Duncan, M.B., M.R.C.S.E., has been appointed one of the Medical Officers of the City Parish, Aberdeen, vice D. Fiddes, M.D., resigned.

A. Gittins, L.R.C.P.Ed., Resident House-Surgeon to the Brighton and Hove Lying-in Institution.

C. Kelly, M.R.C.S.E., Resident Accoucheur to King's College Hospital.

H. L. Kempthorne, M.D., late House-Physician to King's College Hospital, has been elected Assistant Medical Officer to Bethlehem Royal Hospital.

C. W. Philpot, L.S.A., B.Sc. Lond., House-Physician to King's College Hospital.

S. J. Connor, L.K.Q.C.P.I., Medical Officer to the Carlow County Fever Hospital, vice W. H. Symes, M.B., C.M.Dub., deceased.

NEW WORKS IN MEDICINE AND SCIENCE.

Churchill (Fleetwood)—On the Theory and Practice of Midwifery. 5th edit. corrected and enlarged. 12mo. pp. 840, cloth, 12s. 6d (Renshaw).

Copland (James)—The forms, Complications, Causes, and Treatment of Bronchitis. New edit. 12mo. pp. 170, cloth, 5s. (Longmans)

Diseases (The) of Live Stock and their Remedies. 12mo. sewed, 6d. (Elliot).

Ellis (Robert)—On the Safe Abolition of Pain in Labour and Surgical Operations. Post 8vo. cloth, 2s. 6d. (Hardwicke).

Entomological Society—Transactions of. 3rd Series. Vol. 2. part 6. with 2 Plates. 8vo. sewed, 5s. (Longmans).

Gray (H).—Anatomy, Descriptive and Surgical. 4th edit. By T. Holmes. Royal 8vo. cloth, 28s. (Longmans).

Miller (Jas.)—Physiology in Harmony with the Bible. New edit. 18mo. sewed (Hamilton).

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.—LONDON.

Blackmore.—On the 26th ult., at Douglas-road, Canonbury, the wife of Dr. Blackmore, of a daughter.

Wyman.—On the 26th ult., at The Grove, Highgate, the wife of W. S. Wyman, M.D., of Hatfield Broad Oak, of a son.

Parrott.—On the 27th ult., the wife of J. Parrott, M.R.C.S.E., of Clapham-common, of a son.

PROVINCIAL.

Marshall.—On the 23rd ult., at Holly House, Mortlake, Surrey, the wife of W. Marshall, M.D., of a son.

Robertson.—On the 24th ult., at the Town's Hospital, Glasgow, the wife of A. Robertson, M.D., of a son.

Garrington.—On the 25th ult., at St. George's-square, Portsmouth, the wife of Arthur M. Garrington, M.D., of a daughter.

Monckton.—On the 26th ult., at Alrewas, Staffordshire, the wife of William Monckton, M.R.C.S., of Brenchley, Kent, of a daughter.

Paterson.—On April 24th, at Balbeggie, Perthshire, N.B., the wife of Geo. K. H. Paterson, L.R.C.P.Edin., of a daughter.

MARRIAGES.

Anderson—Faux.—On the 2nd inst., at the Parish Church of St. Peter's, Thetford, in Suffolk, Edward Chas. Anderson, M.R.C.S.E., to Emma, daughter of the late J. Burrell Faux, Esq., of Thetford.

DEATHS.—LONDON.

Shaw.—On 27th ult., Wm. Shaw, M.R.C.S.E., of Hampstead, aged 57

Harrison.—On the 28th ult., J. Harrison, M.D., of Highgate, aged 33.

Edmunds.—On the 1st inst., at 4, Fitzroy-square, London, Harold Charles Edmunds, aged 51 weeks, of spasma glottidis, when apparently in perfect health.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

ON THE TREATMENT OF ACUTE RHEUMATISM BY PERMANGANATE OF POTASH.

A Clinical Lecture delivered at the Adelaide Hospital, April 24, 1866.

By JAMES F. DUNCAN, M.D. F.C.P., &c.

PHYSICIAN TO THE ADELAIDE HOSPITAL.

In my last lecture I explained to you the views that I have been led to form of the nature of gout. I told you that I considered it depended upon imperfect oxidation of the albuminous constituents of the blood arising from impaired nervous energy. That these constituents, when about to be eliminated from the system, underwent a metamorphosis, first into lithic acid, and subsequently into urea by combination with oxygen in different proportions, and that when the process was arrested in its course, the lithic acid accumulated in the circulation in the form of lithate of soda, and gave rise to the peculiar symptoms which constitute the gouty paroxysm. I further mentioned the connexion which I believe exists between this imperfect oxidation of the nitrogenous compounds and impaired assimilation in the digestive system—a connexion which has induced me to resort to the use of hydrochloric acid in the treatment of the disease, and as you may have yourselves observed, on several occasions with very decided benefit.

I proceed to-day to speak of the kindred affection, acute rheumatism, which presents many points of resemblance to gout, but which appears entirely different in its nature, to affect a different class of persons, and to require a different plan of treatment. This disease, as well as the former, seems to depend upon imperfect oxidation of the blood, but the particular constituents which are implicated in the two diseases are perfectly distinct. In gout it is the nitrogenous compounds, in acute rheumatism it is the non-nitrogenous or starchy. These latter seem naturally to pass through the several stages of conversion into sugar, lactic acid, and carbonic acid—changes which depend entirely upon the increasing amount of oxygen which enters into combination with the original hydrocarbon. When the last stage, that of carbonic acid, has been reached, the transmuted starch having fulfilled its office in the economy passes off from the lungs in the act of respiration. I need scarcely remind you that while the nitrogenous articles of food are supposed to contribute to the support of the animal tissues, the carboniferous are believed to be principally engaged in maintaining combustion. It needs no argument to prove that if the series of changes I have detailed do not proceed through their entire course, the imperfectly oxidized products, whether in the form of sugar or of lactic acid, must accumulate in the blood and give rise to disease, constituting in the one case diabetes, and in the other rheumatic fever. That lactic acid, when in excess, is capable of producing all the phenomena of acute rheumatism, including the endocardial deposits on the valves of the heart, has been shown by Dr. Richardson of London, so that no reasonable doubt can remain as to the efficient and proximate cause of the affection; and as I have attempted to show that the imperfect oxidation of the nitrogenous compounds in gout is due to impaired nervous energy, which fails from this circumstance to carry out to completion the chemical changes that take place in health, there is reason to believe that the imperfect oxidation that occurs in acute rheumatism is due to a similar cause, but arising under different circumstances and in a different manner. Rheumatism can generally be traced to an attack of cold disturbing the functions of the body generally, and producing well-marked fever. It would not be difficult to show, from the way in which the various functions are affected, the arrest of the secretions, the change in the temperature of the body, &c., how deeply the nervous system is involved in this state and how much its energy must be depressed.

The view just presented of these two diseases appears to me to be both interesting and important, and sufficient to account for many of the differences which are known to exist between them. For example, while the one prevails chiefly among the upper classes of society, because of the abundance of the nitrogenous compounds contained in animal food of which they partake largely, the other is common among the poor, whose diet consists, to a great extent, of vegetable matter; and while gout is a disease of mature life and even of old age, rheumatism occurs at all ages, not excepting the very young, because all are equally liable to suffer from cold and wet, whereas a long course of indulgence of the appetite seems generally necessary to pave the way for the development of gout.

It may perhaps seem strange that if the views here propounded have any foundation in fact, that the matter has not ere this been made the subject of scientific experiment and reduced to demonstration. But the fact is, that with all our boasted progress of late years, the attempt to penetrate the mysteries of nature is not so easily to be accomplished. Every one acquainted with organic chemistry must be aware of the extreme difficulty of determining the precise constitution of complex substances of this class as compared with those of an inorganic nature. Many different organic compounds have yet the same molecular constitution so far as the number of their constituent atoms is concerned, yet owing to differences in the manner in which these atoms are arranged among themselves, their peculiar properties are totally unlike; and different analysts arranging the constituent elements of these substances according to their individual views will give a different account of their respective constitutions. This difficulty becomes still more remarkable when the subject of our inquiry is a living body and embraces the consideration of vital energy present in the body to be examined and influencing the result. You are all, I dare say, familiar with Claude Bernard's investigations regarding the liver. He first thought that the liver possessed a power of producing sugar out of the blood in its progress to the lungs, and that the sugar thus formed was burnt off in the act of respiration, so that no trace of it could be found in the left ventricle of the heart. He subsequently modified this opinion, so far as to believe that there was in the liver itself a peculiar substance which he named glucogene which had the effect of changing by contact the starchy elements of the blood into dextrine or grape sugar; but the late researches of Dr. Pavy, repeated and confirmed by Dr. Robert Macdonnell of this city, have shown incontestably that what Bernard considered was the natural and normal condition of the liver, was really a post-mortem effect occurring almost at the instant of death, and in all probability the result of the cessation of the energy of life. I mention this to show not only the extreme difficulty of determining questions of this kind, but the strong colour of probability that it gives to the hypothesis which I have here propounded, for if the formation of dextrine be kept in check by the vital force so long as that force is maintained in its full vigour, and if, as appears by these experiments, sugar may be detected in notable quantity in a remarkably short space of time after an animal has been killed, so short in fact as merely to allow of preparations being made for carrying on the investigation, it is extremely probable that anything which materially weakens the nervous energy must favour the production of this very substance which is the preliminary steps to the formation of lactic acid, and which, unless carried forward to

the further development of carbonic acid, must lead to acute rheumatism.

Not that you are to suppose that the correctness of these views is dependent in any sense upon the sugar-producing power of the liver being sustained by the further light which physiology may throw upon this subject. The remarkable point of his investigations was, his shewing that the liver could form sugar out of nitrogenous substances—materials naturally unsuitable for the purpose. But I need scarcely tell you that the more obvious sources of sugar—the articles containing starch which are used as food—find their way into the circulation without passing through the vena portæ at all, and consequently without traversing the liver. In whatever way, however, they may be introduced into the blood, they seem to have this useful purpose to serve in the economy, to support the changes occurring in respiration, and to require to be formed into carbonic acid in order to be eliminated from the system.

Let me now very briefly attempt to apply this view of the nature of acute rheumatism to the question of its proper treatment. Setting aside what may be regarded as the treatment of collateral symptoms by special remedies, such as the abatement of pain by the use of narcotics, the plans in ordinary use for the cure of the disorder may be classed under the heads of the antiphlogistic, including bleeding, purgatives, and mercury; the tonic, including the administration of bark, nourishment, and stimulants; the alkaline, including the alkaline carbonates, intended to neutralize the lactic acid; and lastly, agents which contain oxygen in large quantity, and which may be supposed to part with this principle to promote the complete transformation of the lactic acid into carbonic acid. Each of these plans of treatment has its advocates, and no doubt peculiar circumstances in individual cases may render one plan suitable to one case and another to a different one. I am by no means disposed to recommend a routine treatment to any form of disease; on the contrary, I would myself adopt the eclectic plan, and strenuously advise you to do the same. My purpose at present is only to speak very briefly of the last of these plans, which embraces the administration of nitre, of citric acid, and of the remedy you have seen me using of late—the permanganate of potash—a remedy which I am not aware has ever been tried in this disease before, but which I was induced to resort to from a consideration of its chemical constitution. All these substances contain oxygen in large quantity, but the peculiarity of the permanganate is this, that it holds this element in a very loose affinity; so loose, in fact, that it is almost impossible to combine it advantageously with any other substance, as it undergoes decomposition and becomes practically inert. The effects we have seen it produce for so far are these; it cleans the tongue, relieves pain, acts slightly on the bowels, and removes turbidity and fœtor from the urine where they have existed. The only drawback to its use has been that several patients have complained of its unpleasant taste. The form in which it has been given has been that of solution of Condy's disinfectant fluid in the proportion of one part to seven of distilled water. Half an ounce of this mixture every second hour for a dose. The strength of this preparation, as given by Neligan, is 9.26 grains to the ounce, while the ordinary solution of the Pharmacopœia is only four grains to the ounce. In classing nitrate of potash among the oxidizing agents, I know that many persons will object to the view thus suggested of its *modus operandi*, and maintain that its beneficial effects are solely due to its property of increasing the secretions from the skin and kidneys; but I think it is not unreasonable to suppose, that among the various chemical changes that take place during its action, some portion of it may be decomposed to answer the purpose in question. Nitrate of potash, however useful in some cases, from its depressing influence on the circulation, is not suited in my judgment to any instances when the vitality is not vigorous. Lemon-juice is, I need scarcely tell you, both palatable and safe, but it is occasionally apt to act on the bowels, as happened in the first of the cases about to be detailed, for which reason it had to be laid aside after having given temporary relief.

Case 1.—Mrs. E., a strong, healthy-looking woman, aged about 46, a tradesman's wife, was admitted to hospital on March 15th, 1866. Has had attacks of acute rheumatism in an aggravated form on several occasions, with intermediate attacks of rheumatic pains of less intensity. She was a woman of temperate habits, and was about a week ill previous to her admission. Her pains were very acute, affecting the shoulders and both knees, which were greatly swollen and very tender. She was unable to move without assistance. Her skin was bathed in perspiration, of a sour smell and acid reaction to test paper. The urine was highly acid and loaded with lithates. Her pulse was 74; the tongue white and furred. Her heart free from any organic disturbance.

The treatment first resorted to was bark in effervescence, with an excess of alkali, and anodynes in large doses to relieve pain. On the 28th her pupils were contracted from opium, the swelling of her joints less, but the perspiration was still profuse, and of a sour smell. On that day she was ordered half-grain doses of extract of belladonna in pill every second hour, with lemon-juice given freely. The next day her pains were certainly less intense and the swelling diminished, but on the 30th her bowels, which had been somewhat affected on the 29th, were so much purged that the lemon-juice had to be discontinued. On the 31st her pains were nearly as bad as on her admission, and so violent as to render any movement impossible. Her countenance was expressive of the utmost agony and despair; her pulse 92, and small; the perspiration excessive; the urine scanty, highly acid, and of offensive smell. She was then ordered for the first time Condy's fluid in solution.

April 1st: She felt much better, and sat up in bed. Her pain was less, and felt only in knee; countenance much improved; tongue clean and moist; pulse 94; bowels moved twice; took her bottle regularly every second hour, except once, when asleep; sour smell perceptibly diminished; perspired through early part of the night, but not after. Has had no anodyne; attributes the improvement to the medicine.

4th: Had to leave the ward for a short time, in consequence of an operation being performed; was able to walk unsupported, and sit in a chair for some hours.

5th: Perfectly free from pain; appetite good; slept well; no perspiration; sour smell gone; pulse 84.

7th: "Finely." Urine more copious, free from mucus, less acid, and devoid of the heavy smell it previously had.

9th: Quite free from pain; able to walk with perfect ease; tongue clean; pulse 74; urine clear and slightly acid; discharged well.

Case 2.—A. B., æt. 26, a pale, delicate-looking man, was admitted March 21st, having had several severe attacks of acute rheumatism, with an endocardial affection at the base of the heart of some years' standing. The joints principally affected were the wrists, knees, shoulders. There was distinct swelling, but little redness of the parts. The pulse was quick and weak, and his general condition cachectic. After various remedies had been tried, including a combination of quinine, belladonna, opium, and bark in effervescence, with large doses of carbonate of potash, the heart was attacked on March 31st with tenderness, and a bellows murmur at the apex, for which he was put on blue pill and opium.

April 4th: The report states that the bellows murmur had quite disappeared; that his pains were greatly relieved everywhere except in his heart towards the back of the chest, where it is very severe, especially when he attempts to move. With a view to examine his chest I asked him to raise himself up in bed, but it was totally impossible to get him up without assistance, and then he could only be raised a few inches in a standing direction. His look of suffering at the moment was excruciating, and on laying him down again it was some moments before

he could recover his breath so as to speak. Ordered Condy's solution every second hour.

5th: Had a very good night, the best since he came into hospital; cannot complain of pain, as he has none except he makes some considerable exertion; tongue furred; pulse 88; mouth somewhat sore.

6th: No pain to-day except in region of heart, which is greatly diminished; stiffness remains in joints; bowels free; pulse 84; considerable perspiration; sour smell gone; can raise himself in bed without assistance and without suffering.

8th: Able to get up out of bed by himself.

The subsequent progress of this case has not been satisfactory; he got a return of his pains on the 10th, owing, apparently, to exposure of fresh cold, and owing partly to some mistakes in the making up of his medicines and to changes in its composition, from a desire to combine the permanganate with other agents, it did not seem to produce the same effect as at first. The man is still in the hospital, very much better it is true, but not recovered of his ailment. I have again tried the combination of tonics with narcotics, as his strength is so much reduced, and he appears steadily improving. I give you these cases just as they occurred, without attempting to make them prove more than circumstances will warrant. Subsequent experience must determine the point whether this new remedy will have any advantage over older and more familiar ones; but certainly the relief that both these patients obtained at first led me to look upon the permanganate, supposing it to have been the cause of the benefit, as a remedy of no ordinary value in this affection.

Hospital Reports.

[The present report contains a record of cases under the care of Dr. Lyons in the Hardwicke Hospital, and is chiefly intended to show the obscurity enveloping certain cases of typhoid fever, also the occurrence of a case of "Black Death." Dr. Mapother's case in St. Vincent's Hospital is intended to illustrate the treatment of acute rheumatism by blistering. Mr. Porter's cases in the Meath Hospital are examples of several important surgical operations. We are compelled to overhold other reports to next number.]

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

TYPHOID FEVER: LOW TYPHUS: BLACK DEATH.

The obscurity which envelops certain cases of Typhoid fever is well exemplified by the following instances of this form of fever occurring in Dr. Lyons's Clinique. He employs the term *Typhic* to define the state of combined asthenia, dusky hue of skin, and general *appearances* common to extreme cases of typhus and typhoid fevers:—

Typhoid Fever; facies typhosa; purpuric complication; diarrhœa not a prominent symptom; death; profound ulceration of Peyer's patches.—T. F., a girl, aged 10, was admitted in a state of extreme prostration. The duration of her illness previous to admission could not be ascertained with accuracy, but she had been ill for a considerable period. When first seen, at the clinical visit on the morning after admission, she lay on her back, indifferent to all taking place around her; the colour of her face and surface generally was of a dusky and livid hue, and on the chest, neck, and arms she was freely spotted with purpura hæmorrhagica, the spots being of circular form, deep purple tint, one-eighth inch in diameter, and quite unaffected by pressure. Her breathing was embarrassed, and she had much cough, but there was little evidence of abdominal complication of any kind, and at no time while in hospital was diarrhœa a marked feature of the case. Quinine and stimulants were freely employed, but she became more and more prostrate day by day, and on the fourth day after admission sordes covered the teeth and lips; the bronchial affection had become universal; the thermometer was found to mark 103° in the axilla, the respirations being 48°, and the pulse 132° per minute, and, notwithstanding the most active measures, with abundant stimulation, she died on the afternoon of the same day.

On *post-mortem examination*, the lungs were found to present all the evidence of advanced and most extensive capillary bronchitis, which was obviously the immediate cause of the fatal issue. The heart was healthy; the intestinal tract throughout was much congested, and in the lower third of the ileum, and principally towards the ilio-colic valve, extensive ulceration of the patches of Peyer was observable. Ulceration had proceeded to a considerable depth through the mucous tissues, but had not anywhere laid bare the peritoneum, and irregular circumvallate rings of partially detached typhoid deposit were projected above the surface on many of the patches of Peyer.

On review of the history, symptoms, and pathological anatomy of this case, Dr. Lyons regards it as an example of true typhoid, enteric, or dothienenteric fever, with extreme *typhic* depression, the complication of purpura hæmorrhagica being superadded to the essential febrile state.

Typhoid fever; facies typhosa; frequent relapses; prolonged diarrhœa; typhic depression; recovery.—P. H., æt. 48, carpenter by trade, was admitted in a state of extreme *typhic* depression. He had been ill for nearly a month prior to his reception into hospital, labouring under marked febrile symptoms, diarrhœa, and much consequent depression and debility. When first examined the *typhic* aspect was well marked, the skin was dusky and dirty, but without distinct eruption of any kind; sordes covered the teeth, tongue, lips and eyes; calor mordax was present over the entire surface, and especially on the abdomen; the patient was thirsty, irritable, restless, and worn out with constant diarrhœa. The tongue presented a good example of the state known as *langue perroquet* by the French, being dry, coated with hard, dirty, blackish-brown sordes, and acutely pointed at the tip. The abdomen was hot, full (without tympanitis), and gurgling could be elicited in the right iliac fossa, and the dejecta per anum were copious, of brownish colour, and, in a word, pea-soup like. Tonics, astringents, wine, milk, and farinaceous diet, with poultices to the abdomen, were ordered for the patient, but the pyrexial action continued intense for a lengthened period, with little mitigation of the symptoms above enumerated. On the eighth day after admission (between the thirty-fifth and fortieth day of the disease), the pulse was found to register 104; the respirations 40; and the thermometer 103°, the *typhic* aspect being still unmodified. Milk, with lime-water, well-boiled rice and bread, formed his chief aliment henceforward for weeks in succession, with eight ounces of wine daily. Tonics, astringents, poultices, and other measures were sedulously continued, but much fluctuation was observable in the patient's state. The slightest error in diet was followed by increase or renewal of the abdominal symptoms and diarrhœa; thus, beef-tea having been once given by mistake, much intestinal irritation followed, with copious diarrhœa.

Dr. Lyons, it may be observed, lays it down as a rule to be rigidly enforced during the entire period of the continuance of typhoid or enteric fevers, that the dietary should carefully exclude all animal aliment (with the exception of milk and eggs). From the various forms of farinaceous aliments, such as arrowroot, rice, bread, &c., eggs beaten into custard, milk with or without lime-water, or, more grateful still, effervescing carrara water for private patients, he states that an abundant, nutrious, and unirritating dietary can be selected. That beef-tea or any other form of animal aliment has a special irritant action on the intestinal mucous membrane experience has fully satisfied him. Animal aliment in any shape, in Dr.

Lyons' opinion, promotes, if it does not induce, the action of ulceration in the surcharged solitary glands and patches of Peyer. The irritation thus excited in the intestinal canal diminishes the probability of elimination of the typhoid matter from the glands being accomplished without ulcerative action; and the patient is thus deprived of his best chance of that most favourable of all the possible modes of termination of the intestinal lesion of enteric fever—namely, that by which the typhoid matter is slowly softened and disintegrated, and gradually exuded from the glands and patches of Peyer by the ever-acting vermicular constriction of the circular and longitudinal fibres of the intestinal muscles.

In the case of the patient under consideration, frequent alternations of pyrexial action were observed, with a frequent renewal of intestinal irritation and diarrhœa. Thus on about the fortieth day of the disease, the pulse was 104, respiration 40, and much abdominal irritation and diarrhœa were present. For eight days subsequently the pulse rose gradually to 128, and again gradually declined in the eight subsequent days to 92. After a further interval of five days it again rose to 128, and it was not until between the sixty-fifth and seventieth day of the disease that gradual and, as it proved, permanent convalescence commenced to be established. The total duration of this case was about eighty days. For weeks subsequent to the period of complete defervescence, as manifested by clean tongue, clear and cool skin, and absence of all intestinal irritation or tendency to diarrhœa, Dr. Lyons enforced a rigid adherence to the strictly farinaceous regimen, with milk and eggs. He is of opinion that in many cases of enteric fever a period of fully three months must be allowed to pass over from the date of the commencement of the disease before the patient can be considered safe, and the intestine restored to a healthy state.

Whether after enteric fever the mucous membrane of the intestine is ever restored to a condition of integrity in structure and function identical with that which prevailed prior to the invasion of the disease is, he thinks, more than doubtful. If ulcerative action supervene on the elimination of the typhoid deposit, and that the patient survives, a cicatrix takes the place of the gland or patch, as well shown by the researches of Drs. Lyons and Aitken. If elimination takes place without ulceration by the gradual disintegration of the typhoid matter, which thus becomes gradually exuded from the glands by vermicular contraction of the intestines, the glands themselves appear to undergo a process of wasting and shrivelling. A minute honey-combed appearance remains, and dark central pigmentary dotting will be observable in the minute cup-shaped depressions which occupy the sites of the former gland-follicles. The records of the following case offer an opportunity of studying the state of the glands in a case of typhoid or enteric fever, in which death ensued from acute pleuritis with excessive effusion consequent on exposure to violent cold drafts at a very advanced period of the patient's convalescence from the fever and its intestinal complications. It is, further, an example of the partial and fallacious convalescence which in certain instances takes place after the first attack of the fever, which may present obscure and insignificant symptoms, and it shows how these cases require to be looked upon as a whole, and how liable they are to misinterpretation in regard to their nature and treatment, especially if, in the different stages, they should fall, as frequently happens, into different hands. After the full development of Dr. Lyons's views just given the case requires but brief comment.

Typhoid or enteric fever; first stage of short duration and insignificant symptoms; relapses; typhic prostration; convalescence; death by acute pleuritis.—J.M., aged 22, admitted with comparatively mild pyrexia, and left hospital apparently convalescent on the eighth day after his reception. After an interval of twenty-six days he was readmitted with profound *typhic* depression, some abdominal disturbance, and occasional diarrhœa. For a considerable period this patient took twelve ounces of wine daily, and finally convalescence from the febrile state became fairly established, when, during very violent and stormy weather, he was incautiously left exposed to the sweeping down draft of an open window, pleuritis set in with most marked symptoms of sudden depression, copious effusion rapidly followed in the left pleural cavity, the pulse rose to 150, and death took place on about the forty-eighth day from the date of the first attack.

On post-mortem examination the left lung was found compressed to an extreme degree by pleural effusion. The ileum intestine exhibited a state of parts familiar to all pathological anatomists, as that in which elimination of typhoid deposit has taken place without ulceration. The solitary glands and patches of Peyer showed a superficial minute honey-combed appearance, thickly studded with black dots, constituting the *shaved-beard* appearance of authors. In this case, and a somewhat analogous one of true typhus, occurring at the same time, and in which, from an identical cause, effusion to like extent, and on the same side of the chest, proved fatal, the state of depression of the patient precluded the idea of paracentesis thoracis.

Typhus Siderans; Black Typhus; Black Death; Febris Nigra; Death in Sixteen Hours.—In illustration of the tendency to profound depression of the vital powers occasionally presented in the current fever, Dr. Lyons observed on the recent occurrence of the following case, the rapidly fatal issue and appalling symptoms of which are worthy of record:—

The patient, a female, aged 22, unmarried, in the prime of youth, vigour, and beauty, was attacked with chills, headache, and sick stomach between ten and eleven a.m., having felt so well on the previous day that nothing but the state of the weather prevented her from taking exercise on horse-back. She continued unwell through the day, but the symptoms were not such as to excite uneasiness, and medical aid was not sought until the lapse of some hours. At 9.30 p.m. Dr. Lyons saw her for the first time. She was then quite pulseless, but perfectly conscious, the eyes were much congested, the tongue furred, the lips livid, while the face, forehead, neck, trunk, arms, hands, and backs of fingers were covered with irregularly-shaped dark purplish patches, from the one-eighth of an inch to a quarter and a half inch in diameter, and on the back some of the patches were an inch and a half in long diameter, and half to one inch across, and of angular outline. The lower extremities presented at this period several spots of similar kind, with a general dusky purplish discoloration of the intervening skin. The heart's action was audible to the stethoscope, but very faintly, and beat about 130 per minute. The feet were cold, and pains in the legs, back, and shoulders, were much complained of, with an intolerable sense of weariness and distress, and epigastric anxiety. Headache, as well as sickness of stomach, had quite disappeared, but the patient, who spoke with a strong and clear voice, and moved in the bed without difficulty, said she would gladly take the headache and other symptoms back in exchange for the sense of distress and depression, and the wearying aching of the whole frame, and the most anxious longings for sleep. Active measures were at once put in operation to rally the system: hot stupes were applied to the feet, mustard poultices to the calves of the legs and over the heart and stomach, while hot brandy punch, brandy beaten up with the yolk of egg, chloric ether, and aromatic spirits of ammonia, were given in quick succession, were readily taken, and well retained. Some slight attempt at rallying followed these measures, the patient spoke with distinctness, and made inquiries respecting the state and comforts of her friends. But about one p.m. she began to wander, consciousness gradually failed, the purple spots grew almost visibly larger, and of darker hue, and when again summoned to see her at three a.m. Dr. Lyons found the lips black blue, the face and neck covered with an uniform sheet of purplish black discoloration; the trunk presented numerous large patches of

similar colour; the arms on front and back exhibited an almost continuous expanse of the same hue; and on the anterior as well as the posterior aspect, the lower extremities showed one unbroken mass of blackish purple discoloration; the soles of the feet and plantar aspect of the toes were the parts least affected with this deadly tint. The heart's action was all but imperceptible, the respiration hurried in the extreme, and broncho-tracheal effusion was rapidly advancing. Death ensued in about twenty minutes, being at one interval less than fifteen hours from the period when any noticeable departure from health had been first observed. The discoloration continued unaltered after death. Dr. Lyons regards this case as an example of extreme *typhic* prostration, with the associated condition of rapidly developed purpura hæmorrhagica, affecting so far as was observable, the cutaneous system of capillaries. No hæmorrhage from the nose, gums, eyes, or other parts took place, and the circumstances of the case did not admit of post-mortem examination. Dr. Lyons observes on the importance of most carefully noting the appearances offered by the skin in all cases of fever, and the necessity for early stimulation and other appropriate remedial measures should any form of petechial eruption make its appearance. Dr. Lyons recommends large doses of the combined phosphates of strychnia and quina, with the boldest stimulation from the outset, when any such appearances present themselves.

Dr. Lyons is engaged on observations connected with the action of a combination of chloric acid and quinine in low febrile states, and trusts to be able to procure the manufacture of a chemically stable chlorate of quinine. At a future day we shall report the result of his inquiries.

Dr. Lyons will feel obliged for notes of any cases of "*Febris Nigra*" recently observed by Irish physicians.

ST. VINCENT'S HOSPITAL.

ACUTE RHEUMATISM TREATED BY BLISTERING.

(Under the care of Dr. MAPOTHER.)

A. B., ætat. 28, and married, by occupation a hairdresser, a native of and a resident in Dublin, was admitted to St. Vincent's Hospital on the 20th of March, 1866, under the care of Dr. Mapother.

Two and a half years previously he suffered from an attack of acute rheumatism, in which both wrists and the right knee were affected, and there was a slight endocardial murmur. At that time he was salivated. He recovered, and ever since has had a delicate chest.

At the present date (March 20, 1866), he suffers from acute rheumatism, all the leading symptoms of which are well developed. Now, as in the former attack, both wrists and the right knee are affected; but, unlike the former attack, there is now no peculiar cardiac murmur; the action of the heart is, however, very quick.

The treatment adopted in this case may be described as special. He got powders composed of nitre and Dover's powder, with antiphlogistic regimen; but the point to which Dr. Mapother directed attention was the local treatment by blistering. In four hours after the first application of blisters to the affected joints, the patient experienced the greatest relief, and continued to be free, to a great extent, from pain, up to the time of my first visit (21st of March).

At that time he had a very pinched anxious expression of countenance.

24th: I again saw this case. He had complained of pain in the præcordial region on drawing his breath; no friction sound could be detected, but he had had a blister put over the heart yesterday, and since then he has been taking the following powders:—

℞ Calomelanos, gr. iij.
Pulv. Jacobi, gr. iij.
Nitr. potassæ, gr. v. M.
Ft. pulvis, sumat talemi. ter indies.

28th: I saw him a third time. No friction sound perceptible; the pain has disappeared, save on drawing breath, when it is felt, though much less than at the time of my last visit. Meanwhile he has been salivated; but he no longer takes the powders prescribed previous to my last visit.

April 4th: I saw him again to-day, and was informed that since my last visit considerable roughness in the second sound was discovered. His pulse is now jerking, dicrotous, and visible. He has no pain, except in the act of coughing, and then it is felt equally all over the body. He has quite got rid of the rheumatic pains. The salivation, noted at last visit, has been followed by mercurial diarrhœa, in consequence of which the mercurial treatment was stopped, and starch and opium enemata ordered; also a cough mixture, containing tincture of hyosciamus and hydrocyanic acid.

18th: He has had occasional attacks of dyspnœa referable to the sternum, and accompanied with fear of impending sinking. These attacks were relieved at once by smoking the datura tatula, the effect of which was perceptible in five minutes. This agent, however, lost its efficacy after two or three occasions. These sudden attacks had much the character of angina pectoris, which is interesting in connexion with the evidence of inflammatory disease of the aorta, for the two conditions have been regarded by Sir D. Corrigan as cause and effect.

The advantages of the blister treatment, so far as regards the relief of pain, were most striking in this case. Dr. Mapother remarked that as Dr. Garrod had proved that blister serum in gouty cases contained the specific poison of that disease, his treatment acted in this, by abstracting from the blood the poison of rheumatism which would appear to be specially determined to the joints and fibrous tissue

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

CASES UNDER THE CARE OF MR. PORTER,

SENIOR SURGEON TO THE HOSPITAL.

[Reported by ARTHUR WYNNE FOOT, M.D.]

(Continued from page 451.)

VARICOCELE: SUBCUTANEOUS LIGATURE OF THE SPERMATIC VEINS BY RICORD'S OPERATION.

Case 12.—George Fay, 32 years of age, a servant, unmarried, in height six feet two inches, was admitted with varicose veins in the left lower extremity and left side of the scrotum. Since he was ten years old he had remarked a prominence and distension of these veins; but the occurrence of varicose ulcers on the leg within the last three years, accompanied with a weak dragging pain along the left spermatic cord, in the groin, and in the lower part of his back, particularly after much muscular exertion, made him very anxious for permanent relief. Seven small oval ulcers were discovered on the left leg, which was swollen, purple, and glazed; the integument of the left side of the scrotum was very superabundant; the spermatic veins were numerous, large, and tortuous, particularly when he stood up. This affection had produced the usual depression of mind with which it is so constantly associated. The hair having been removed from the pubis, the varicose spermatic veins were isolated from the cord and a loop of iron wire passed behind them, a second loop of wire was then passed in front of them through the same orifices as the first, the free extremity of each wire being passed through the loop of the other, the wires were then drawn in opposite directions until the loops had almost entered the scrotum. The "retracting guides," devised by Mr. Tufnell, and figured in the thirty-second volume of the *Dublin Quarterly Journal*, were then applied as he directs, two portions of wire, each doubled in the middle as closely as possible, were passed through either loop and drawn to its centre. The "main wires" were then forcibly drawn

upon until the spermatic vessels were completely strangulated, their ends were kept tensely strained by being twisted round a piece of spring wire bent into an arc. The operation was not followed by very severe pain or by suppuration in the scrotum. The wires were removed in four days.

At the present time, a fortnight after the operation, the external wound is healed, a small hard knot marks the place of ligature, the skin of the scrotum is much less relaxed, and the veins below the ligature do not become distended as they did before. His mental condition and spirits show a corresponding improvement. Mr. Porter remarked upon the predisposing effect which this man's stature, taken in connexion with the anatomical relations of the spermatic veins, had in producing the disease; upon the disproportion between the mental distress and the actual disease which is almost always observed in varicocele, and commended highly Mr. Tufnell's "retracting guides," by which the surgeon is able to withdraw the ligature at any time without waiting for it to come away by ulceration through the vessels.

EPULIS—REMOVAL OF THE TUMOUR WITH THE CONTIGUOUS TEETH AND SUBJACENT BONE.

Case 13.—Catherine Austin, 36 years of age, was admitted with an epulis the size of a walnut, growing from the labial surface of the alveolar process of the left side of the lower jaw, corresponding to the insertion of the incisor and canine teeth. The tumour had been three years growing. The right central incisor and the left canine having been extracted, the alveolar process was divided vertically through the sockets of these teeth with a Heys' saw, and with a bone-nippers a square portion of bone, corresponding to the attachment of the tumour, was removed. The wound was plugged with a piece of lint. The structure of the epulis was mainly fibrous, as is generally the case with these innocent locally recurrent tumours, it was, as usually, connected at its base with the periosteum of the very vascular adjacent alveoli.

BILATERAL TALIPES VARUS—DIVISION OF THE TENDO-ACHILLIS AND TENDONS OF THE TIBIALIS ANTICUS ON EITHER SIDE.

Case 14.—A boy, four months old, with deformed feet, was the subject of the operation. The tibialis anticus was divided on either side, subcutaneously; the skin over the tendon having been incised, a tenotomy knife was introduced flatwise, and the edge then turned downwards upon the tendon, which was put on the stretch, and cut through from above downwards; a pad of lint was put over the spot, and the corresponding tendon on the other foot divided in a similar manner. The child having been then turned on its face, the heel was bent upwards; the relaxed skin pinched up; the knife passed flatwise, superficial to the tendo-Achilles, and the tendon then divided from above downwards; pads of lint, and bandages which strongly abducted the feet, were then applied. The after-treatment is being carried out with suitable apparatus to restore the feet to their proper position.

DEFORMITY OF THE LOWER LIP AND CHIN FROM THE CICATRIX OF A CHANCRE, WHICH HAD BEEN TREATED WITH CAUSTICS FOR ITS REMOVAL: RYND'S OPERATION.

Case 15.—James Ryan, 34 years of age, was operated on with a view to rectify a great disfigurement of his appearance from the loss of his lower lip and exposure of his teeth and gums, and to prevent the constant loss of saliva and of food during mastication from his mouth.

The operation devised by Mr. Rynd, and described by him in the thirty-second vol. of the *Dublin Quarterly Journal*, was performed. A knife was passed through the mucous membrane of the lower lip from one canine tooth to the other; a second incision separated all the soft parts of the chin from the body of the bone as far down as its lower margin. The chin, now movable from having been loosened from its attachments to the bone, was drawn upwards by strips of adhesive plaster brought from under the chin and made to adhere to the zygoma on either side. The operation, which was performed exactly in the manner indicated by Mr. Rynd, resulted in the approximation of the new lower lip to the upper one and the consequent closure of the mouth, which obviated the distressing effects of the destruction of his original lip.

Proceedings of Societies.

HARVEIAN SOCIETY OF LONDON.

April 19, 1866.

Dr. TYLER SMITH, President.

DR. RICHARDSON'S LOCAL ANÆSTHESIA.

Dr. C. Drysdale said that he had found the apparatus invented by Dr. Richardson for freezing the tissues perfectly successful in causing complete anæsthesia in several operations performed by Mr. Dunn, at the Farringdon Dispensary. Among these cases were the incision of a carbuncle, the opening of abscesses, the excision of warts from the vulva and perineum of a young woman, and the touching of large secondary syphilitic ulcers with strong nitric acid, &c. In none of these cases was any pain felt.

Mr. J. B. Brown, jr., thought that a mixture of chloroform with other ingredients, which he had lately shown to the Obstetrical Society, obviated the danger of death from chloroform, and thus rendered Dr. Richardson's apparatus not of such prime importance. He did not think that the latter apparatus would succeed in many cases of tooth extraction, as the cold would, he believed, prove unbearable in such cases. It would be dangerous too, he thought, in ovariotomy after the external incision had been made. As to the reported case of Cæsarean section, it could not be said to have succeeded, as the child died.

Dr. Camps thought there was no proof that there was great pain felt after the incision in the skin had been made in cases of ovariotomy, and he was not convinced that evil would arise from using Dr. Richardson's apparatus in such cases. He thought that there was no doubt that the case of Cæsarean section reported must be considered a complete success.

A paper was read

ON SOME FURTHER REMARKS UPON EMBOLIA, AS AFFECTING THE GREAT VESSELS OF THE HEART.

Dr. Stewart, after reading an abstract of his former paper, read before the Society (Jan. 19, 1865), described the various forms of fibrinous clots or concretions found in the heart after death, added, in the words of Dr. Richardson, that the proofs of a post-mortem clot, or polypus,

I.—Were its position, upon the upper surface of a red coagulum, and its being easily washed away by a gentle stream of water.

II.—Of an *ante-mortem clot* or formation.

a.—By its filling a cavity.

b.—Its being grooved externally by a current of blood, or bored by a current through its centre.

c.—Its being firmly adherent by a mechanical or organic tie to the walls of the heart or vessel.

d.—Its structure being laminated, or containing in its centre broken up fibrine.

e.—Lastly, its being deeply indented by the surrounding structures.

He then described the theories advanced by Dr. Richardson, Mr. Lister, and M. Schmidt, as to the causes of coagulation of the blood and hyperinosis; to the discovery of "fat" or "fatty matter" in the blood by Vauquelin and others; adding the results of some investigations of his own upon the blood of a gentleman (still alive) æt. 36, suffering from polysarca and fatty degeneration of the heart, and also upon the blood of a prize ox and a prize

sheep; in all of which he found oil globules mixed with blood discs, and the cases of the two latter blood discs undergoing a degeneration from fat or oil, were found. Dr. S. mentioned the latter fact as requiring confirmation, but a subject which he thought will amply repay any time and trouble devoted to it. He thought it would be found in cases of polysarca as a prolific cause of embolia. Atheromatous deposits in the vessels themselves, and in the heart and its valves, were commented upon as a cause, with Lister's views thereon. "Meissner's Report upon Embolia;" Lancereaux's, Panum's, Virchow's, Lebert's, and Henry Lee's researches were alluded to, also the more recent treatise of Mr. Callender.

Dr. Stewart concluded by quoting cases of his own, of Drs. Gairdner, H. Davies, Richardson, and Draper Macinder, Mr. E. H. Roe, and lastly one still under observation in his own practice.

Dr. DRYSDALE said he was quite ready to admit that embolia were to be found in the smaller vessels, such as the femorals, the middle cerebral arteries, or the branches of the pulmonary artery; but he could not help remaining in doubt as to the occurrences of such large embolia as those which would occlude the aorta and pulmonary artery, and thus cause sudden death, as described by the author of the paper. He thought these clots observed were post-mortem formations.

Mr. TIMES related a case where sudden death had taken place, and on making a post-mortem examination a large clot was found in the pulmonary artery, which he believed had caused suffocation.

The PRESIDENT said that midwifery had furnished more facts towards the elucidation of this question than either medicine or surgery. The circulation was sometimes very languid after delivery, and phlegmasia dolens might collect. In some cases *débris* from the femoral and other veins might pass up through the left side of the heart and there form a nucleus for a secondary embol or plug. Abscesses are found in the lung from this cause. On the other side of the heart the causes were well authenticated; there was fringed state of the valves, and coagula might take place round these and be propelled into the brain, causing apoplexy or inflammation of the brain; inflammation when small portions entered, and apoplexy when larger portions entered. Arteritis might occur in the extremities in the puerperal state. A woman with disease of the heart and loud murmur had obliteration of the femoral arteries in both limbs; both of the limbs sloughed and dropped off. He believed that there was arteritis, since there was violent pain in the limbs.

Dr. CAMPS said that wherever there was an irregular surface fissures would be deposited. He could not think that all the cases described by Dr. Stewart were merely due to post-mortem changes in the body. It was of course difficult to see what practical result would be attained to, even were the diagnosis made of an embol existing in the heart.

Dr. STEWART, in reply, said that Dr. Richardson had, he thought, clearly pointed out the marks by which we might recognize whether a plug was found previous or subsequent to death. No connective tissue could be found after death.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, APRIL 6TH, 1866.

GEORGE POLLOCK, Esq., President, in the Chair.

THE PATHOLOGY OF SYPHILIS.

By JAMES R. LANE, Esq.

THE paper gave an account of the chief doctrines concerning syphilis the last fifteen years; and the remarks of the author were chiefly made to simplify much that had of late been confusedly written on the subject. Mr. J. Lane gave a brief history of the doctrine of Ricord, and of the consequent development of the theory of the quality of the venereal poison which had of late met with acceptance in various quarters. There were still, however, he stated, many good authorities, upon whose side he enrolled himself, not disposed to accept the sweeping distinctions which had been recently made between the different kinds of venereal sores; but who held to the older notion that all those contagious ulcers had their origin in one and the same poison. Whilst fully admitting the practical value of distinguishing between the indurated or infecting, and the soft or non-infecting sore, he denied that the rule was absolute, or that it was possible to predict with certainty of any given sore, that it would or would not be followed by secondary symptoms. There was no certain proof of the infecting nature of the sore, but the fact of infection itself. He firmly believed in the occasional occurrence of constitutional infection from the non-indurated sore.

His view was, that the presence of the induration greatly favoured the absorption of the poison, and that the suppurative or ulcerative action in the sore went far to prevent it, but did not suffice to prevent it in all cases. The fact that the soft sore might occasionally cause constitutional infection, told, he thought, in the strongest possible manner against the double virus theory.

Alluding to the period of incubation, said to precede the appearance of the indurated sore, he stated his belief that no such period was observable in a large proportion of cases, but that they were frequently developed like the soft sore, in the form of a pustule in the first instance, in a very brief period after contagion, and that the pustule afterwards became invested with the character of the indurated sore. There were, however, cases, not very rare, in which an unmistakable period of incubation, of from eight or nine days to three or four weeks, was observed; and they were probably examples of contagion from secondary syphilitic affection, such as mucous tubercles. It had now been conclusively shown that certain secondary affections were contagious, and it had been very constantly observed that the local effect which they produced did not become manifest till after a lapse of time, such as just mentioned.

Mr. Lane then discussed the question of the inoculability of the indurated sore, on the individual bearing it, or upon another syphilitic patient, which had been strongly denied. There was undoubtedly considerable difficulty in successfully inoculating with the scanty serous discharge peculiar to the indurated sore; but if the sore made were to suppurate by some slight artificial irritation, he believed the secretion would be found to be inoculable in the majority of cases. He stated his own positive experience in favour of this view, and that on a larger scale of Drs. Sperin, Boeck, Bidenkap, and others who had long practised syphilisation. On the limbs or trunk the matter produced by inoculation with the matter of a hard sore was identical in appearance with that produced in the same way from the soft sore, and thus afforded further confirmation of the view that there was no essential or generic difference between the two kinds of ulcer.

He was well aware that the theory of the mixed chancre would be adduced to explain the various anomalies in the double virus theory, and no doubt it did do so. But the evidence in favour of the mixed chancre (a sore that combined the characteristics of the two kinds of sore, and which resulted from the implantation of the two supposed distinct poisons on the same spot) was of the slenderest possible character, and barely deserved elevation to the level of pure hypothesis. He rejected it as a myth, sprung into existence owing to the various difficulties of the double virus theory.

Mr. Lane said he had endeavoured to give expression in the paper to the opinions, which he entertained, that many of the recent researches on the subject of syphilis had not been advanced in the right direction, and that there had been too great a disposition to dogmatise and educe positive laws from a one-sided examination of facts. There was much to be learned, but there was also much to be unlearned; and the doctrines of twenty years ago were not yet so completely revolutionised as some modern authors would have us believe.

Foreign Medical Literature.

CASE OF BRIGHT'S DISEASE,

RUNNING A LATENT COURSE UNTIL URÆMIA SET IN.

Communicated by Dr. ERNST ODMANSSON.

Translated from the *Hygiea* for November 1865, p. 433,

By WILLIAM DANIEL MOORE, M.D.Dub., M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

CARLSSON, aged 23 years, was admitted into the Garrison Hospital on the 21st April, 1865. The only information which could be obtained from those about him was, that he had been ill for a week, and that during conveyance to hospital he had an epileptiform attack. On arriving there he was insensible, his face was pale, his pupils were widely dilated and were almost insensible to light, his pulse was quick, his respiration slow and moaning. He was ordered to be cupped on the back of the neck, to have a bladder of ice to the head, and to get a purgative enema. During the course of the first day convulsive attacks occurred twice in the hour. Towards evening they gradually diminished in frequency; the last took place in the forenoon of the following day (the 22nd). At the same time the pupils began to contract, the face acquired a redder colour, but the comatose condition continued the whole day. On the morning of the 23rd he lay in a deep and tranquil sleep, consciousness returned gradually in the course of the day. The urine, which during the preceding days was passed in small quantities in the bed, began to diminish in amount. On the 24th the patient was quite clear. Of his previous history he gave the following account:—"As a child he had been healthy until his thirteenth year, when he was for some time under treatment in the Seraphim Hospital for dropsy, which had attacked him in a cold and damp residence.* In the following year he had for three weeks ague without dropsy. From this time his health was excellent until his last illness." On questioning him more closely, how-pass water during the night. A week ago he began to be ever, he admitted that he had latterly suffered occasionally from headache, and that the flow of urine had been more copious than before, though he had not been obliged to annoyed with headache and a mist before his eyes. The power of vision diminished gradually until he became totally blind. The day before his admission into hospital he lost consciousness.

Status præsens on the 24th. The patient is of a strong muscular frame, and is in good condition. His skin is soft and moist. He exhibits no dropsical symptoms, no pain nor tenderness in the region of the kidney. Slight redness of the cheeks, the pupils large and little movable, power of vision considerably diminished. He thinks he has a thick gauze before his eyes and sees black spots floating before them. Severe headache in the frontal region. The impulse of the apex of the heart in the fifth intercostal space is situated directly in and outside the parasternal line; a slight systolic vibration is perceptible throughout the præcordial region. The cardiac dulness occupies a space of two square inches in the usual situation. The sounds are pure, loud, and resonant, particularly the second, which is strongly accented. Pulse from 80 to 84 in the minute, small but hard. The urine passed during the last twenty-four hours amounted to about three quarts. It is of a light straw colour, specific gravity 1·010, it contains a large amount of albumen and only a trace of uroglaucin. It deposits a finely granular sediment, exhibiting a number of small, brittle, waxlike tube-casts, of medium thickness, naked or sparingly studded with nuclei and fat globules, with a few dark granular nucleated casts, and some waxlike or fat granule, containing renal cells, but no hyaline casts or blood-corpuscles.

He wishes for food. A natural motion in the morning. The lungs, liver, and spleen present no remarkable change.

The patient rapidly regained his strength, and in a few days was again upon his legs. The daily amount of urine increased to nearly four quarts, and continued at that point, with the exception of a short time, when it was still higher, up to his last illness. Its specific gravity varied between 1·007 and 1·009. The amount of albumen continued as great, but the sediment diminished so that we could sometimes look for morphic elements from the kidneys; those which were found were of the nature above described. When the patient was quiet, the action of the heart was even and calm, the pulse was from 72 to 74 in the minute, and was small but tense. On greater exertion, especially in the open air, the heart's action increased considerably. He then usually got headache; not unfrequently, particularly towards the close of his illness, he suffered also during the night or on awaking in the morning from pain in the head. In other respects he felt perfectly well. His appetite was particularly good, the bowels were regular, the skin was moist, sweating on any bodily exercise. He would have presented a picture of good health, were it not that his pupils continued rather large and fixed, giving a peculiar expression to the countenance.

The power of vision improved only slowly. The fundus oculi was examined several times with the ophthalmoscope. On the first occasion (May 7) both pupils were found to present a certain gelatinous, greyish, indistinctly circumscribed appearance. Around this, and as far as could be seen, appeared a number of larger and smaller, irregularly-shaped milk-white spots, lying now between, now directly in front of the larger veins. In the latter case the vessels were swollen outside the spots; within these they were of smaller calibre. At the same time some small, streaky extravasations of blood of a deep red colour were observed. From later investigations it appeared that the white spots gradually lost their defined contour, colour, and opacity. Finally, most of them wholly disappeared. On the last examination (on the 2nd of June) only a very few could be discovered in the anterior parts of the retinas. The contours of the pupils became gradually more distinct—more so, however, in the right than in the left eye, in which latter the power of vision was and continued rather worse than in the right. Occasionally some fresh extravasations were observed, of which a couple were in front of the white spots; they soon disappeared again. About the 20th of May the patient could read large type; fourteen days later he could read even small type. The distance of distinct vision had, according to the patient's statement, been shorter than before, while he constantly seemed to see the object through a mist, which, nevertheless, gradually became thinner.

During the first month no medical treatment was employed. On the 27th of May the use of tannin (from 15 to 20 grains per diem) was commenced with daily packing after taking elder-tea. This treatment did not disagree with him, but as the desired object, by increased excretion from the skin somewhat to limit the diuresis and thus the considerable loss of albumen, was not attained, inasmuch as the quantity of urine, in spite of copious perspiration, not only did not diminish, but, on the contrary, increased to about four and a half quarts, while the albuminuria continued as great, the packing was dispensed with on the 5th of June. The tannic acid was continued for some time longer, but, as might have been expected, without the least effect in diminishing the albuminuria.

From the 15th of July to the evening before his death I did not see the patient. He had been well until the 21st of July, when for some days he suffered from vomiting. For the last two days of July he had several loose motions, which, during the night preceding the 1st of

* The journal of the hospital of the time records him as suffering from quartan ague, and states that he was dismissed cured.

August, were followed by vomiting. At the same time it was observed that the quantity of urine was somewhat diminished, while there was considerable tenderness in the epigastrium. He was now treated with leeching to the pit of the stomach, wet bandages, and one-fifth of a grain of morphia three times a day. The vomiting soon ceased, but nausea continued. The tenderness, which on the 2nd had extended over the whole abdomen, subsequently diminished gradually. On the day just mentioned the patient could not himself empty his bladder; on the following day the urine passed readily. Meanwhile the daily amount of urine diminished, and on the 5th was only three pints. On the 6th the power of vision began somewhat to lessen. During the night a convulsive attack occurred; another followed next morning. The quantity of urine had during the last twenty-four hours fallen to a little more than a pint. He was treated with an icebag to the head, warm bath with packing, which was not, however, followed by perspiration, and a purgative enema. A fresh seizure took place at five o'clock in the afternoon. On our going round immediately after, he lay in deep coma; his face was pale, the pupils were dilated, the pulse was quick, fuller, but weaker than before. In the course of the night the respiration became slow and stertorous; orthopnœa set in, and the patient died at four o'clock on the morning of the 8th August.

Dissection thirty-one hours after death.—The length of the body is somewhat above the average. The subcutaneous cellular tissue is rich in fat. The muscular system is strong and healthy. There is general, but slight cadaveric rigidity.

The *sinuses in the dura mater* contain more or less firmly coagulated, with some fluid blood. The soft membranes of the brain are moderately congested. Both the grey and the white cerebral substance are exsanguine. The latter presents a putty-like appearance, and exhibits in general a shining, moist surface of section; here and there this is drier. The lateral ventricles contain some teaspoonfuls of a rather turbid fluid, inclining to a red colour. The fornix and tæniæ semicirculares, with the adjoining portions of the corpora striata and thalami optici, are macerated and pale. The cerebellum is otherwise in the same state as the cerebrum, but is drier. On cutting through the medulla oblongata, the surfaces of section are covered with a coherent layer of a thin clear fluid; this exudes most abundantly from the anterior parts. In the middle of this are seen some dilated veins with a few small point-like hæmorrhages.

The *pericardium* contains about an ounce of a clear, slightly reddish serum. The heart is large. In all its cavities are found coagula both of blood and fibrin; the valves are healthy. The endocardium is slightly tinged with the colouring matter of the blood. The columnæ carneæ in the left ventricle are long and thick. The length of the left ventricle, reckoning from the middle of the margin of attachment of the right aortic valve, is 10½ centimètres (4·1339″). The thickness of the wall in the middle of the ventricle is from 16 to 17 mm. (17 mm. =·66929″). The muscular structure is firm, pale, rather dry, and presents a slightly waxy lustre. The thickness of the wall of the right ventricle is at most 6 mm. (·23622″).

Both *lungs* are free from adhesions, but collapse only slightly. The anterior edges are moderately congested, and exhibit a not inconsiderable interstitial, with a slight vesicular, emphysema. The posterior parts are congested, contain but little air, and are of loose consistence; on pressure, in addition to blood, a more or less frothy, thin, fluid exudes.

The *peritoneum* is in general pale, in some scattered spots it is discoloured with an inconsiderable venous congestion. In the middle portion of the duodenum, as well as on the surface of the liver and spleen, a number of small papillary vegetations of connective tissue exhibit themselves, in the last-named organ in connexion with a general thickening of the capsule. The spleen is fourteen centimètres (a little more than five and a half inches) in length, and is of loose consistence; the surface of section is of a more uniformly light-red colour; the Malpighian bodies are large. The kidneys are small; their capsules separate with tolerable ease; their surface is everywhere finely granular, in general pale, but exhibiting here and there large stellulæ Verheynii, and in some places point-like extravasations; the cortical substance is considerably reduced, here and there it is only 2 mm. (·07874″) in thickness, in some parts it has a pale, homogeneous, lardaceous appearance, while in other (usually rather thicker) parts the fasciculi and intervening portions can be distinguished now by the veins running in the latter, again by the light-yellowish colour of these intervening portions; the pyramids are large, coarsely streaked with red. The liver is flaccid; its surface of section is of an uniform reddish-brown colour; the acini are not very distinct, but are of ordinary size. The gall bladder is half filled with light-yellow thin bile. The mucous membrane of the stomach throughout its whole fundus is of a light slate colour, and is somewhat softened. The intestinal mucous membrane is pale. The urinary bladder is filled with almost clear urine.

In the *eyes* nothing morbid can be discovered. The retinæ separate easily from the chorioideæ, carrying with them small groups of the pigment cells of the latter; the larger veins are tolerably congested; the retinæ are otherwise, throughout their whole extent, of an uniform transparency, without a trace of any spots.

On microscopical examination of the retinæ, adventitious scattered fat-granules were met with on the outer parts of the stroma of connective tissue, as well as on those of the smaller arteries, in the former situation a few pigment granules were also found; sometimes a coloured cell or nucleus was seen in both granular layers; in many, perhaps in most preparations, not the slightest change could be observed.

In the cortical substance of the *kidneys* a considerable new formation of connective tissue was met with around the Malpighian bodies, whose loops were in many places invisible, as well as around the convoluted tubes; the same was met with to a less, and sometimes quite inconsiderable extent, around the straight tubes. In the connective tissue tolerably numerous nuclei were observed, and only very scattered fat globules were seen. Of the canals many were evidently atrophied, and collapsed, others exhibited a normal or more slightly contracted bore, while some were considerably dilated, sometimes in the form of a garland. The contracted canals were in general invested with an epithelium of small cells, in one place well defined and healthy in appearance, in another without any accurate boundary, and containing granules and scattered fat globules. In the dilated canals the cells were in general highly granular, with or without intermingled fat globules, which were always few in number. Only very few more homogeneous or wax-like cells were met with. Scattered wax-like cylinders were found everywhere, but nowhere in great number. Some of the proper coats of the canals were thickened, shining, and refracted light strongly. In the pyramids the change was slight; only here and there were the cells granular, or did they contain fat granules; a few of the canals were filled with cylinders. The vessels were not injected, but from the results of microscopical examination it is probable that the vessels in the pyramids were dilated. No parts gave any amyloid reaction.

That the patient, even at the time of his admission to hospital, had far advanced Bright's disease could not be doubted. This was sufficiently proved by the low specific gravity of the urine and the nature of the deposit, the gradual development of the uræmic symptoms, the affection of the eyes, and lastly the hypertrophy of the heart, the existence of which might, with all probability, be inferred from the extensive impulse, the resonance of the sounds with the strong accent upon the second, and the headache occurring on great exertion, as well as in the

horizontal position. The diagnosis pointed to a chronic diffuse nephritis with a three-fold change in the epithelium (granular breaking up, fatty and waxy degeneration), and in the beginning abundant, and subsequently scanty, collection of wax-like masses in the urinary canals, with a probably considerable increase of stroma. In the last-mentioned assumption I felt myself justified less by the stage of the disease than by the nature of the urinary sediment, because experience has taught me, that in cases, where for a long time the urine contains wax-like cells and broken wax-like, but no hyaline cylinders, an usually considerable new formation of connective tissue exists.* On account of the excellent state of the patient's general health previously, it was thought that amyloid degeneration of the vessels did not exist, or that it existed only in a slight degree, notwithstanding that a urinary sediment of the same nature as occurred in this case is often met with in that affection. Whether the kidneys were atrophied or not was left undecided. Neither the quantity of the urine, the amount of albumen, the colouring matter, nor the quantity and composition of the sediment, nor the general symptoms of the illness, afforded any sure ground for diagnosing atrophy of the kidney, and still less for determining its degree, without an accurate knowledge of the duration of the disease, and of the causes and circumstances under which it was developed.

The commencement of the disease cannot in the foregoing case be determined with certainty. To throw it back nine or ten years, when the patient suffered from ague with and without dropsy, could be no more than hypothesis. To this view various circumstances are opposed; above all, the long latent period of development, which would in that case have coincided with the patient's progress from childhood to manhood. In favour of it, besides the absence of any other etiological standpoint, we have at least, to a certain degree, the exclusive formation of wax-like, but not of hyaline cylinders in the urinary canals, because this circumstance, usual in the last stage of the form of disease, which is developed during a tedious or relapsing ague, as well as in the course of certain chronic general affections, does not properly belong to the simpler forms, which, during its development, are free from such an influence. In Bright's disease, after ague, the changes which take place in the kidneys are both quantitatively and qualitatively very varied, according to the different period at which the renal disease had been complicated with the ague. Thus, while the well-marked cases are characterized by waxy degeneration of the epithelium, the formation of wax-like cylinders, a general and considerable hyperplasia* of connective tissue, amyloid degeneration of the vessels, sometimes also of the tunicæ propriæ; in those instances where the ague and the aguish cachexy cease, before the renal disease has attained any high development, and still more where the ague has only given the impulse to the renal affection, fatty degeneration and granular breaking up of the epithelium more and more replace the waxy degeneration. The number of the wax-like cylinders is limited, the new formation of connective tissue becomes less considerable, and the amyloid degeneration becomes progressively rarer. The extremes resemble one another little or not at all. In cases belonging to the first category the kidneys are extremely rarely found in an atrophied state, which is, on the contrary, less unusual in the others. The atrophic condition of the kidneys in the above case is therefore no proof that the disease may not have arisen long since under the influence of ague.†

That no certainty can be attained with respect to the etiology of the case, but little diminishes its practical interest. The principal cause of this is, that perfect health may apparently exist during the whole development of Bright's disease. It is indeed nothing unusual, particularly perhaps among rather elderly persons, for dropsy to be absent, but it must be rare to see a patient of this kind and age with so healthy and even blooming an appearance as ours had. Referring specially to the dropsies, Traube‡ expresses the opinion, that their absence must be attributed to the coexistence of hypertrophy of the heart, which, by increasing the arterial pressure of blood in the kidneys, produces an augmented flow of urine. The importance of copious diuresis, whatever its cause may be, not only in preventing dropsy, but also in duly removing excrementitious matters, notwithstanding the functional disturbance of the kidneys, is evident. Indeed we might even assert that a copious discharge of urine is a condition *sine quâ non*, of the possibility of Bright's disease running such a course as it did in the above case. At the same time it is equally necessary that the enormous loss of albuminates should be constantly made good, as otherwise hydræmia would sooner or later be the result. Should this be once established, daily experience shows that neither the hypertrophy of the heart nor a copious discharge of urine could long prevent the occurrence of dropsy.

Traube's theory, that the hypertrophy of the heart with atrophy of the kidney is produced solely by the increased general arterial pressure caused by the obstruction to the renal circulation, has, as is well known, in its exclusive shape, met with almost universal opposition. At least a contributing cause has been sought in the altered state of the blood. If one will not, like Bamberger, completely deny this mechanical influence on the occurrence of hypertrophy of the heart, our case seems undeniably to be favourable to the correctness of Traube's opinion, as in it there was no sign of any abnormal condition of the blood, and nevertheless hypertrophy, though in a slight degree, was present.

The affection of the eyes was of the form usual in Bright's disease. The white spots, proceeding from fatty degeneration of the cells in the stroma of connective tissue, did not belong, as sometimes seems to be the case, to a certain zone of the retinæ, but were scattered everywhere, except in the pupils and their immediate neigh-

* Even in the most recent and extensive treatises on renal diseases by Rosenstein (*Die Nierenkrankheiten*, 1863) and Vogel (Virchow's *Path. und Ther*, Band vi., Abt. ii., Heft iv.), by no means sufficient attention is devoted to the various changes in the renal epithelium, to the urinary sediment and its signification in a diagnostic and prognostic respect. Thus those writers confound the hyaline and wax-like (Key's "hyaline gelatinous and hyaline wax-like") tube-casts, nor do they attach to these any importance in the diagnosis of the several forms of the disease. Vogel assumes that the hyaline casts become wax-like if they remain longer in the renal canals. The incorrectness of this view is at once evident from the fact, that broken wax-like tube-casts may be met with during the first days of an acute nephritis, and that in certain chronic forms—for example, Bright's disease after ague—innumerable broken wax-like casts may be found, while we sometimes search in vain for a hyaline cast. The granular (Vogel's "granulosa") casts are referred by Vogel chiefly to metamorphosis of the "fibrin-cylinders" and the cylinders formed of blood-corpuscles. I will not here enter on a fuller refutation of these views, as the subject has been treated of in detail by Key (*Medicinskt Archiv*, 1863, p. 233) and me (*Bidrag till kännedomen af urinsedimentet uti njurarnes sjukdomar*, 1862. Contribution to the knowledge of the urinary sediment in diseases of the kidneys). In a notice of the Swedish Archives of Medicine in the *British and Foreign Medico-Chirurgical Review*, vol. xxxiv., Oct., 1864, p. 427, I have very briefly mentioned the heads of Professor Key's very valuable paper just quoted.—Translator.

* Key, op. cit. "General hyperplastic nephritis."

† That Rosenstein (*l. c.*, p. 211) has never met with granular atrophy in Bright's disease after ague cannot but excite surprise, the more so as it would thence appear that he probably has not observed any exquisite cases of this form of disease. He would otherwise not have referred it exclusively to the diffuse nephritis, but would have classed some cases (those according to the above belonging to the first category) under his "amyloid degeneration of the kidneys," to which both they and it belong as types.

‡ *Ueber der Zusammenhang von Herz- und Nieren- Krankheiten* (On the connexion between Cardiac and Renal Diseases), 1856, p. 59 and elsewhere.

bourhood. They probably were not located in the inner parts of the retinæ, as not the slightest change was found there after death. The rapid resorption of the fat, which occurred during life, and was proved after death, is remarkable. The progressive improvement of the sight with the slightness of the change met with, makes it probable that complete restoration would have been obtained, if the patient had lived longer and no relapse had occurred. Literature records only some few cases noted by Graefe and Liebreich, where the retinitis completely disappeared without injuring the sight. This result, indeed, always attends cases where the affection of the eye runs a comparatively rapid course, and where the otherwise ordinary changes in the stroma and the nerve filaments (hypertrophy and sclerosis) have not been able to develop themselves. Probably the patient's general state is not without influence. The amblyopia present during the last two days of life must have depended on slight œdema of the retinæ. The existence of œdema in the brain and medulla oblongata is favourable to this view.

With respect to the advanced stage of renal disease the prognosis cannot be otherwise than unfavourable even for a proximate period, especially if uræmia has already once been established. The treatment must, under the circumstances mentioned, be confined principally to supporting the patient's strength with nourishing food, and to the employment of suitable means if any threatening symptoms should manifest themselves.

As on the first occurrence of illness, the uræmic attack was on the last occasion preceded by a whole week of various premonitory symptoms. The diminution of the urinary secretion may be assumed to have depended on lessening action of the heart, as no acute process was met with in the kidneys, nor were the urinary canals filled to any remarkable degree with wax cylinders. The proximate cause of death must be sought in paralysis of the vagus, indicated before death by the rapid action of the heart and the laboured respiration, which finally passed into orthopnœa, and after death shown to be probable by the existence of considerable œdema in the medulla oblongata; the state of the lungs moreover agreeing with that found in these organs after division of the nervi vagi in animals (Claude Bernard, Boddaert). As to the convulsions, the autopsy admits of their explanation with Oppolzer by œdema of the brain, or with Traube by anæmia of the same, if we do not prefer to keep to some of the other common theories. Against Frerichs' hypothesis more and more voices are raised. If the view lately put forward by Almén, Oppler, and Zaleski, that urea is formed exclusively or principally in the kidneys, should prove to be correct, Frerichs' theory falls, and we may then begin to hope for an unanimous opinion as to the cause of the group of symptoms met with in Bright's disease, as now with respect to the name "Uræmia."

ABSTRACT OF METEOROLOGICAL AND MEDICAL REPORT OF THE MILITARY HOSPITAL, NICE,

From the 1st to the 11th of April, 1866.

By Dr. CABROL,

CHIEF PHYSICIAN TO THE HOSPITAL.

Translated by R. CROTHERS, M.D., M.R.C.P.L., Nice.

When we published our last bulletin we had reason to expect a continuance of fine weather, but have been disappointed. The ten days just passed having been amongst the most variable of the year, exhibiting the elements of the spring and the equinox so well known to meteorologists and to sailors, and which gives origin to very evident modifications in all the kingdoms of nature in the states of health and of disease, whatever may be the climate or the relative position of the place in which they are observed.

These elements, wind, rain, hail, and storm, sudden and extreme changes, mixture of summer and winter, of heat and cold, of dryness and moisture, have been very remarkable. In these ten days we have had only four fine and bright, six cloudy, rain having fallen upon four of these days. The quantity of water amounts to nine centimètres (nearly four inches), and fell twice in the form of hail. There was a violent storm on the night of the 8th; began with frequent flashes of vivid lightning in the evening, rain towards midnight, with loud peals of thunder in rapid succession, then heavy hail, some of its remnant on the ground even until the morning. On the following night there was another storm, but less violent. The barometer has been always high, and rose to 0·766 (30 2-11th): on this subject we may remark that the instruments seem to be less sensitive in indicating those changes which come from the sea. The winds have blown almost constantly from the south. The sea, rather rough, was violently disturbed on the night of the 8th. Despite of these variations the soil has rather gained than lost by this state of atmosphere. There is not any complaint of dryness, as last year; the subterranean reservoirs are supplied for the summer, and vegetation is flourishing. With the exception of trifling ailments, the weather has not caused any particular diseases. Old affections, as asthma, rheumatism, bronchitis, &c., have naturally suffered from these unfavourable changes, but without being seriously aggravated. It is worthy of remark that, thanks to the mildness of the winter, we have seen, particularly in young persons, nervous affections and accidental feverish attacks, run their natural course, terminate by a crisis, and be cured almost without medicine, the age and prolonged sojourn in a mild climate permitting the normal evolution of the disease. This remark, made particularly at the approach of spring, is applicable to bronchitis, pleurisy, pleurodynia, affections simulating tubercles, spasms, nervous affections of a periodic character, gastralgia, hysteria, intermittent and rheumatic neuralgia. Thus it is evident to us that the climate alone, despite the changes depending upon the vicinity of the sea, is often the most powerful means of cure.

In Dr. Lee's work on Nice the mean annual fall of rain is stated to be 26 cubic inches, the greatest fall 43 inches, the least 16 inches; the largest number of rainy days 75, the smallest number 47, the mean 60, thus leaving 305 days, of which Dr. Lubanski says the average is 180 days of brilliant sunshine, and 125 days cloudy, or with partial sunshine.

From 11th to 21st April, 1866.

We begin this bulletin by the rectification of an oversight in the last. We omitted to state the temperature, which was low in the first days of the month, the mean being only 52, minimum 38, maximum 66; whilst in the ten days just passed we have had a min. temperature of 43, a maximum of 73, and a mean of 56. The barometer has been always above 0·760, indicating settled fine weather; and although the sky has been sometimes clouded, we have not had to observe either high winds or appreciable rain. The winds have been from the S.E., beginning now to assume the direction from which they blow almost constantly during the summer months. The mornings are fresh and agreeable; thanks to a slight breeze, the heat of the day is not yet unpleasant, although we have observed the thermometer at 98 in the sun, only the dust is at times disagreeable. The sea has been calm and beautiful.

If now, in order to justify for the last time, the programme which we proposed to fill up with respect to the medical constitution of the season, we pass from purely meteorological to medical facts. We see that the spring has not given origin to any new disease to be imputed directly to atmospheric influences, if we except those designated under the name of neuralgias, irritations of the throat, sense of painful weariness, &c., affections which have

been slight, ephemeral, and free from danger. The more serious diseases which we have observed were chronic, and in these the influence of the climate has tended to mitigate the suffering. Many owe to it a very evident amelioration, some even such a recovery as in other circumstances might have been very doubtful; in this number were some cases of arrested typhoid, affections of the larynx and pharynx, hooping-cough, some cases of dysentery, of asthma, of gout, &c., which were indicated by symptoms peculiar to each of these affections, but which have been slight and of much shorter duration than ordinary. Thus we believe that we have good reason to infer the superior sanitary state of a country in which, during all the winter, no epidemic tendency has been observed.

In this last bulletin we may state that the observations have been taken with the greatest care by the staff of the hospital, and we are happy to be able to thank them for their active and incessant co-operation, particularly Dr. Beaugrand ("Médecin Aide-Major") and Dr. Figuiera. Their co-operation has been very useful to us in the publishing of our bulletins and the daily record of observations.

By authority of the Prefect, bearing date the 30th Dec., 1865, a Meteorological Society has been established at Nice for the Department of the Maritime Alps.

The members of the society are to institute a series of observations in the localities most favourable for that purpose, to observe the phenomena of storms, the amount of ozone in the atmosphere, the level of subterranean water, &c.—in fact, carefully to observe and report upon all the meteorological phenomena and climate of the department and their influence upon and connexion with epidemic and other diseases.

Abstracts of the Scientific Societies.

Royal.—*April* 26.—The following communications were read:—"On the Dentition of *Rhinoceros leptorhinus* (Ow.)," by Mr. W. B. Dawkins.—"Experimental Researches in Magnetism and Electricity, parts i. and ii.," by Mr. H. Wilde,—"On the Tides of the Arctic Seas: part iii. On the Semidiurnal Tides of Frederiksdal, near Cape Farewell, in Greenland," by the Rev. S. Haughton.—"Extract of a letter from C. Chambers, Acting Superintendent of the Bombay Magnetic Observatory, to the President, dated March 28, 1866."

Geological.—*April* 25.—The following communications were read:—"Additional Documents relating to the Volcanic Eruptions at the Kaimeni Islands," by Commander Brine, of H.M.S. *Racer*.—"Report to the Eparch of Santorino on the Eruptions at the Kaimeni Islands," by M. Fouqué.—"Remarks upon the Interval of Time which has passed between the formation of the Upper and Lower Valley-gravels of part of England and France; with Notes on the Character of the Holes bored in Rocks by Mollusca," by Mr. A. Tylor.

British Archæological Association.—*April* 25.—The Chairman announced that Lord Boston had accepted the office of President for the ensuing year. Lord Boston exhibited some articles exhumed in 1865 at Caer Leb, in Anglesey.—The Rev. S. M. Mayhew exhibited two flint arrow-heads, obtained by him in the county of Antrim.—A paper, "On Chelsea and Chelsea People," by the Rev. J. Blunt, was then read and illustrated by H. H. Burnell. Mr. Blunt first discussed the etymology of the name, and pointed to the probability of Chelsea being derived from *Cealc*, chalk, and *Hyd*, or *Hythe*, a harbour, and that this Hythe was used for landing chalk, and so had given a name to the place. Also, that it was at Chelsea that two important councils were held under Offa, King of Mercia.

Archæological Institute.—*April* 9.—Some notes on recent discoveries at Carthage were contributed by the Rev. J. G. Chester. The collection of antiquities excavated is preserved in a sort of garden-house belonging to the Khaznadar, or First Lord of the Treasury, of Tunis. The collection, which was minutely described by Mr. Chester, belongs to the eldest son of the Khaznadar, and had never before been seen by a European.—Professor Buckman described the Roman remains recently discovered in the Isle of Portland. Until very lately it has been imagined that no evidence of Roman occupation existed in Portland; but the progress of the works connected with the fortification now in operation has revealed a Roman burial-ground.—Colonel L. Fox gave a detailed description of Roovesmore Fort and oghams in the parish of Aglish, county Cork. Interference with the forts, of which Roovesmore is an example, is regarded in the south of Ireland as involving all sorts of calamities from the vengeance of the fairies, by whom they are supposed to be inhabited. Colonel Fox, however, prevailed on the owner of the fort to permit the removal of the oghams, and they are now in the British Museum.

Zoological.—*April* 24.—Mr. P. L. Sclater drew the attention of the meeting to several new and interesting additions to the Society's menagerie, amongst which were particularly noticed a pair of straw-necked ibises (*Ibis spinicollis*) from New South Wales.—Mr. P. L. Sclater read some notes on the *Geobates brevicauda* of Swainson, relating more particularly to the synonymy of this bird, and to its correct position in the natural system.—Mr. G. R. Gray communicated a description of Penelope lately living in the Society's gardens, and proposed to be called *Penelope Greeyii*, after Mr. E. Greey, by whom the specimen had been procured from Santa Martha, in New Granada.—Mr. A. G. Butler read a revision of the species of Lepidopterous insects belonging to the genus Hypna of Hübner.

Royal Institution.—*May* 1.—Sir H. Holland, Bart., President, in the chair.—The Annual Report of the Committee of Visitors for the year 1865 was read and adopted. The books and pamphlets presented in 1865 amounted to 105 volumes, making, with those purchased by the Managers, a total of 390 volumes added to the Library in the year. Fifty-seven new Members were elected in 1865. Sixty-six lectures and eighteen evening discourses were delivered during the year 1865.—The following gentlemen were elected as officers for the ensuing year:—*President*, Sir H. Holland, Bart.; *Treasurer*, W. Spottiswoode, Esq.; *Secretary*, H. B. Jones; *Managers*, Warren De La Rue, Sir G. Everest, J. H. Gladstone, W. R. Grove, C. H. Hawkins, Sir J. Lubbock, Bart., J. C. Moore, W. Pole, W. F. Pollock, L. Powell, M.D., Lieut.-General E. Sabine, Earl Stanhope, J. W. Thrupp, C. Wheatstone, and Col. P. J. Yorke; *Visitors*, Sir C. T. Bright, M.P., J. C. Burgoyne, G. F. Chambers, Capt. J. Drew, S. Gaskell, H. H. Harwood, T. W. Helps, Sir T. Henry, T. H. Hills, W. E. Kilburn, H. Mackenzie, M. Noble, Lord Overstone, T. H. Tuke, M.D., and H. Twining.

Society of Arts.—*April* 20.—"On the Synthesis and Production of Organic Substances by Artificial Means, and the Applications which some of them receive in Manufactures" (Cantor Lecture), by Dr. F. C. Calvert; Lecture II. "On the Transformation of Neutral Substances."—*April* 25.—The paper read was, "The Perils of Mining, and the Means for Preventing them," by Mr. J. B. Hogg.

Anthropological.—*May* 1.—The following papers were read: "On Hindu Neology," by Major S. R. I. Owen.—"Description of a living Microcephale," by Dr. Shortt.—"Some remarks on Indian Gnosticism, or *Sacta Puja*, the Worship of the Female Power," by Mr. E. Sellon.—"On the alleged Sterility of the Union of Women of Savage Races with Native Males, after having had children by a white man, with a few remarks on the Mpongwe tribe of Negroes," by Mr. R. B. N. Walker.

The United States Congress has purchased Ford's Theatre (in which Mr. Lincoln was assassinated) as a museum for the medical department of the army, and for the disposal of documents relating to soldiers.

SUMMARY OF SCIENCE.

(Specially Edited and Compiled for the Medical Press and Circular.)

By CHARLES R. C. TICHBORNE, F.C.S.L., F.R.G.S.I., &c.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

Production of Low Temperatures for Local Anæsthesia.—Mr. Crookes, the editor of the *Chemical News*, has published a table giving the results of experiments made with different liquids, the instrument used being one made by Messrs. Krohne and Sesemann for producing local anæsthesia for surgical operations.

The following experiments are taken from many others given by Mr. Crookes, except that the temperatures which are given as centigrade, are here converted into Fahrenheit's scale, as being better understood by the readers of this journal:—

Ordinary ether from methylated spirit, thermometer fell from 23° to 5°; pure ether, washed and rectified, thermometer fell to -6°; water in a test-tube held in front of the jet commenced to freeze immediately; pure ether, sp. gravity ·720, prepared expressly for anæsthetic purposes, thermometer fell to about -8°. In this case considerable quantities of ice condensed round the bulb of the thermometer, so as to impede the cooling unless occasionally removed.

Absolute alcohol only took the thermometer down 10 degrees of the centigrade scale, and pure methylated alcohol only 18 degrees.

Bisulphide of carbon sent the thermometer down to 1° Fahr., but this fluid could not be used from the fact of its disagreeable smell. Large quantities of ice, however, condensed upon the bulb, coating it nearly a quarter of an inch thick. In a few minutes the sulphide of carbon ceased to issue regularly from the jet, and miniature snowballs were blown out at intervals. The distance of the bulb of the thermometer from the jet in the above experiments was half an inch.

On the Existence in the Texture of Animals of a Substance Closely Resembling Quinine.—Henry Bence Jones gave a lecture on the above subject at the Royal Institution. The author and Dr. Dupré found that animal substances contained a substance which exhibited a fluorescence similar to quinine. This substance can be shown to exist in the living and dead textures. Every texture was examined, and in every one this fluorescent substance occurred. The lenses of the eyes from their transparency are, above all others, most suited for experiments. The *Animal Quinoidine*, as the authors have named it, is procured from the other textures in the following manner:—The kidney, for instance, is treated with diluted acid, neutralized with alkali, and then extracted with ether.

As regards the amount of fluorescent substance in different parts of man, the kidney, cartilages, liver, and lenses seem to contain most, but no very accurate estimation could be made.

Valerolactic Acid.—Under this name, a new acid is described by M. Fittig, homologous with lactic acid. It forms well-defined salts, including sodium, calcuim, zinc, silver, and copper.

Trichna Disease.—Dr. Thudicum, in a paper describing a case of death from eating raw German sausages, comes to the following conclusions:—That trichinæ can be imported in raw German sausages, and cause trichineasis in this country.

That muscular encapsuled trichinæ can live thirty years.

If strongly encapsuled they are, though living unquestionably, in most cases unable to withstand the powers of the stomach of various animals and, consequently, but little capable of infecting those animals on which the trichina preys.

Ordinarily, when encapsuled trichinæ are eaten by man or animals, the capsules are digested and the trichinæ are set free. They then pass into the intestines, and there propagate themselves very quickly. Each female produces about one thousand young trichinæ in the course of a fortnight, and ushers them into the world alive, and quite prepared to eat their way to their final destination—the muscle.

The young trichinæ immediately pierce the intestinal walls, and obtain access to all the tissues of the abdomen. The greater number penetrate directly into the blood-vessels, or indirectly into them through the lymphatics, entering the circulation with the chyle. On the seventh day after an animal has taken trichinous meat the young trichinæ are found in all the tissues.

In the case reported by Dr. Thudicum (that of a German, 58 years of age) he calculates the number of worms contained in the body of this man at about 40,000,000, A microscopic specimen of the flesh would frequently show upwards of fifty of these capsules, and these were parts where the muscle seemed to consist of almost nothing but such capsules.

Importance of Mastication.—M. Mialhe says, in a paper published in the *Journal de Pharmacie et de Chimie*, that it is important that vegetable diet should be well chewed; but with meat, that mastication is not of much consequence. We should be inclined to think that the latter part of this statement entails a dangerous theory.

Iodide of Potassium.—There have been sundry papers upon the above subject within the last few months. The following remarks are mostly taken from two published in the *Journal de Pharmacie et de Chimie*:—

"M. Payen says that iodide of potassium generally contains carbonate of potassium and iodine in excess. Iodide of potassium (either pure, slightly alkaline, or ioduretted) swells starch granules to twenty-five or thirty times their volume, dissolving their internal substance, and giving the external envelope an enormous extension.

"Bromide of potassium produces the same effects.

"The alkaline chlorides do not give either a swelling or a solution of the starchy matter.

"Carbonic acid partially liberates iodine from a specimen of the iodide slightly alkaline and ioduretted. The atmosphere produces an analogous effect, but this action ceases if it is deprived of its carbonic acid.

"Pure iodide of potassium, in the form of a saturated solution, remains without coloration when exposed to diffused light, and more than two hours when exposed to the sun.

"In the same conditions the solution of impure iodide is coloured yellow, and starch is tinted violet by it. A trace of iodine in excess can be detected immediately by the addition of acetic acid, which produces a yellow colour in the solution, and a little starch manifests the violet.

"M. Fuch publishes a process which, he says, yields a very pure product, but it has the disadvantage of requiring some time, and also the editor would give a preference to those processes in which the formation of a bulky salt of iron is avoided. The care required in washing this product is very considerable. If the proportions are so arranged that the magnetic oxide is produced, it is much more easy to wash the precipitate.

"Fuch places 100 parts of iodine into a porcelain dish with 260 parts of distilled water, and adds thereto 75 parts of carbonate of potash and 30 parts of iron filings. The mixture is well stirred together and allowed to stand. The action proceeds slowly by itself, but is hastened by the application of heat. When the evolution of carbonic acid has ceased the mixture is evaporated to dryness with continual stirring. It is better to allow the mixture to stand for some time in a lukewarm drying oven until all the iron is peroxidized, and then to evaporate to dryness.

"The dried mass is then placed in an iron vessel, and heated to dull redness. The residue is then extracted with the smallest quantity of distilled water. The solution, which has usually an alkaline reaction, is then saturated with hydriodic acid, and set aside to crystallize.

Methylated spirit is now so cheap that extraction with this menstruum is perhaps the best process that can be adopted where a very pure product is required.

"The common impurity of iodide of potassium is iodate, which is the source of free iodine in the commercial article. Iodide of potassium is rarely adulterated, but bromide of potassium is. A sample lately analyzed by the writer of this summary contained two-thirds its weight of iodide. It was beautifully crystallized.

On Colchicine.—The experiments of Mr. Ludwig confirm what Mr. Oberlie has shown in this journal *(Journal de Pharmacie)*, vol. xxxi., p. 248, on colchicine and its derivatives. Those which Mr. Hubler has just published complete them. He prepared the active principle by exhausting in the cold with alcohol from 90 to 100 grammes of colchicum seeds, adding to the liquid about twenty times its volume of water. He succeeded in separating an oily substance. He treated this product afterwards with basic acetate of lead to separate the coloured matter, and then by phosphate of soda to separate the superfluous lead, and finally he added some tannin, which precipitated the colchicine.

The tannin should be free from chlorphyll and all other foreign matter. The precipitation should be fractional, on account of the beginning and end of the precipitation being the least pure they are treated separately. It is very soluble in alcohol, and is not entirely insoluble in water. It is formed of three equivalents of colchicine and four equivalents of water. To separate the colchicine this precipitate is powdered with a quantity of vitrified lead, which has been washed and moistened. It is dried in a water bath. To be certain that the tannin is fixed in the precipitate should reboil in a small quantity of alcohol. The filtered liquid should not become black in connexion with sesquichloride of iron; if so, it is again diluted in some water and redried in the water bath. The colchicine is separated by means of boiling alcohol. It is dried in a vacuum over acid. By repeating this operation we obtain colchicine in a pure state. In this condition it is dissolved in alcohol and water without any turbidity. It forms a kind of varnish, reducible to a yellow powder. Its smell resembles that of hay, and is developed in contact with hot water. Colchicine has a persistently bitter taste, no odour, and does not, like veratrine, excite sneezing. Colchicine dissolves with moderate facility in water, easily in alcohol, less so in ether, and very readily in chloroform.

Strong nitric acid colours it deep violet or blue, quickly changing to olive green and yellow. It is precipitated from its aqueous solution by tincture of iodine (of a kermes yellow colour) by dichloride of platinum and tannic acid.

Colchicine is very poisonous, causing even in small doses violent vomiting and purging; one-sixteenth of a grain killed a cat in twelve hours. Tannin is the best antidote.

On the Development of Certain Infusoria.—Mr. J. Samuelson had observed the regular occurrence of monads belonging to the species of *Cercomonas fusiformis* in distilled water. They readily appear when dust from any part of the world is sifted into it; also in water containing extract of lettuce they also speedily showed themselves, but in the pure water they remained unchanged until near the end of the experiment (a period of three weeks). They entirely disappeared from the lettuce infusion in six or seven days, and were succeeded by ciliated infusoria. The fusiform body of the cercomonas leaves a long whip-like cilium at its anterior end, and a short hair-like caudal process at the opposite extremity. Now, this characteristic figure was retained by the monads in the distilled water. They continue to grow larger during the process of the observations, but without change of form. On the other hand, the cercomonades of the lettuce infusion in a few days lost both appendages, and, changing their manner of swimming, began to move through the water like ordinary ciliated infusoria.

From this and other observations, Mr. Samuelson infers that cercomonades are larvæ or earlier forms of the ciliated animalcules.

MEDICAL GLEANINGS.

ON THE EXCRETION OF AMMONIA BY THE LUNGS.

By H. LOSSEN.

Lossen refers to the results of previous experimenters, especially to those of L. Thompson, Regnault and Reiset, and Thierry, and describes an apparatus he has devised for determining the amount of ammonia eliminated by the lungs. He finds that the quantity is scarcely appreciable, amounting to only ten milligrammes per diem, and is of opinion that this is not developed or generated in the blood or tissues, but that it originates during the passage of the air through the air-passages—the various secretions and epithelial formations which are thrown into these tubes, the presence of carious teeth, and the decomposing remains of food in the crevices of the teeth, even of the healthiest person, being sufficient to account for the presence of the exceedingly small quantity observed.—*Zeitschrift fur Biologie* and *Brit. and For. Med.-Chir. Review.*

NOTE ON THE CAUSE OF THE REDNESS IN INFLAMMATION.

By MM. ALFRED ESTOR and CAMILLE SAINT PIERRE.

MM. Estor and St. Pierre have made investigations on the pneumatology of the blood coursing through inflamed parts, as the foot of a dog seared with the actual cautery. They estimated the amount of oxygen present by treating the blood with carbonic oxide, as recommended by Bernard, and obtained the following remarkable results:—

Experiment.	Inflamed side, amount of O in 100 parts of blood (venous).	Sound side, Ditto.
1	6·01	2·41
2	6·04	2·40
3	4·74	2·36
4	3·60	2·40
5	4·80	2·40

They conclude from these and other experiments—

1. That the venous blood returning from an inflamed part contains constantly more O than the blood of the sound side, the proportion being as 1 : 1·50 or 2·50.

2. That the venous blood of the inflamed side contains more CO^2, and

3. That it is to the excess of O in the venous blood, rendering it of brighter tint, that the increased redness of an inflamed part is due.—*Mèmoires de la Societé de Biologie* and *Brit. and For. Med.-Chir. Review.*

CASE OF FORCIBLE TEARING AWAY OF THE UTERUS OF A WOMAN JUST DELIVERED.

The following case, related by Dr. Hoffmann, is a melancholy example of the evil resulting from the lack of habitual practice in ordinary midwifery, and the concomitant one of medical practitioners being called in almost exclusively to difficult labours:—A woman, aged thirty-nine, was in her ninth labour, under a midwife who gave a powder, soon after which the child was expelled. She immediately removed the placenta by drawing on the cord. Strong after-pains followed, and the midwife felt a fleshy mass in the vagina. The district surgeon found the patient pale, cold, and almost pulseless, and a dark red fleshy mass projecting from the vulva. As he could not return it, he took it for a growth or fleshy mole, and passed his hand near the mass and through an opening which he took for the os uteri. After twenty minutes' manipulation he directed the midwife to take away the mass. Imme-

diately this was done a loop of intestines appeared. The mass torn away was the uterus. The examination of the body showed that the lower part of the vulva, together with the perinæum as far as the anus, was torn off, and no trace of uterus, ovaries, or Fallopian tubes was found.—*Vjhrschr. f. geriektlich. Med.* and *Brit. and For. Med.-Chir. Rev.*

ON CERTAIN MODIFICATIONS IN THE MANAGEMENT OF TURNING BY THE FEET.

By Professor MARTIN.

Professor Martin says that he has abandoned the dorsal or supine position of the patient during the operation of turning, and now prefers to place the patient on that side to which the pelvic extremity of the fœtus is directed, whilst he places himself behind the back of the woman, and fixes the fundus uteri with the homonymous hand of the side upon which the woman lies; thus, with the right hand when she lies on the left, and *vice versa*. Thus we avoid collision with the promontory, and whilst the uterus with its burden sinks down from the pelvis, there is more room for the hand. He advises to seize only one foot.—*Monatsschr. f. Geburtsk.* and *Brit. and For. Med.-Chir. Rev.*

EXPERIMENTS ON DEGLUTITION, MADE BY MEANS OF AUTO-LARYNGOSCOPY.

By M. H. GUINIER.

In the number of the *Comptes Rendus* for May 1st, 1865, is a communication from M. Guinier of Geneva, tending to show that during normal deglutition the alimentary bolus enters the larynx, and penetrates into the larynx as far as the vocal cords before passing into the œsophagus. It is evident that M. Guinier had been led into error by the insensibility of his mucous membrane. In fact, in his experiments he voluntarily permits the bolus to fall into the larynx, instead of making the movement of deglutition, and of transmitting it normally into the larynx.—*Brit. and For. Med.-Chir. Review.*

A CASE OF LITHOPÆDION.

Dr. R. Wagner describes the dissection of a woman, aged 68, who had died suddenly. She had borne five children at twenty-four, and believed herself again pregnant, when she fell sick of typhus. During this illness the movements of the child ceased. Notwithstanding that the child had been retained twenty-nine years in the abdomen, it was entire, although much contracted. It weighed 3½ lbs., and was of the size of a child's head. The soft parts were much dried; some bones showed strong calcification; the scalp and one ear had grown to the membranes. Whether the extra-uterine gestation were primary or secondary, Dr. Wagner does not decide. The woman had rejected an offer of Cæsarean section twenty-nine years before.—*Arch. f. Heilk.* and *Brit. and For. Med.-Chir. Review.*

BEER CONTAINING LEAD AND COPPER.

Dr. Verver found that in many of the beerhouses in Maestricht the beer contained lead and copper. In those houses which were most frequented this was only the case in the morning; it was no longer so when a large quantity had been drawn. The origin of the poison is, beyond doubt, due to the use of copper taps and leaden tubes, connecting the vessels with the pump on the buffet. A number of cases of lead colic had occurred in Maestricht, especially among the factory workmen, who were in the habit of drinking a glass of beer early in the morning.—*Schat der gezondheid* and *Brit. and For. Med.-Chir. Review.*

An inquest was held last week on the body of Joseph Wells, aged 14, lately in the employ of Mr. Burrowes, builder, of Clapham. The deceased took a bottle and swallowed a portion of its contents, which proved to be vitriol. Carbonate of soda was administered, with a view to neutralise the effect of the poison, but the deceased gradually sank, and expired. Verdict—"Accidental death."

Reviews.

A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE; designed for the Use of Practitioners and Students of Medicine. By Austin Flint, M.D., Professor of the Principles and Practice of Medicine in the Bellevue Hospital Medical College, and in the Long Island Hospital, Fellow of the New York Academy of Medicine, &c. Philadelphia: Henry C. Lea. 8vo, pp. 867. 1866.

Of late years we are very much indebted to our American brethren for several large and learned works, which have greatly tended to maintain and extend the influence of our profession, not only in their own country, but in every place where our common tongue is spoken. Who that is familiar with the names of Wood, Bache, Beck, Stillé, and many others, will not bear us out in this assertion?

Under these circumstances we turned with no small degree of expectation to Dr. Flint's large and closely printed volume, written, as it is, on a well-tried and worn subject; and while—as is always the case where men think at all—we find some things to which we may consider ourselves fairly entitled to take exception, and others which are not so fully dilated on as we may think the subject demands, yet the book is a valuable addition to medical literature. Its style is, perhaps, not the best; but its terse conciseness fully redeems it from being ranked among heavy and commonplace works, while the unmistakable way in which Dr. Flint gives his own views is quite refreshing, and far from common. Obsolete opinions or doctrines, or discussions on controverted pathological questions are rarely entered into, and the reader must look elsewhere for information on matters relating to surgery, obstetrics, diseases of women and children, and cutaneous diseases. The writer's object seems to have been to keep prominently before the mind the practical application of medical knowledge to diagnosis, prophylaxis, and therapeutical indications.

The work is composed of two large divisions—Part I., On the Principles of Medicine, or General Pathology; and Part II., On the Practice of Medicine, or Special Pathology. The former division comprises ten chapters, and we feel bound to say that these contain much, and in many cases minute, information; on the anatomical changes in the solid parts of the body; on the morbid conditions of the blood; the causes of disease; symptomatology; and general therapeutics.

On the second division we may make a few remarks in illustration of Dr. Flint's views on some contested questions among ourselves. In describing the treatment of acute pleuritis, he enters fully into the bloodletting controversy, and avows that he would rarely practise it, and then only whenever the promptness with which its effects are obtained renders it desirable to adopt it in preference to other measures producing the same effects with some delay. On page 30, he observes:—

"The useful effects of bloodletting may frequently, if not generally, be obtained by other means which require less circumspection in their employment, because, if injudiciously resorted to, they are in a less degree hurtful. The mass of blood may be temporarily lessened by saline purgatives and diaphoretic remedies, conjoined with a restricted ingestion of food and liquids. Depletion is obtained in this way without spoliation or impoverishment of the blood."

On the vexed question of the change of type in disease, Dr. Flint thus writes on page 131:—

"The opinion is held by some that diseases and the human constitution have undergone a notable change during the last quarter of a century, and that bloodletting and other antiphlogistic measures are less appropriate now than formerly on this account. This opinion seems to me not well founded. After a professional experience extending beyond

the period just named, I do not hesitate to express a conviction that acute inflammations at the present day are essentially the same as they were twenty-five years ago, and that antiphlogistic measures were no more appropriate then than now.

"Were it true that such changes have occurred, the fact would strike at the root of medical experience. If changes requiring a revolution in therapeutics are liable to occur with each successive generation, it is evident there can be no such thing as permanent principles of practice in medicine; the fruits of experience in our day, which so many are striving to develop, will be of no utility to those who are to come after us."

These opinions, expressed as they are in terse and clear language, are, of course, quite opposed to the views of Stokes, Watson, Law, and others, and they agree pretty closely with the opinions of the late Dr. Todd and of Dr. Hughes Bennett. It must be admitted that a good deal can be said on both sides of this question. Young men who adopt the principles of the new-light school of Todd and Bennett are always reminded by their grave seniors that after all it is but a question of experience, and that, as they knew nothing of practical medicine thirty years ago, so they cannot compare the type of acute disease as it occurred then with the actual state of things now. Here, however, a grave senior sides with his younger brethren, and gives his experience of the acute disease a quarter of a century ago, the said experience being absolutely contradictory to that of other keen observers of the same time. Verily, doctors differ.

Dr. Flint's treatment of cholera may be thus summarized: Prior to collapse he endeavours to arrest the intestinal effusion, and this he has frequently succeeded in doing by the internal administration of opium:—

"The article (he writes) which I have been led to regard as most eligible is a salt of morphia, administered by placing it on the tongue. . . . A grain of a salt of morphia is rarely, if ever, too large a dose for an adult. A physician should, if possible, remain with the patient. If the first dose be quickly rejected, a second should be instantly given. The doses are to be repeated at intervals of from half to three-fourths of an hour, until the dejections and borborygmi cease. If, owing to the occurrence of vomiting, the administration by the mouth be ineffectual, it should be given by the rectum; and in cases in which the symptoms are urgent, both modes of administration should be resorted to. The system, even in this stage of the disease, is not readily affected by opiates."

Dr. Flint adds:—

"I have repeatedly succeeded in arresting the disease by this plan of treatment, and when arrested before proceeding to the stage of collapse, the recovery is usually speedy." (Page 429.)

In the stage of collapse, Dr. Flint advises the use of opium freely, yet so as not to produce narcotism. If the stomach will retain astringents, he advises their use; and he recommends, for allaying vomiting, hydrocyanic acid, creasote, and chloroform. In the stage of reaction, he advises stimulants, alimentation, diuretics, and tonics.

Dr. Flint does not believe in the identity of typhus and typhoid fever. He thus gives "the more important of the facts on which the doctrine of their non-identity is placed:"

"1. Typhoid fever is characterized by peculiar and remarkable abdominal lesions, which are not found in cases of typhus. The difference between a fever with and a fever without these lesions is hardly less striking than the difference between a fever with and a fever without the cutaneous lesions—that is, the eruption characteristic of small-pox. The abdominal lesions of typhus fever are of so special a character as in themselves to constitute a valid claim for the individuality of the disease.

"2. The events of the clinical history in the two diseases show points of contrast which denote the distinct individuality of each disease. The more striking of these points of contrast relate to the addominal symptoms and the eruption. The characters of the eruption alone suffice to show that the diseases are not identical. The eruption in each disease belongs to a different class—viz., in typhoid to the *papulæ*, and in typhus to the *maculæ*. The difference is nearly as great as between the eruption of rubeola and that of scarlatina, and it is worthy of note that the two diseases just named have been considered identical within the present century.

"3. There is reason to believe that typhus and typhoid fever have each its own special cause or causes—that is, a cause or causes which will not produce the other disease. Jenner traced the origin of cases received into the London Fever Hospital during two successive years (1848 and 1849), in order to determine whether two or more cases coming from the same habitation afforded examples of the same kind of fever or of different fevers. Forty-four localities in 1848 furnished 101 cases of typhus, and only one of these houses furnished a case of typhoid fever. Eighteen localities in 1849 furnished 51 cases of typhus, and none of these houses furnished a case of typhoid fever. During these nine years nine localities furnished 19 cases of typhoid fever, and these houses furnished only one case of typhus. Similar investigations pursued by Murchison, Gairdner, Peacock, Wilks, and others, have led to similar results, showing that the two fevers have no community of origin.

"4. Neither typhus nor typhoid fever, as a rule, is experienced twice; but neither exempts from the other. Patients admitted with typhoid fever into hospital fever-wards containing cases of typhus are liable to contract the latter, and pass successively through both diseases. Several examples of this kind have come under my observation.

5. Certain laws with respect to causation go to show their non-identity. Typhus is chiefly diffused by contagion, typhoid is rarely communicated. Typhoid fever is indigenous in many regions where typhus is very rarely, if ever, generated. After 50 years of age the susceptibility to the typhoid poison is almost *nil*, whereas typhus is often contracted after this age. Typhus prevails as an epidemic, but typhoid is usually an endemic disease."—(Pp. 723-724.)

It must be borne in mind, however, that in Ireland, where typhus sometimes presents characters all but unknown, even to English writers and observers, some men of note maintain that typhoid is merely a variety of typhus; and others hold that many cases occur in which some of the most prominent symptoms of both diseases, or varieties, are to be met with at the same time and in the same individuals.

The opinions of Dr. Stokes, long since published in America, cannot be overlooked, or lightly dealt with, nor can those of Dr. Henry Kennedy, who, we believe, advocates the last-named view (with which our own experience in hospital and private practice coincides) be treated with any other than deep consideration.

In Dr. Flint's views just noted, prominence is given to the character of the respective eruptions in fever, and the reader need only refer to the views of Dr. Lyons, as given in our "Hospital Report" of the 9th inst., to see the great importance of establishing a clear agreement as to the meaning of words in discussing this question. On the typhus and typhoid matter we may further refer the reader to the able lectures of Sir D. Corrigan and Dr. Banks, recently published in our columns.

At page 376, Dr. Flint deals with the important subject of dipsomania, not often referred to in our text books, and we feel bound to say that his remarks are fair and temperate. His remarks on "Banting-ism" on page 75 are also a novelty in a medical treatise of this kind. Writing of Mr. Banting's celebrated pamphlet, he remarks:—

"The management of obesity has undoubtedly received too little attention; but it is to be borne in mind that a system of diet suited to diminish an undue accumulation of fat may be not only inappropriate but hurtful to persons who do not suffer from corpulence."

Respecting the propriety or otherwise of performing tracheotomy or laryngotomy in diphtheria, Dr. Flint observes that there is undoubtedly less hope of success from surgical interference than in croup. The simple

question, however, is (he writes), "are lives ever saved by it? This question is undoubtedly to be answered in the affirmative." We cannot pursue this subject any further, nor are we able to enter more at length, as we should desire, into Dr. Flint's work. It is a book of enormous research; the writer is evidently a man of observation and large experience; his views are practically sound and theoretically moderate, and we have no hesitation in commending his *magnum opus* to our readers.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 16, 1866.

THE FRANCHISE OF MEDICINE.

Amongst the representative anomalies which have lent weight to the arguments of the Reform party in the recent debates, there is none which claims more attentive consideration or has received less than the position of the Medical Profession and its relation to legislation in its own arena. No measure has within our recollection received so searching an investigation or been so exhaustively discussed in all its bearings and in every interest, and the fact is eloquent of the political status of medical men, that their right to special franchise was never even once mentioned. It was, of course, not to be expected that special claims could be considered on the reading of the Franchise Bill, but the Redistribution Bills afford us no more promise of medical representation, and we seize the earliest opportunity to throw down the gauntlet on the part of the Profession, and demand from its delegates an earnest effort to place it in the rank to which its numerical strength, its intelligence, and its public importance entitle it.

The claims of the Profession are, we think, neither doubtful nor difficult of proof. It is a matter of the simplest statistical calculation to establish for medicine a position second to none of the learned professions which at present enjoy an ample representation in the House of Commons, and to show that, neither directly nor indirectly, are the interests of medical men or their opinions enunciated in the Councils of the Empire. Furthermore, it needs the smallest research into the past legislation of the country to show that the injurious result of such non-representation on the efficiency of the public service in all matters sanitary, domestic, moral or administrative, which come within the scope of medical science.

The numerical strength of the Medical Profession, though not its strongest argument, is nevertheless sufficient to entitle it, on the showing of the framers of the Reform measure, to considerable respect.

The names, addresses, and qualifications of the medical men of the United Kingdom are in the hands of every man in the General Medical Register, and they number nearly eighteen thousand practitioners, divided between the three Kingdoms, in the proportion of about fourteen thousand five hundred for England, two thousand for Ireland, and one thousand five hundred for Scotland. If seats were apportioned to the Profession in the same proportion as to county and borough constituencies, let us see how matters would stand from the following returns:—

PROPORTIONATE NUMBER OF ELECTORS ON THE 31ST OF DECEMBER, 1865, TO EACH SEAT.

England and Wales—Boroughs	1380
,, ,, Counties	3350
Scotland—Boroughs	2413
,, Counties	1666
Average for England and Wales ...	2365
Average for Scotland	2040

The electoral returns for Ireland not having reached us, we are unable to give the proportion of electors for that portion of the kingdom. This proportion would therefore entitle the Medical Profession to six seats in England, one in Scotland, and two in Ireland; but it is to be borne in mind that in accepting this average we have taken a standard on which dozens of boroughs of an electoral strength under 1000 would be disfranchised, and if we were to measure the representation of the profession by the small constituencies which return members, we should claim for it four times that number of seats. Let us see now whether the profession has its due. In speaking of this question on a former occasion we gave the following *epitome* of the constitution of the last Parliament:—

Landed Gentry	302
Law	131
Trade	91
Army and Navy	122
Medicine	1
Total	647

"The House of Lords, also, while it is of course chiefly composed of the landed aristocracy, contains twenty-seven Prelates of the Church and a considerable number of Law Lords and representatives of the Military and Naval Services. The Upper House, however, is a *sanctum* into which no medical man, however well educated, industrious, celebrated, or successful, ever enters; and we know that the proposal to admit the father of our profession as a Peer was indignantly secuted by the Government and the Upper House."

We are bound to modify this estimate now, for we can boast of three medical M.P.'s—Dr. Brady, the member for Leitrim, who is the unit in the foregoing estimate; Sir John Gray, who sits for Kilkenny; and Dr. Clements, who represents Shrewsbury.

Of these gentlemen only the latter can be said to be a medical man, or in any respect to reflect professional opinion or interests, the two other members being doctors only by accident, who are neither chosen by the profession nor their spokesmen in the House.

It is not necessary for us to go further in the proof that Medicine has no place in the councils of the nation, or that the medical men of England, Wales, Scotland, and Ireland are worthy of holding such a position as the members of other learned professions possess.

We, of course, anticipate the reply to all this that if medical men are so numerous, so intelligent, and so in-

fluential, they have already their just position in the country, and can make themselves heard in Parliament through representatives not absolutely their own. It is necessary for us, therefore, to show reasons why the Medical Profession should be dealt with in an exceptional way, and enfranchised by a system different from that under which Aristocracy, Law, Divinity, War, or Commerce obtain their representation. There are, we assert, peculiar reasons why medical men cannot represent themselves in Parliament or be duly represented by others: why it should be essential for the public, as well as their own interest, that they should have a voice in legislation.

A combination of circumstances has placed medical men in a peculiar position. In the first place, they are not represented as the Church is, by the admission of twenty-seven of their body to the House of Lords, and they cannot be so because they have no official Governmental position such as the Church enjoys. Every doctor is essentially a working man labouring to his life's end for himself alone, unsupported by any system or corporate protection, such as the clergy have, and no medical man can ever claim his place as a tribune or leader amongst his class. We have no Archbishop, Bishop, Dean, or Archdeacon independent of pecuniary considerations; we are all curates without hope of promotion or sinecure.

Then, again, medical men have not the prospective inducement of an Attorney-Generalship, or the Bench, nor the prospect of security in affluence to enable them to look for parliamentary honours as lawyers do. To a medical man, a decided political bias is ruinous, while to a lawyer it is all powerful, and the course of partisanship, which lifts a barrister from the stuff gown to the bench, would reduce the resources of a medical man by one-half. Lastly, the members of the profession are distinguished from the commercial branch of the legislature by the fact—a damning one as regards their hopes of influence—that the enormous fortunes which place the trade of England in so commanding a position can never fall to their lot.

It thus appears that medical men have never been, nor can ever be, under the present system, in the enjoyment of their due rank in the legislature. Is it right that their special case should be refused a remedy? We do not hesitate to assert that sanitary and medico-political legislationhas fared worse than any other from of law-making. The Medical Act of 1858, looked forward to and hoped for by the entire profession, has turned out a worse than uselees burden on its resources, because the framers of the measure had neither information on their own part, which nine out of ten medical men have, nor the advice which a few medical representatives could have given them. The machinery of the sanitary enactments, which are of such vital import at this moment, is cumbrous and irksome because the prime actors in it are not consulted, and no member can be expected to speak with authority on matters as far from their province as rifled guns are from that of the Archbishop of Canterbury, or Registration of Title from the War Secretary. The profession will, in the proposed enfranchisement of the University of London and the Queen's University, receive a very meagre instalment of its legitimate influence, for no representation of the profession can be satisfactory which is not wholly and solely medical. There is not one of our medical or surgical corporations which does not possess a larger constituency than that of many boroughs now returning a member. We have amongst us the real elements of representative power—sufficient numbers—advanced intelligence and moderation of opinion; we have men amongst us willing and competent to take on a high position in the Legislature, and we have claims on the score of both right and expediency which should be paramount, and which cannot be long foreborne.

THE REPRESENTATION OF THE QUEEN'S UNIVERSITY IN IRELAND.

SIR D. J. CORRIGAN, BART.

We have long and earnestly advocated the representation of the Profession in Parliament. We trust that at no distant day our Colleges of Physicians and Surgeons will return a Member of their own to the House of Commons. Meanwhile in the extended representation of the Universities as scientific centres, which the recent measure contemplates, we recognize a step in the right direction; and should the franchise be conferred on the Graduates of the Queen's University in Ireland, we anticipate that the occasion which will be thus offered will be gladly availed of to return to Parliament a man not alone qualified to represent the Profession which he adorns, but who has proved himself the able and successful champion of every interest which has attached to the Queen's University from its foundation. We have reason to believe that Sir Dominic Corrigan is fully prepared to make that sacrifice of his professional time which would be entailed by attendance on Parliamentary duties. He is a man well versed in public and professional affairs, a writer of the highest scientific reputation, a ready and accomplished speaker, and a debater of unusual ability and address. Therefore Sir Dominic's accession to the House deserves to be actively promoted, not alone by the Medical Profession in Ireland, but by all enlightened members of the community. A man of the most large and liberal views, his voice and pen have already done good work in the public service, while the profession to which he belongs has ever found in him the most uncompromising and able supporter of its rights. No political or narrow sectarian views should be allowed to sway the Graduates of the Queen's University in this the first exercise of their franchise right. As a man of science, as well as a great Physician, and as the untiring advocate of the privileges and advancement of all the faculties which centre in the University, Sir Dominic Corrigan has peculiar and unchallengeable claims on the electors of the Queen's University.

MEDICAL PERSECUTIONS—THE CASE OF DR. ARMSTRONG.

When we, as one of the organs of Medical opinion in the British empire, observe the names of one after another of the most respectable and honoured names among our profession, gibbeted in the public newspapers as defendants in trials at law brought by unscrupulous adventurers or ungrateful paupers, on the most flimsy or even groundless pretexts, we are forced to exclaim in the words of Cicero, in the commencement of his orations against the conspirator Catiline, "Quousque tandem abutere patientiâ nostrâ? Quamdiu etiam furor iste tuus nos eludet? Quem ad finem sese effrenata jactabit audacia?" How long, we may paraphrase the passage, shall the law, which in its essence and nature is intended to be the reflex and the mirror of justice, remain the scourge of the good and the honourable, and a deadly weapon in the hands of the vile and the worthless? How long shall our courts of justice (so-called) be detained for days together in the hearing of causes against members of our profession, who are forced, at an enormous waste of time and money, to vindicate their character and their fame against worthless opponents to whom the practice of our law-courts, as they are at present constituted, affords ready opportunities for persecution and annoyance?

The "effrenata audacia" conferred by the modern practice of the law, was never more conspicuously displayed than in an action tried very lately in the Court of Exchequer in London, and of which we give a report in our present number. Of the special facts of the case we know nothing beyond what appears in the published accounts of the trial, but we know that Dr. Armstrong has always held a most honourable position in his profession which he has exercised in a blameless manner for nearly forty years; and yet we see this gentleman put exactly on a level with the most disreputable quack, so far as his legal status is concerned, and dragged to London to defend himself against a charge so utterly and transparently groundless, that it appears wonderful how it could ever have been made, and still more how solicitors and barristers could have been found to sustain it.

We have not the disposition to inflict upon our readers any detailed analysis of this trial, as indeed the facts speak for themselves and need no comment. The plaintiff appears to have been a person in a very humble condition, and (according to the evidence) hardly able to procure for herself the necessaries of life, and was a casual patient at some charitable institution at which Dr. Armstrong and his son happened, unfortunately for themselves as far as this case is concerned, to hold the position of Honorary Medical Officers. She was afflicted apparently with some scrofulous affection, which was of an obstinate character, and resisted the remedies employed, and a cure was moreover retarded or perhaps rendered impossible by the straitened circumstances of her condition which prevented her from obtaining a due supply of food or even fresh air. Yet, solely and entirely on the ground that she did not recover her health, she brings an action against those who had charitably and kindly done their best to alleviate her sufferings and drags them before a judge and a jury to defend themselves against a charge of malpraxis.

We are unwilling to speak harshly of this poor creature, and we must compassionately believe that she has been deluded by some officious busy-bodies into taking the unfortunate step which has terminated in a verdict against her. In most trials of this kind there is a needy or rascally attorney in the background who somehow or other always contrives to reap some pecuniary advantage from somebody who happens to be involved in the suit, although we do not by any means allege that such is the case in the present instance. But as there must be persons belonging to the honourable profession of the law who have been engaged on the par of the plaintiff in this most shameful case, we can only believe that they have been deceived as to the probabilities of success in bringing this action, and that they will now, in vindication of their calling, explain to the Medical Profession, whom they have seen outraged in the persons of the Messrs. Armstrong, the motives which led them to take up a case which, upon reflexion, they must now see was hopeless from the first, and could be calculated only to inflict pain and entail expense upon all parties concerned.

THE MEETING OF THE MEDICAL COUNCIL.

The Parliament of the Medical Profession will meet tomorrow, but its proceedings have hitherto resulted in so little benefit to the constituency it professes to represent, that the fact of its assembling causes very little interest. The overworked and underpaid members of the Medical body look with indifference at the long and often useless discussions in which the Medical Council is generally engaged, and in which too often personal interests are more consulted than the general good; while the aristocracy of the profession, having nothing either to gain or lose by changes in legislation, are equally apathetic as to the proceedings of a body which appears to have no power and no influence, even if vigorous measures were desirable.

We make no complaint or accusation against any of the members of the Medical Council in their individual capacity; many of them are eminent in their respective departments, and all are, no doubt, actuated by what they conceive to be honourable motives. But the very constitution of the Council is of such a heterogeneous nature, and represents so many conflicting interests, that uniform action in any one direction seems to be utterly impossible. Some of the members hold lucrative appointments, and are independent of any changes which the Council may originate; others hold positions in the educational institutions of such a nature that efficient and honest legislation might materially depreciate their incomes; and a few, although neither officials nor pro-

fessors, are well acquainted with the whole question of medical politics, and endeavour, as far as in them lies, to exercise a beneficial influence upon the discordant elements around them.

The question, above all others, which the commonalty of the Profession desire to have settled as soon as possible is the position which they hold among the public as an educated body, and the advantage they gain by the operation of the Medical Act. Hitherto, we say it with all seriousness, almost the only effect of that measure has been to inflict a penalty varying from two pounds to five pounds upon all the honest members of the Profession, and to strengthen the position of those dishonourable and uneducated quacks who have so long usurped the functions of Medicine, and have so seriously damaged it in public reputation.

When we find a widely-read journal like the *Times* confounding together the wild fancies of the lowest charlatans with the doctrines of legitimate Medical science and experience, we may almost excuse its readers for falling into the same mistake, but we cannot help lamenting that the Profession possesses no influential organ powerful enough to counteract the mischievous tendencies of writers such as those to whom we allude, and to expose their ignorance to the world. In the case of the meeting of the Medical Council we shall, in all probability, find that no mention of it whatever will appear in any of the lay journals, which, however, will diligently insert all matters relating to almost every other interest but the Medical. Clerical meetings, law reports, horse races, will all be duly chronicled; but as to the Medical Profession, its pursuits are seldom mentioned but in terms of depreciation, except, indeed, when some medical or pseudo-medical friend of the Editorial Staff may have some crotchet to ventilate, when his crude, or it may be mischievous, notions are paraded before the multitude as the emanations of wisdom, to be reverently received like the aphorisms of HIPPOCRATES or the discoveries of a HARVEY or a BELL.

The only body which might have been expected to vindicate the character and defend the rights of the Profession is the Medical Council. At present it has done nothing, and the question is, whether it ever will do anything in return for the large sums already expended upon its meetings.

Notes on Current Topics.

THE *TIMES* AND THE CATTLE PLAGUE.

THE following remarks on the Cattle Plague in a recent number of the *Times* are capital, and the only regret is that it did not entertain and express the same sentiments six months ago. On the contrary, it did all it could to throw ridicule upon the very principles which it now so warmly advocates, and strove its utmost to prevent the adoption of those sanitary precautions which the Medical Profession and the Medical Press pointed out from the first as the only efficient preventives of the disease:—

"We are taking our leave of the Cattle Plague Commission, but, unhappily, it by no means follows that we are taking our leave of the Cattle Plague itself. Its contagious nature has been most plainly manifested by the manner in which it has yielded to the preventive measures applied to it. There is in it none of that capricious and uncertain element which is the peculiar mark of so many kinds of epidemic disease. If neglected, it spreads; if energetically combated, it recedes. It is like a fire, which can be extinguished or beaten back, but which, if let alone, will spread till no more combustible matter is within its reach, and which is, perhaps, best dealt with by destroying whatever might enable it to continue its course. This steady, and, so to speak, mechanical, power to increase makes the disease more terrible, but also, it must be admitted, more manageable. It is not like the pestilence which strikes down its victims without the possibility of guarding against or foreseeing its attacks. It comes to us in a manner perfectly comprehensible, acting upon laws which we can trace and upon principles which we can perfectly understand. There is nothing arbitrary, nothing obscure, nothing capricious about it. It is a fair duel between a noxious power of nature and human skill and perseverance. Had the matter been better understood, or even had that which was understood been acted on with more energy and more intelligence, we might have escaped with a loss infinitely smaller than that which we have undergone. If we will even now take warning, and adhere to those simple but efficient remedies with which experience has furnished us,—the prohibition of fairs and markets, the stopping of traffic on railways and on common highways, the observance of a strict quarantine, and the slaughter of foreign cattle immediately on their arrival, together with the distruction of all infected animals and of all that come within the reach of infection,—we may reasonably hope to escape without any further very severe loss. Henceforth the responsibility for the rinderpest falls wholly and solely upon Government. They are armed with ample authority, and if they do not efficiently use it they must expect to be held just as much responsible for the visitation as if they failed to protect our coasts from insult or our trade from pirates. It is a new example of Ministerial responsibility, and we hope it will be strictly enforced."

AN OUTBREAK OF AN UNUSUAL ZYMOTIC.

WE have heard on good authority that two deaths occurred on last Saturday in Dublin under most anomalous circumstances. In one case death resulted in twelve, in the other in twenty hours, the only symptoms being rapid prostration, failure of circulation, and the pouring out of great effusions of blood in and under the skin. The cases bore great resemblance to that of a medical student whose death we recorded some six weeks ago. We understand that the features of the disease were so unusual that the physician who attended one of the cases could only compare it to the "Black Death" of the sixteenth century.

We hope in our next to be able to place before our readers a full report on the subject, and meanwhile we would ask what preparations have been made for the retention in quarantine or the treatment of persons suffering from cholera, who may at any moment arrive from Liverpool or Rotterdam at this port.

So far as we can learn the Privy Council has not bestirred itself on the subject, whereas in England that body, with the aid of its able Medical Officer, Mr. SIMON, has made most timely arrangements with regard to quarantine and other measures for the suppression of the dreaded epidemic.

On Thursday last the Municipal Council and the South Dublin Poor-law Guardians suggested that a ship in the river should be set apart for such a purpose, but since then the matter does not appear to have attracted attention.

THE late Mrs. Thwaytes, of Charmandean, has left £5000 to the Sussex County Hospital.

PROFESSOR STRUTHERS ON THE EDINBURGH ANATOMICAL SCHOOL.

(Concluded from page 496.)

ALEXANDER MONRO, *Secundus*.

The second Monro was appointed Professor of Anatomy at the age of twenty-one, before he had taken his degree or finished his studies in the University. The father's petition to the Town Council, to express it shortly, but not more plainly, was, that by-and-by he would require a successor; that he thought his youngest son, Alexander, had the necessary qualities; that his son could not venture to forego other prospects and prepare himself for anatomy on the chance of the appointment; but, if they would now appoint him his successor, he would have the young Professor educated for the office under the best masters. The petition was supported by his colleagues in the University, and was at once granted. The appointment fortunately proved an excellent one; and we might have conceded to the parties concerned the merit of having thus early discovered the talent and aptitude of the youth, were it not that the same argument, supported by the same recommendation, was submitted to the patrons for the appointment of the third Monro.

The young Professor having finished his studies and graduated more than a year after his appointment, the bargain for his education was faithfully carried out by sending him to London, Leyden, Paris, and Berlin, between which he spent two years and a half, chiefly in the study of anatomy. Besides his father, his anatomical masters were—William Hunter, who was fifteen years his senior; in Leyden, Albinus; but, above all, the German anatomist, Mickel, in whose house he lived during his long stay in Berlin.

Returning to Edinburgh, he commenced to teach in 1758, four years after his appointment. The father, after giving the first few lectures of the course, gave place to the son, who, it will be admitted, commenced boldly, for he began in his very first lecture by controverting some of the doctrines which his father had taught. His style was lively, argumentative, and modern, compared with that of his more venerable colleagues, and the effect is described by one who was present to have been like an electric shock to the audience. It was at once seen that he was master of his subject, and of the art of communicating knowledge to others; and from that day onwards for half a century his career was one of easy and triumphant success.

The number of students in Edinburgh continued to increase; and although we have no exact statement for each year, the number in the anatomy class rose, in his time, from 200 to about 400.

Monro's earlier writings were chiefly controversial, disputing claims to priority in discovery with William Hunter, Hewson, and others. He had taught for twenty-five years before he began to publish the greater works on which his reputation as an anatomist rests. In 1783 appeared his "Structure and Functions of the Nervous System;" in 1785, his "Structure and Physiology of Fishes;" in 1788, his "Description of the Bursæ Mucosæ;" in 1794, his "Observations on the Muscles;" and his last work, "On the Brain, the Eye, and the Ear," appeared in 1797, nine years before he retired from anatomical teaching.

Although it might well be supposed that Monro had work enough with his class, and with his anatomical researches, he was at the same time busy in practice—being, in fact, the leading physician of his time. In the words of Dr. Gregory, who was his colleague, and, as a physician, so far his rival, for thirty years, Monro was "for more than half a century at the head of the great medical school of Edinburgh, and for the greater part of that time unquestionably at the head of his profession in Edinburgh and in Scotland." This, notwithstanding that among his colleagues were, not only John and James Gregory, but the illustrious Cullen. Cullen began as Professor a year after Monro's appointment, but had the disadvantage of being a stranger in Edinburgh. Monro's name, however, is not to be put alongside of Cullen's as a great physician, nor has he left his mark on medicine as Cullen has. His true reputation was as anatomical teacher and anatomist.

In regard to how far Monro deserved his great reputation, it may be admitted that he had absolutely no difficulties to contend with as his father had, that he was born both to a great name and a great position, and that his position was one in which a somewhat better than ordinary man is in his lifetime apt to be mistaken for a great one. But the most dangerous of all successions is that to a famous father, and the most trying position for reputation is that of having brilliant colleagues. Among these colleagues in medicine were Cullen, Joseph Black, the Gregorys, the Rutherfords, the Homes, John Hope, and latterly Dr. Duncan, senior, and Charles Hope; and in the University at the same time were Adam Ferguson, Dugald Stewart, Playfair, Dalzell, Robison, Hugh Blair, and Principal Robertson. It was a period of great men, and among all these men Monro held his place, intellectually and socially; and in his own faculty was all that is implied in describing him as the acknowledged head of the medical school, and at the same time the leading practitioner of medicine in Scotland.

The effect of all this extending and accumulating over half a century, may enable us to understand the greatness to which his reputation grew, both at home and abroad, and the honour in which his name is held among anatomists, and in the Edinburgh school.

ALEXANDER MONRO, *Tertius*.

When the third Monro was appointed to the Chair of Anatomy, on the petition of his father and the recommendation of all his father's colleagues, he was twenty-five years of age. The Council minute, too long to be quoted, is of date 14th November, 1798. The father, however, continued for eight years after this to give either the whole, or nearly the whole, of the course, not retiring till 1806-7, at the age of seventy-five, after which he lived for ten years, spending a peaceful old age on his estate of Craiglockhart, which he had purchased. As the third Monro continued Professor till 1846, when he retired from the chair, he was for about forty years sole Professor of Anatomy in the University.

Thus, the three Monros occupied the Chair of Anatomy for 125 years.

JOHN BELL.

We now come to the brothers John and Charles Bell.

John Bell had resolved to become a teacher of anatomy while yet a student. As this youth, remarkable for his keen eye, intelligent countenance, and small stature, sat among the crowd in Monro's class-room, it struck him that, although Monro was an excellent anatomist and teacher, the application of anatomy and surgery was neglected. He saw his opportunity, and took his resolution accordingly.

He began to lecture in 1786, in his twenty-fourth year, and taught till 1800—in all, fourteen years. For nearly twenty years thereafter he was the leading surgeon in Edinburgh and of Scotland. His lecture-room was to the east of old Surgeons' Hall, and was built by himself on ground feued from the College. His lectures were numerously attended, and rapidly brought him into notice. Although John Bell's name has come down to us chiefly as a surgeon, he was no mere surgical anatomist, as his writings show. The first and second volumes of his "Anatomy of the Human Body" appeared in 1793 and 1797, the third in 1802—after he had retired from teaching. Besides being anatomist and surgeon, John Bell aimed at being, and was, an accomplished man. He was a good classical scholar, extensively acquainted with ancient and modern literature, an accomplished musician, a skilful artist, and, as a lecturer, he was not only a ready and polished speaker, but his style was vivid beyond what had been hitherto known in the Edinburgh school. From causes which it would be easy to trace the ordinary Edinburgh tradition of John Bell has descended from the unfriendly side, and with no little exaggeration or distortion. To the unprejudiced student of his writings, the alleged exaggeration or romance of his narrative appear but the result of investing what is in ordinary hands a dull subject with the charms of that fine style and intense descriptive power of which Bell was so great a master. That he was deeply involved in controversy is true, but he was not the aggressor; and though nothing loth to accept Dr. Gregory's challenge, we can see that he was not a jealous, ill-tempered, or bitter man, but that he bore himself buoyantly through the long controversy, confident both in the position which he maintained and in his ability to defend it. The very step of his commencing to teach was regarded with hostility, which was in no way lessened by his brilliant success, or by the freedom with which he expressed his own opinions.

The position which John Bell exemplified and defended was, what no one will now dispute, that surgery must be based on anatomy and pathology—a doctrine for which there was at that time in Edinburgh neither acceptance nor toleration. A combination, led by Dr. James Gregory, Professor of Practice of Medicine, was formed against Bell; and the whole force of Gregory's wit, mixed with, to us, inconceivable personality and scurrility, was launched against Bell, not merely in pamphlets, but in volumes, and even in placards over the town. Thus attacked, Bell replied like a capable general, carrying the war into the enemy's camp; and while he did so with effect, his style, severe and personal though it is, is more dignified than that of Gregory's. Although from our point of view Gregory's plan for the service of the surgical hospital, at least as since improved upon, was the better, no one can understand what was at the root of that controversy without bearing in mind that the concealed object of Gregory's party was that John Bell, the only true surgeon in Edinburgh, might be excluded from the Infirmary.

On the, to him, adverse termination of the Infirmary dispute in 1800, which brought with it the loss of his connexion with the surgical hospital, he retired from teaching.

While teaching he had published his work on "Gunshot Wounds," and now, from 1801 to 1808, appeared his "Principles of Surgery," in three volumes, by which John Bell is best known—an undying book.

It is beyond my limits to follow Bell as a surgeon; but I may say shortly that he was the reformer of surgery in Edinburgh, or rather the father of it. He was not only a bold and original operator, but combined all the qualities, natural and acquired, of a great surgeon to an extraordinary degree.

His reputation was not confined to this country. When he visited the Continent, his professional brethren received him with the highest honour, and patients sought him at Paris and Rome. He died at Rome in 1820, in his fifty-seventh year.

I am informed by my colleague, Professor Pirrie, that when he visited Rome, in 1864, he saw the tombstone over Bell's grave in the English burying-ground. The inscription, which was nearly effaced, he caused to be renewed. It is a very modest one: "Here lies John Bell, surgeon, of Edinburgh. A man not uneminent in his profession.

SIR CHARLES BELL.

Charles Bell had not the same educational advantages as his brothers, his father, a Scotch Episcopalian clergyman, having died when Charles was but five years of age. He used to say that his education was the example set him by his brothers. He was twelve years younger than John, who was his anatomical and surgical master, and five years younger than George Joseph, who was his attached friend through life, and died Professor of Scotch Law in the University in 1843.

Charles Bell's professional career was begun in Edinburgh, continued in London, and concluded in Edinburgh. Before leaving for London in 1804, when he was thirty years of age, he had taught anatomy for ten years, as we are told that when a comparative boy he assisted his brother John, and lectured to a class of several hundred students—John taking the surgery, Charles the anatomy.

Charles became a Fellow of this College in 1799, just before John retired from teaching, so that Charles could now conduct the school in his own right. His class amounted to ninety. During these ten years he published his "System of Dissections" in three volumes; "Engravings of the Arteries;" "Engravings of the Nerves;" "Engravings of the Brain;" and the third volume of his brother John's "Anatomy," in the work of which Charles had probably a considerable share. The greater part of his "Anatomy of Expression in Painting" was all written before he left Edinburgh.

He had a double reason for the step of removing to London. The party opposed to his brother John was influential in Edinburgh; and the Infirmary, by the supremacy of the same party, was closed against him. On the other hand, the example of John Hunter, who had died when Bell was a student, would be sure to have great influence on a mind like his. In short, he was both ambitious to go and glad to leave.

Even if time allowed, it would be out of place in this sketch to follow with the same detail the London part of Bell's career, which was long and eventful, extending over thirty-two years. A very general notice of it must therefore suffice.

His first seven years in London was a period of comparative obscurity, and struggle with difficulties. In the ruinous old house in Leicester-street which he had taken to live and teach in, he had only three pupils to begin with; and it was years till he gathered forty. During this period he published his "Anatomy of Expression in Painting," and two surgical works, a "System of Operative Surgery," and on "Diseases of the Urethra." During the next fifteen years he occupied a prominent position among the teachers and surgeons of London, as teacher in the Hunterian School of Anatamy in Windmill-street which he had purchased from James Wilson, and as surgeon to the Middlesex Hospital, to which his clinical teaching brought pupils and financial prosperity. It will give some idea of the laborious and thoughtful life he must have led during these fifteen years, if I enumerate the works which he published, bearing in mind that he was at the same time conducting a school of anatomy and surgery, and acting as surgeon to the hospital. The works, in the order of their publication, were:—"Engravings of Morbid Parts;" on "Gunshot Wounds;" "Quarterly Reports of Cases," two volumes; "Engravings of the Nerves;" on "The Forces which Circulate the Blood;" on "The Nervous System," in the *Philosophical Transactions*; "Illustrations of the Great Operations of Surgery;" on "Diseases of the Urethra, Bladder, Prostate, and Rectum;" on "Injuries of the Spine and Thigh Bone;" and a new edition of John Bell's "Principles of Surgery."

When University College was about to be established, Bell, seeing that it would ruin his school, was induced to accept the Chair of Physiology in the new institution; but the arrangements proved so unsatisfactory to him that he resigned within a few days of the opening of the College. The Edinburgh College of Surgeons had meanwhile purchased his museum (I believe for £3000). This large museum was made partly by James Wilson, partly by Bell, the two parts being still distinguishable by means of Wilson's catalogue; and the whole forms a collection of human anatomy and surgical pathology second only to that of John Hunter.

During the remaining ten years of his London career, Bell did not teach, but was occupied in practice and in scientific writing. During this period his publications were—the seventh and last edition of "John and Charles Bell's Anatomy and Physiology," in three volumes; his "Animal Mechanics," in 1830; his greatest work, "The Nervous System of the Human Body;" his Bridgewater Treatise "On the Hand;" and "Illustrations of Paley's Natural Theology."

The Chair of Surgery in the University of Edinburgh was offered to Bell in 1836. After much doubt, he accepted it, writing to a friend at the time—"There is but one place where I can fulfil the object of my scientific labour, and that is in Edinburgh." The mistake here was that it was not a scientific but a practical Chair to which he was going; and that while he broke up a good practice, the growth of many years, in London, he was too far advanced in life to begin again. He lived but for five years after his return to Edinburgh, and during that time published two works on surgery—his "Institutes of Surgery," and "Practical Essays"—and a new edition of his "Anatomy of Expression." He still meditated a great work on the nervous system; but his diminished income retarded this, and death overtook him suddenly in 1842, in his sixty-eighth year.

In estimating the merit of Charles Bell, we must bear in mind, not merely what he achieved, but his early and long struggle with difficulties, and that he stood alone as a teacher, without the support of any institution. As an anatomist, his reputation rests on thirty years' teaching, and on his anatomical writings and engravings; while his "Anatomy of Expression in Painting" also established his reputation as an artist. His power as an artist, both in sketching and in painting, has probably never been equalled in the medical schools. It is in physiology, however, that Bell's name will go down to posterity. He had printed and circulated his views in 1810; but complained that they attracted no notice till, after repeating them in a paper at the Royal Society in 1821, he suddenly found himself famous, and raised, especially on the Continent, to even a higher position as a discoverer than Harvey.

It must be granted that Charles Bell was not rewarded as he deserved. His brethren in London were not to blame for

this; for they gave him, in 1824, all that was in their power to give, the temporary office of Professor of Anatomy and Surgery to the College of Surgeons. Nor was Edinburgh to blame for it; for the patrons of the University offered him the only suitable Chair which had become vacant during his career, though it brought him only £400 a year. The only appointment which was denied him, and denied him three times, was that of Professor of Anatomy to the Royal Academy in London, for which his claims were unrivalled. His income in London fluctuated between £1400 and £2400 a year—not a great income for a famous surgeon in London; and he might have made it more had he not chosen to give so much of his time to science. He was knighted in 1830, along with Brewster and Herschell, but received no pension from the State. Nothing was done to secure his services to science. It was his misfortune that no great anatomical position was within his reach, for that would have been his right place. Compare his career with that of the second Monro, the latter occupying a ready-made and splendid position from his boyhood; and yet Bell, notwithstanding all his difficulties, achieved more than Monro. Had Charles Bell, instead of the third Monro, been Professor of Anatomy, we may imagine, great as it was, how much greater his career would have been, how much more he might have done for science, and how much additional renown he would have brought to the Edinburgh school. As it is, Charles Bell's name must be placed in the first rank among those who have contributed to the progress of science, and to the relief of human suffering.

Professor Struthers proceeded to give interesting biographical sketches of Dr. Barclay, who had taught anatomy in Edinburgh from 1797 to 1825, who had a class at one time of about 300, and who had left behind him the largest museum ever formed by any one medical teacher in Edinburgh; Dr. Gordon, who was one of the best teachers and most valuable men of the Edinburgh School; Alexander Walker, William Cullen, Andrew Fyfe, and Dr. Knox, the direct successor of Dr. Barclay, who taught anatomy in Edinburgh for sixteen years, and whose lectures were so attractive that his class attained a number unprecedented even in Edinburgh. The lecturer proceeded to give a brief notice of the period between the end of Dr. Barclay's time and the retirement of the third Monro in 1846—twenty years—which he characterized as a period of much interest in the Edinburgh Anatomical School. We have only space for the following concluding general remarks on

THE CHARACTERISTICS OF THE EDINBURGH ANATOMICAL SCHOOL.

The characteristics of the Edinburgh Anatomical School had varied in different periods with the science of the time or with the characters of the men, who, though successors or rivals, were far from being copies of each other. The first Monro was not so much either kind of anatomist as all kinds in a primitive time. The second Monro was a descriptive anatomist in a more minute age, and his comparative anatomy was either special or physiological. John Bell originated the school of surgical anatomy. Charles Bell was teleological, and especially the artistic anatomist, and set the fashion in Edinburgh of anatomists publishing engravings. Barclay set the example of making the teaching of anatomy an occupation; his anatomy was descriptive and classic, and his comparative anatomy, though chiefly descriptive, was scientific enough to enable him to see and teach the outlines of homology. Gordon, again, was the physiological and minute anatomist, not only of the organs, but of the tissues, as far as the instruments of the day would carry him. Fyfe was the plodding practical demonstrator and text book writer, the provider of daily common anatomical food. Knox, lastly, was the morphological anatomist. Familiar with the work of the then brilliant French school—with the descriptions and inductions of Cuvier, and the then despised philosophy of Geoffray St. Hilaire—Dr. Knox was able to invest human anatomy with a new interest. It was not to his great powers of satire, which could only make enemies, but to his having early mastered and appreciated the great facts and ideas of morphology, together with—as we may see by his writings—his wonderful command of the most felicitous language, that Dr. Knox's lectures owed their value and their attractiveness.

Dr. Knox also formed a considerable museum, which is now in my possession.

As the farther notice of this period would lead me to speak of living men and of events which are fresh in the memory of many, the time has not nearly come for making it the subject of a historical sketch. When the history of this period is written, it will have to include a notice of an event important to this country as well as to the Edinburgh medical school—the passing of the Anatomy Act in 1830—and of the events which led the Legislature to see that it was for the public interest to legalise dissection. At some future time, I hope to be able to resume this sketch, so as to include this period.

During its delivery, the lecture was frequently applauded, and at the close, on the motion of Professor Syme, seconded by Professor Christison, a cordial vote of thanks was passed to Dr. Struthers for his careful and instructive history of the Edinburgh Anatomical School.

THE FELLOWSHIP OF THE COLLEGE OF SURGEONS OF ENGLAND.

Certain modifications of the regulations respecting the Fellowship of the College of Surgeons have recently been promulgated, with which it will be well for those intending to present themselves for examination for that honour to make themselves acquainted. Since all now entering the medical profession are required to pass a preliminary examination in the subjects of a liberal education, it has been thought right to modify the preliminary examination for the Fellowship, and those who have already passed the preliminary examination for the Membership will only be required to pass in certain additional subjects instead of having to undergo an examination *de novo*. Those who have already passed higher examinations, or have taken higher degrees, will, of course, be exempt as heretofore. Several important modifications are about to be made in the professional requirements for the Fellowship, one of which is that only *eight* years of Membership will be hereafter required instead of twelve before a member of the College can be admitted for examination for the Fellowship without any preliminary examination whatever. Another alteration, which will be most welcome to the provincial schools and those educated at them, is that the invidious distinction between attendance at London and provincial hospitals is proposed to be done away with, and that for the future certificates from all recognized hospitals and schools will be as available for the Fellowship as the Membership. Certain additional requirements will be found in the new regulations, and amongst them attendance upon a course of Practical Chemistry will be requisite as well as a certificate of having attended a course of lectures upon operative surgery, and of having performed operations on the dead body. Hitherto operations on the dead body have formed a part of the examination, but it is a manifest advance to require due instruction in such an important subject. It may be well to remind those now students that they will be required to produce certificates of having attended lectures on anatomy and physiology and of having dissected during *three* winter sessions before they can be admitted to the Fellowship examination, whereas they only require *two* courses on each subject for the Membership; and we would, therefore, strongly advise their taking out this additional attendance in their third year, so that they may not be hindered from presenting themselves for the Fellowship later in life. It has hitherto been necessary that six years should be spent in some recognized hospital and medical school, and this will still hold good with respect to new members of the College. Those already members of the College, however, will only have to attend for two years in addition to the time required for the Membership diploma—viz., two years and a half (three winters and two summers); and those, therefore, whose professional engagements prevent their remaining the full period at a medical school at one time will thus have less difficulty in making up the extra attendance.

It is intended to separate the first or anatomical and physiological examination from the surgical or second examination more than has hitherto been done, and to permit the student to present himself for the former at the end of his third year. This will probably be thought a boon by many, but we must say we doubt the propriety of encouraging the tendency which is so prevalent in the present day to make the student regard anatomical and physiological knowledge not so much as sciences to guide him in his practice in after life, as subjects to be crammed for the nonce, and to be utterly forgotten the

moment an examination in them is passed. Our great surgeons were not men who threw aside their scalpels at the end of their third year of study, and never investigated anatomical and physiological data again. In the scheme for the second or professional examination we find one subject for sincere congratulation, and it is that it "shall include pathology, therapeutics, surgery, *the examination of patients*, and operations on the dead body." We are glad to find the Council of the College thus yielding to the force of public opinion, although it has always hitherto been maintained that the Charter did not permit of such an innovation. Perhaps, as it has been found possible to extend the examination for the Fellowship in this direction, it may before long be found equally possible to test the knowledge of candidates for the Membership in the same manner—the only manner, in fact, in which surgical knowledge can be properly tested. Taken as a whole, the new regulations for the Fellowship may be regarded as evidence of progress within the College walls, and we trust that from year to year, as the general feeling of the profession makes itself more and more heard, the rate of progress will be much increased.—*Lancet.*

THE CHOLERA ON BOARD THE *HELVETIA*.

A SUPPLEMENT to the *London Gazette*, containing an order in council, which, after reciting the powers conferred on her Majesty's Privy Council for preventing the spread of infectious diseases, says:—"Whereas a certain vessel, named the *Helvetia*, having a certain infectious disease on board, that is to say, the Asiatic cholera, has arrived, or is expected to arrive, at Liverpool; and whereas it is expedient to cut off all communication between persons on board that vessel infected with that disease and the rest of her Majesty's subjects: now, therefore, in exercise of the powers conferred upon them, the lords of the council do order, and it is hereby ordered: 1. That in case of such vessel arriving at Liverpool, having such disease on board, no person shall land from such vessel for the space of three clear days after her arrival at Liverpool without the permission of the Mayor of Liverpool. 2. The Mayor of Liverpool shall forthwith cause all persons on board the said vessel to be examined by a physician or surgeon, and shall permit all such persons to land immediately who shall be certified by such physician or surgeon to be free from such disease. 3. All persons certified by such physician or surgeon to be affected with symptoms of such disease shall be removed, if their condition admits of it, to some hospital or place to be designated for such purpose by the Mayor of Liverpool; and no person so removed shall quit such hospital or place until some physician or surgeon shall have certified that such person is free from the said disease. 4. All persons offending against this order shall be liable to such penalties as are imposed by the said act of parliament upon persons offending against the provisions thereof."

A special meeting of the health committee was held for the purpose of taking into consideration the best steps to be adopted for the prevention of the spread of cholera in this town, consequent upon the return of the emigrant ship *Helvetia*, on board which that disease had broken out. The meeting was attended by Dr. Buchanan, who, at the request of the Mayor, was dispatched from London last night; Mr. Fletcher, chairman of the Steam Navigation Company, to whom the *Helvetia* belongs; Mr. McAllister, the manager for the company; Mr. Hagger, the clerk to the select vestry; and Captain Prior, the emigration agent. The Mayor stated that he should not allow any of the sick passengers of the *Helvetia* to land on the arrival of that ship; and Dr. Buchanan having stated that the best course to adopt would be to have the sick passengers transferred to two other ships, and the *Helvetia* thoroughly cleansed before resuming her voyage, Mr. Fletcher stated that the company had two vessels for this purpose at their disposal, and that as soon as the *Helvetia* arrived those measures would be carried out. In answer to a question he stated that the *Helvetia* was measured to carry 1080 passengers, but that at the present time there were only 817 on board. He had been informed that the *Helvetia* was now lying off the bar, and would probably arrive about one o'clock this afternoon. After considerable discussion a subcommittee of the health committee was appointed to wait upon the select vestry to carry out such arrangements as might be requisite under existing circumstances connected with the present outbreak of cholera on board the *Helvetia*. We are informed that no fresh cases of cholera have broken out on board the *Helvetia*; in fact, it is hoped that when the vessel arrives the sickness will be of so slight a character as only to cause a brief detention of the vessel in the river. Mr. Wilson, the inspector, informed the health committee that the German lodging-houses in Liverpool were being visited every day and every night. Last night there were only very few lodgers in those houses, the majority having left for America within the last few days. A telegram had been forwarded to Rotterdam, requesting that no more emigrants should be sent to this port for some time. There was no sickness among the German inhabitants of the lodging-houses, all of which were very clean.—*Liverpool Post.*

It now appears that the removal of the German emigrants from the *Helvetia* to the depôt at Birkenhead is likely to prove an impolitic step. The cholera has appeared among them and seems likely to spread. One case is in the workhouse—that of the father of the child who died last week. Three deaths had occurred on Tuesday night from cholera on board the hospital ship *Jesse Munn*, and there have since been two more. At the time of the last death there were seven other patients in various stages of the disease on board the *Jesse Munn*. The bodies were removed for interment at the Walton Cemetery immediately after death. The town continues to be flooded with fresh arrivals of Germans, who, it is presumed, have passed the medical examination at Hull. So great was the demand on the lodging-houses, that late on Tuesday night, Dr. Trench, the medical officer of health, sent a body of 200 Germans, men and women, to the workhouse, with a note to the governor, asking that he would accommodate them for the night. The governor was in a dilemma, as the men were not paupers, and, in answer to his questions, they stated that they had contracted for respectable lodgings, which they were then quite able to pay for, but could not obtain accommodation. He was also influenced by the fear that by admitting them he might spread infection among the inmates. Having consulted two members of the select vestry, he finally resolved to place them in the large waiting-room adjoining the relief department. They were there supplied with coffee and bread, and remained for the night. Yesterday morning they again went into the town. Yesterday further assistance was sent, in the shape of bedding and nurses, to the *Jesse Munn*, from the workhouse. Application was also made by the medical officer at Birkenhead, backed by a letter from Dr. Trench, for nurses, and they were sent. It is stated that the officers and crew of the *Helvetia* and the hospital ship are almost paralysed by fear. The fumigation of the *Helvetia* proceeds rapidly. The latest information is that so bad are many of the patients on board the *Jesse Munn* that a dozen coffins have been ordered to be in readiness. It is questionable whether the landing of the bodies for burial is not in direct contravention of the Order in Council, which provides that all bodies of those dying from cholera shall be taken out to sea, and, being loaded, shall there be buried. A German lodging-house-keeper was yesterday fined for overcrowding.—*Times.*

QUARANTINE AND CHOLERA.

THE supplement to the *London Gazette* publishes the following order issued by the authority of the Privy Council. After quoting the Act passed in the sixth year of George IV., cap. 78, the order states that:—

"And whereas a certain infectious disease—that is to say, Asiatic cholera—is prevalent in certain foreign parts; and whereas it is expedient to cut off all communication between persons on board any vessel infected with that disease and the rest of Her Majesty's subjects:—

"Now, therefore, in exercise of the powers conferred upon them by the above-quoted section of the said Act, the Lords of the Council do order, and it is hereby ordered—

"1. That in case of any vessel arriving in any port of the United Kingdom having such disease on board, no person shall land from such vessel for the space of three clear days after her arrival, without the permission of the local authority.

"2. The local authority shall forthwith cause all persons on board the said vessel to be examined by a physician or surgeon, and shall permit all such persons to land immediately who shall be certified by such physician or surgeon to be free from such disease.

"3. All persons certified by such physician or surgeon to be affected with symptoms of such disease shall be removed, if their condition admits of it, to some hospital or place to be designated for such purpose by the local authority; and no person so removed shall quit such hospital or place until some physician or surgeon shall have certified that such person is free from the said disease.

"4. In the event of any death from cholera taking place on board of such vessel, the body shall be taken out to sea, and committed to the deep, properly loaded, to prevent its rising.

"5. The clothing and bedding of all persons who shall have died or had an attack of cholera on board such vessel during her voyage, either at any foreign port or on shore at such port, or on her passage to the United Kingdom, shall be disinfected, or (if necessary) destroyed under the direction of an officer of the Customs.

"6. The local authority for the purposes of this order shall be the Local Board of Health, where there is such local board; and in any corporation where there is no such local board, the local authority shall be the Town Council of such corporation.

"7. All persons offending against this order shall be liable to such penalties as are imposed by the said Act of Parliament upon persons offending against the provisions thereof.

"ARTHUR HELPS."

PROFESSOR HUXLEY ON THE RELATION OF PHYSICAL SCIENCE TO MEDICAL SCIENCE AND MEDICAL EDUCATION.

ON Tuesday, May 1st, the annual distribution of prizes at St. Mary's Hospital Medical School took place, on the opening of the summer session. The Dean read the annual report, which alluded especially to the institution of practical microscope classes for the study of normal histology under Dr. H. Lawson, and of pathology and morbid histology under Dr. Charlton Bastian; the building of a new wing of the hospital, which would include a children's hospital; and the entry of new students for the year, which had amounted to thirty-three.

Professor HUXLEY said that he had hardly clearly apprehended at first that a certain gravamen attached to the honour of presiding, in the shape of an address. After a brief introduction, he proceeded to speak of the relations of the physical sciences to medicine and medical education. He defined the object of the science of medicine as being to ascertain the nature of the disability which a diseased person labours under, and the means by which that disability can be removed; and, correlatively, the art of medicine as the skilful use of all those means by which we can ascertain what is the matter with the diseased man and their application to his cure. One great division of these means was derived from, or in its use dependent upon, the physical sciences. The microscope, the ophthalmoscope, the stethoscope, chemical tests, and the other great and familiar means of diagnosis, were all physical appliances. Further than that, every liberally educated medical man should surely know something about the nature of the bodies which he is constantly employing. He should certainly, as a man of liberal education, know enough of botany and zoology to be on even terms with laymen, and give safe opinions and safe answers concerning the animal and vegetable substances which he uses constantly. He was quite prepared to admit, and indeed had always had a strong conviction, that there was something absolutely preposterous in the volume and bulk to which, for example, some of our treatises on materia medica extend, and the enormous quantity of absolutely irrelevant matter. He was not one who would take the student through the length and breadth of physical optics because there are particular substances used in medicine which change the polarization of light or exhibit the phenomenon of fluorescence. This was the Scylla; total ignorance was the Charybdis.

But there was a more important aspect of the matter; the relation in which the science of medicine stands to physical science in general. The scientific man makes use of the data of physical science for the purpose of reasoning out the exact conditions of the case which he has before him, and for the purpose of applying the precise measures which are adapted to meet that case. Having this conception of what is meant by scientific medicine, what has to be done in medicine before we shall reach this condition? For, although looking about us to surgical practice particularly, and perhaps in some few cases in medicine, it would be possible to adduce instances of what he should call perfect medical science; that is to say, where you have a complete knowledge of the lesion, and a complete knowledge of the conditions required to restore that lesion; yet these were among the rare cases presented to the physician or surgeon. And, in the majority of cases, we had no such complete knowledge. There was a wicked and libellous old story, in which it was said, by way of illustration of medical practice, that in a diseased man Nature and disease are as two men fighting; and that the doctor is a blind man who comes with a big stick, and hits hard, and sometimes hits the disease and sometimes hits Nature. If he might modify the story, he should say that, in these days, the physician is not blind, but, on the contrary, is a remarkably sharp-sighted, acute, painstaking, and conscientious person; but that he finds himself in a very dim twilight; and that, having ascertained that the light is very uncertain and very apt to vary, he rather, as a conscientious person, abstains, as far as possible, from using his club, and confines himself to what, if he might say so without offence to that company, was known as the part of a judicious bottle-holder—ready to pick up Nature whenever she gets exhausted and bring her up to time. That he took to be a fair description of the modern practice of physic; and no doubt it indicated a beneficent change satisfactory to patient and to the physician, who feels that his club is not stained by innocent blood. But this was not final; and we must all look forward to the physician attaining as clear a mental vision of the condition of a diseased part, and the means of relieving it, as the surgeon has in the plainest kind of surgery. What the physician wants is more light. He wants a better light upon the arena of the fight, so that he may be able to remove the obstacles in the way of Nature, and may be able, as occasion offers, to deal his opponent a severe blow, without the chance of doing her an injury. That light must come from the cultivation and improvement and the refinement in every way of those sciences which furnish us with the data for deduction—the abstract physical sciences of anatomy, physiology, chemistry, physics, and so forth.

Upon a clear appreciation of this all our theories of medical education must eventually turn. Let it be granted, then, as he believed it must be, that a thorough grounding in physical science was the basis of all medical education. How was this attainable? One of the most experienced surgeons in these islands had raised his voice against the immense indigestible mass of information crammed into the medical student now in the course of three years. Coming without a scintilla of a notion of anything about science, he was expected to learn physics, natural philosophy, chemistry, botany, zoology, with comparative anatomy, human anatomy, histology, pathology, therapeutics, medicine, surgery, dietetics, jurisprudence. The thing was absurd. You might make a sort of intellectual *foie gras* of him; but you could not give him information of the kind and scope which he ought to have in that time, and with the existing methods. They might be taught to pass examinations. He was going to say he would teach a dog to pass an examination, or at least nine-tenths of the examinations that men pass through; but they would not acquire a knowledge of the facts from their own observation, and the only knowledge that is of the smallest use. The practical and purely professional subjects alone must more than fully occupy every minute of the three years of study. What, then, was his meaning in dwelling on the enormous importance of physical science to students of medicine? He held that all this acquaintance with the principles of physics and chemistry and biology

ought to have been acquired in the course of their general education. If those who regulate education in this country had the smallest conception of what their real duties are, or of what the purposes of mankind and the conditions of its progress at the present time were, they would give that knowledge; and those who wish to improve medical education must, to his mind, throw themselves into that object; they must compel those who give us primary education to make physical science a very large constituent portion of that education. It was the duty of every man to lift up his voice against the scandalous perversion of human time and human ability under the system of gerund-grinding which now prevailed at schools. And, for one particular purpose of medical training, it was the duty of every one of us who had that cause at heart to endeavour to exercise such an influence that the medical teacher shall not have to commence upon a mere *tabula rasa*, but that the young men who come up for medical education shall have been accustomed to acquaint themselves with chemical formulæ and chemical reactions; shall have learnt the great distinguishing features of the different forms of life, and the broad facts of physiology, the elementary outlines of which might (he spoke from experience, be taught perfectly well to boys of ten years old. How much easier the task would then be, not only for the learner, but for the teacher; and how vastly greater would be the stride made by every man towards that great goal already indicated, the establishment of a scientific medicine.—*British Medical Journal.*

THE ULSTER MEDICAL SOCIETY.

The annual meeting of the above long-established and influential body of medical practitioners of the Province of Ulster was held in their Library Room, in the Belfast General Hospital, on Saturday, at three o'clock p.m. Dr. Moore (James), the outgoing president, occupied the chair. The appointment, by ballot, of office-bearers for the ensuing year being the first business on the list of the day's proceedings, the following were balloted for and declared duly elected, viz:—

President—Dr. Drennan. Town Vice Presidents—Dr. H. S. Fergusson and Dr. William MacCormac. Country Vice-Presidents—Dr. Scott, J.P., Aughnacloy; and Dr. Graves, Cookstown. Council—Doctors Stewart, Patterson, McCrea, Whitaker, Murney, J.P.; and Rea. Treasurer—Professor Cuming, M.D. Joint Secretaries—Dr. John Moore and Surgeon Robert H. Newett.

Dr. Moore then addressed the meeting before resigning the chair, when he shortly reviewed some of the more salient occurrences during his year of office, observing that at the fortnightly meetings of the Society there were always most interesting pathological specimens and cases brought forward, which underwent the fullest and freest discussion; nor could such be over-estimated in a practical point of view, and this not only to the members themselves, but especially so to the medical students who had the privilege of being present at those discussions, and so afforded the benefit of the matured skill and judgment of their seniors. He then referred to the great value of the circulation of the several medical periodicals of the day amongst the members, which was one of the many advantages of their body, and which it was so desirable should be carried on with the strictest attention and regularity, their due circulation being, in point of fact, the back-bone, he might say, of the Society. The subject of "increase of wages" was then touched upon. All skilled and unskilled classes in the community were now, he observed, demanding and obtaining increased remuneration for their time and skill, but the hardest worked and most expensive and responsible of all professions and callings, as theirs confessedly was, continued to be the worst remunerated as usual. But what must be considered a most serious injustice to their junior medical brethren, and also to the ratepayers themselves, was the well-known fact of tradesmen and mechanics, earning from two to three pounds a week, obtaining for their wives and families advice and medicine from the dispensaries, who were well able to pay for both. The Dispensary Medical men and Board of Guardians should resolutely set their faces against the continuance of so great an abuse as this palpably was, the time having fully come for their doing so. The office of coroner for the Belfast district, so legitimately belonging to their profession, he stated, had since their last annual meeting become vacant, upon which a special meeting of their Society had been called by him to consider the propriety of supporting one of their brethren to fill it, and which had been unanimously resolved upon; but subsequently it was discovered that the Town Council had in their own hands the power of appointing a Coroner for the borough of Belfast exclusively, and who had appointed a most excellent and judicious one in the person of Dr. Dill. Dr. Campbell of Lisburn, another equally deserving and well-qualified practitioner, having been elected by the Parliamentary voters for the other portion of the district, so that thus two of their body were now exercising that important office in this locality, which was a great point gained for their profession. During the past year two of their Society, he sincerely regretted to say, had been removed by death from amongst them—Profesor Fergusson and Dr. Hunter—both gentlemen in the truest sense of the term, and of highly cultivated intellects, and both deeply mourned for as men and as brethren for their always honourable and exemplary conduct and great ability as medical practitioners. He might also name Dr. Catherwood of Donaghadee, who had lately paid the last debt of nature, and who was a truly Christian and worthy man. Two of their Society had during the year taken their leave of Belfast, and removed to practise elsewhere—he alluded to Drs. Strong and Hanna, the former to Dublin, and the latter to one of the distant colonies. The "Royal Medical Benevolent Fund Society of Ireland" was then brought under notice, with the view of impressing the obligation which devolved upon each member of the profession of subscribing to it, so as to enable its disinterested managers to accomplish the largest amount of good possible, but which could not be done unless each and all gave that most excellent Society their countenance and best support, and of which it was so eminently deserving. The President, after referring to some other matters of detail, concluded his very appropriate and well-received address by observing that, in relinquishing the chair he then occupied, it was with the greatest gratification he handed it over to Dr. Drennan, who not being present, he might the more freely speak of his exalted worth both as a citizen and a member of their profession, deeply learned, and of the most sterling principles; and also to make the passing remark that the new president's father, the celebrated Dr. Drennan, obtained for Belfast the title of the "Athens of Ireland" by reason of his distinguished literary attainments. Their president, then, for the ensuing year might truly be said to be "the worthy son of a most worthy sire." One more remark he had to make which was his being enabled to announce that during the ensuing year a large infusion of new blood might be expected into the Society, several of their younger brethren having recently intimated to him their intention of joining it.

On the motion of Professor Cuming, Dr. Stewart took the second chair, when the worthy Professor expressed what great pleasure it had afforded him—the excellent address with which they had been favoured by the outgoing president, and the feeling and entirely appropriate manner in which he had alluded to the great loss the Society had sustained by the deaths of Professor Ferguson and Dr. Hunter, than whom there could not have been more honourable men, or more highly qualified practitioners. He (Professor Cuming) considered the Society was much indebted to Dr. Moore for the great attention he had paid to its affairs during his year of office, and the many valuable and interesting cases he had submitted for discussion at their meetings. He begged, accordingly, to move, "That the best thanks of the meeting be given to their late president for the able and zealous manner in which he had fulfilled his official duties, and his readiness at all times to advance the Society's best interests."

Dr. Patterson said he had much pleasure in seconding Professor Cuming's motion, and that he could fully endorse all he had so well and eloquently said as to the manner in which Dr. Moore's duties, as their president, had been discharged.

The motion having been put from the chair, accompanied by a few remarks of the chairman in confirmation of what had been stated by the mover and seconder, it was passed by acclamation; and, thanks having been returned by Dr. Moore, the meeting separated, much gratified with the pleasing nature of the day's proceedings.

MEDICAL TRIALS.

COURT OF EXCHEQUER.

(Sittings at Nisi Prius, before Mr. Baron CHANNELL and a Common Jury.)

RUDMAN *v.* ARMSTRONG AND ANOTHER.

THIS was an action against two medical men for the unskilful and negligent treatment of the plaintiff, whereby she was greatly injured in health and constitution, underwent great suffering, and was unable to work and gain her livelihood. The defendants pleaded not guilty.

Mr. Pearce was counsel for the plaintiff; and Mr. Serjeant Robinson and Mr. Inderwick for the defendants.

The defendants were Dr. John Armstrong, who has practised for thirty-three years at Gravesend, and his son, Mr. John C. Armstrong, who is in partnership with his father, and the plaintiff, Sophia Emily Rudman, was between 18 and 19 years of age, and the daughter of Thomas Rudman, a boot and shoemaker in an humble way, living in the neighbourhood of Hackney. The case for the plaintiff was briefly as follows:—In 1864 her father kept a shop in Gravesend, and lived in lodgings in Edwin-street, in that town. She had always resided with her parents, had been employed in shoe-binding, and was represented to have invariably enjoyed good health. On a Sunday in November in that year, while walking across the room, she fell down, and, according to her own account, without any apparent cause, and hurt her knee. The limb swelled and grew rapidly worse, and she became an out-patient of the Gravesend Dispensary, of which the defendants are two of the honorary surgeons. She attended regurlarly about once a week, and was seen by one or the other of the defendants, who gave her advice and prescribed medicines, which were made up at another branch of the institution upon the payment of a fee of a penny on each occasion. She ceased going to the dispensary by the beginning of June, at which time she was said to be in a weaker state of health. Afterwards the plaintiff's father engaged Dr. Armstrong to professionally attend her at her own home, and he continued to do so until June, 1865. Notwithstanding his treatment she grew worse, and showed all the symptoms of excessive salivation by mercury. Her mouth became so sore, and her teeth so loose, that she could only eat with difficulty; her nails were affected, and some came off, while sores broke out on her hands and feet. It was also stated that her hands and feet were contracted by the operation of the mercury, which it was alleged had been improperly administered. When the plaintiff's solicitor wrote to the defendants threatening an action they denied that the girl had been improperly treated, and expressed their readiness to contest the point, sending their claim for professional services, which amounted to £8 18s., for that purpose.

The plaintiff was carried into court in an apparently helpless condition, and briefly examined. Afterwards, on the suggestion of the learned judge, she was taken into his private room, and examined in private by four medical men, two representing each side.

Two surgeons who had treated the plaintiff since she left the defendants, Mr. Bonny of Greenhithe, and Mr. Vinall of Hackney, were called on her behalf and gave evidence as to the symptoms which she exhibited. The former gentleman said that these symptoms might have been produced by the excessive use of mercury, but Mr. Vinall expressed some doubts upon the point.

In the course of the trial a box of ointment, which the plaintiff's mother said had been prescribed by the defendants, was produced. The ointment was to be applied twice a day to the knee, and she deposed that whenever this was used by the plaintiff it produced suffering and made her worse. The composition was proved to be ordinary mercurial ointment. The defence was that the defendants treated the plaintiff according to the best of their knowledge, skill, and judgment as medical men; but that she was of a weakly constitution, and the nature of her occupation and the circumstances under which she lived, the whole family residing in two rooms, and probably not having a sufficient quantity of nourishing food for one in her condition, retarded her recovery. It was also said that if mercury was used it was only after all other remedies had failed, and then only in the proper manner and in the right quantity. They stated that they heard no complaints from the girl or her parents as to the mode in which they had been treating her until they received the lawyer's letter, and there was a suggestion that the action was only a solicitor's one to recover costs.

Mr. J. C. Armstrong said he saw so many patients at the dispensary that he could not recollect the particular nature of the prescriptions he wrote, but he gave the plaintiff nothing to produce undue salivation. He rarely used mercury in his practice, and, as a rule, he was opposed to its use. He had no knowledge of the box of ointment and was inclined to think that he had never prescribed it.

Dr. Armstrong (the father) said, that after having tried fairly and honestly the effect of medicine on the plaintiff, without making a cure, he came to the conclusion that the impediment to her cure was the want of proper food, fresh air, and exercise. He added, that the atmosphere of the room in which he always saw her was very impure and offensive, and that no person suffering from any complaint, who lived in it, was likely to get better. He seldom resorted to mercury, and his son used less. The witness said the whole of his prescriptions for the plaintiff were in court.

Mr. Solly of St. Thomas's Hospital, who had examined the plaintiff, deposed that he did not discover the slightest possible trace of salivation by mercury upon her. He also expressed a positive opinion that her knee was free from disease, and that she had the perfect use of it. He thought she could walk from the court into the hall, but with this qualification—that, owing to her weak state from long confinement, she might perhaps require a little assistance. With regard to the use of mercury in cases of disease of the joints, he said it was often employed with effect when iodine had failed. Sometimes the appearances of salivation presented themselves without the use of mercury, particularly when iodine had been taken. He was quite certain the plaintiff could walk into the hall, or else his experience of forty years went for nothing.

The trial occupied nearly the whole of two days, and when it was resumed this morning,

The jury, after consulting together, intimated that they were already agreed that their verdict should be for the defendants.

Mr. Pearce said that after that expression of opinion by the jury he did not think it would be respectful to them to address them on the part of the plaintiff.

Mr. Serjeant Robinson said he had several other professional men to prove that the plaintiff had been properly treated by the defendants.

Mr. Baron Channell expressed his entire concurrence with the jury in their verdict.

Verdict for the defendants.

Parliamentary Intelligence.

HOUSE OF COMMONS.—MAY 9.

VETERINARY SURGEONS BILL.

Mr. HOLLAND moved the second reading of this bill. The object of this bill was to prevent unqualified persons from holding out to the public that they were members of the Royal College of Veterinary Surgeons when, in point of fact, they were not. There were at present 1244 persons practising as veterinary surgeons under the assumption that they had obtained diplomas. There were 1189 farriers who were acting as such who had no diplomas. Altogether there were 2433 persons practising without any diploma, against 1144 regularly qualified practitioners. It was essential that an improved status should be given to veterinary surgeons, and he felt that a simple bill requiring that every veterinary surgeon should be *bona fide* a member of the Royal College of Veterinary Surgeons would be of great value at the present time. He proposed that any person who fraudulently held out to the public that he was a veterinary surgeon should be liable on summary conviction to a penalty of not exceeding £5 and not less than £2. The bill, however, was not to affect persons who should have assumed the title six months previous to the passing of the bill.

Sir J. JERVOISE was at a loss to understand why a man should be prevented from assuming the title of veterinary

surgeon. He suggested that when in committee some alteration should be made in its provisions, to make them apply to those who held themselves out as members of the Royal College of Veterinary Surgeons.

Mr. NEWDEGATE said he believed this bill would be acceptable as a means of promoting the education of the profession. He had been many years one of the governors of the Royal College of Veterinary Surgeons, and he could assure the house that great exertions had been made by the college to raise the scale of education for veterinary surgeons and no obstacle had interposed to render their attempts ineffectual to a certain degree more than that the education after it was completed brought with it no distinction (hear, hear), because the uneducated as well as the educated appeared before the public with equal claims so far as appearances were concerned.

Mr. BRUCE said it was not his intention to oppose this stage of the bill, but it would be necessary to make some amendments in it in committee. In the case of the chemists and druggists and the pharmaceutical chemists, it was made an offence to assume the name of pharmaceutical chemist, and if with regard to veterinary surgeons they added something to the title, such as Royal College, &c., it might form a reasonable proposition that for the infringement of the title the person so offending should be liable to a penalty.—The bill was then read a second time.

MAY 4TH.

QUARANTINE IN CORK HARBOUR.

Sir G. GREY, in answer to a question, said Government were of opinion that whatever precautions were taken against cholera in this country should be taken without delay. In July, 1865, when the disease was reported to be prevalent at Alexandria, the Privy Council forwarded to the authorities of all the ports in Great Britain and Ireland printed memoranda of the means to be adopted to prevent the spread of the disease. At Liverpool an hospital ship was provided for cholera patients; but competent persons entertained a doubt whether a ship was the best hospital to provide in such an emergency—whether it was not much better to make provision for the reception of patients on shore. The hospital ship in Queenstown Harbour was maintained at a cost of £300 a year; but as during six years it was only once used—and on that occasion for a few days only—it was thought desirable to discontinue its service. In case, however, of any urgent necessity the Admiralty would place a ship at the disposal of the municipal authorities. With regard to any general arrangements of the system of quarantine, in consequence of information received from Liverpool by telegram yesterday, and confirmed by letter to-day, the Privy Council had met that afternoon and considered the question of giving to the municipal authorities additional powers with a view of dealing with ships which might arrive at any one of the ports of England with cholera on board.

GAS-WORKS NEAR VICTORIA PARK.

Mr. COWPER said, in reply to Lord J. Manners, that by the standing orders of that House any Bill which authorised the erection of gas-works within 300 yards of any house, required that notice of such erection should be given to the owners and occupiers of such houses. But that did not apply to the present case, because the Imperial Gas-works Bill contained a clause prohibiting the erection of any works within 300 yards of any part of Victoria Park. He was, however, of opinion that no great grounds of complaint could be made even if gas works were erected within 300 yards of any buildings, provided they were properly and prudently conducted (cries of "oh, oh!"). The nuisance arising from gas works, being entirely occasioned by the refuse of those works, could be remedied by the insertion of a clause requiring the company to remove the refuse and to prevent the accumulation of such refuse (laughter). He should feel it his duty to ask the promoters of the Bill to insert in their Bill such clauses as might be necessary for the protection of the public health.

MEDICAL OFFICERS OF THE GUARDS.

Sir R. ANSTRUTHER brought under the notice of the House a grievance of the medical officers of the Guards, entailed by an order of 1860, recently brought to light, regulating their promotion, and moved for papers. The motion was seconded by Lord H. Percy, and the Marquis of Hartington, in granting the papers, controverted some of the statements of the mover. General Peel declared the subject to be unfit for the House of Commons, and deprecated all such interferences with the discipline of the army, and the discussion, which was highly professional in its character, was continued by Dr. Brady and others. Sir R. Anstruther begged very respectfully to submit to the noble marquis and the Commander-in-Chief, not as a question of right but of justice, that the action of the warrant should simply not be retrospective. The assistant-surgeons of the brigade of Guards did not ask that the warrant should be repealed. They did not say that it was a bad warrant, and they would even admit that it might possibly be a good one. What they asked, however, was that it might not have retrospective action. The Marquis of Hartington replied, "I shall not be able to advise the Commander-in-Chief to postpone the operation of the warrant of 1858 with regard to assistant-surgeons; but rather that matters shall be left upon the footing on which they were placed in 1860." He agreed, however, to produce the warrant of 1860. General Peel said, "Nobody regrets more than I do that the warrant of 1858 was departed from. I think it is a very bad thing for the service; but I never doubted the power of the Secretary of State to make the alteration. In the House and out of the House I have always done everything I could for the medical officers of the army, and I am happy to say that in the Guards great good feeling exists between the combatant officers and the assistant-surgeons and surgeons of the regiment. I only wish that similar good feeling had been universal throughout the army, and in that case, I believe, there would have been no necessity for altering the warrant.

MEDICAL OFFICERS IN THE ARMY AND NAVY.

On Tuesday week, Colonel NORTH asked whether it was the intention of Government to carry out the recommendations, as regards increased pay, &c., of the Committee which was appointed to inquire into and report upon the grievances of medical officers of the army and navy; and if there was any objection to lay the report upon the table of the House.

The Marquis of HARTINGTON said that the recommendation of the Committee involved not only a considerable increase of pay to medical officers in both services, but questions of the expediency of placing the medical officers of the two services on a different footing. The recommendations of the Committee were receiving due attention; and, as soon as a definite decision was arrived at, he would communicate the result to the honourable member. He did not, however, think that it would be expedient to lay the report asked for upon the table just now.

WATER-SUPPLY OF THE METROPOLIS.

Mr. HANKEY, in moving for a committee to inquire into the water-supply of the metropolis, observed that, though the quantity of water pumped into London was adequate, the system of distribution was defective, and pointed out that, while in all other great towns the supply was constant, in London it was intermittent, at most for two hours a day, thus necessitating a storage capacity for at least 100,000,000 gallons. A proper system of continuous supply by means of service pipes, he maintained, besides other advantages, would promote economy, inasmuch as a daily supply of 45,000,000 gallons, or fifteen gallons per head, would then be sufficient. He argued, with regard to the future supply that, if, as was anticipated, the population of the metropolis increased by another million and a half in the next twenty years, the present sources of supply, chiefly the Thames and the New River Company, would

become totally inadequate, and mentioned a scheme which had been published for drawing a supply from a mountainous district beyond Shrewsbury.

Mr. AYRTON reminded the House that this question of cisterns as opposed to continuous supply had been exhaustively discussed and finally settled some years ago. As no tangible cause of complaint with the present system had been alleged, he pressed the House not to enter on an inquiry which it had no means of conducting to a satisfactory conclusion.

Mr. WATKIN and Mr. Alderman LUSK concurred in thinking that a pressing case for inquiry had been made out.

Sir G. GREY, as no complaint had been made of the quantity and quality of the water-supply, thought it unadvisable to appoint a committee at this period of the Session, and recommended the withdrawal of the motion,—a suggestion which was accepted by Mr. Hankey.

IMPERIAL GAS COMPANY BILL.

This Bill was disposed of after a short debate.

Mr. TITE moved its rejection, and the House turning a deaf ear to the undertaking of Mr. Staniland (who had charge of it) to strike out all the clauses relating to the erection of gasworks near the Victoria Park, he ultimately withdrew it.

CHARING-CROSS HOSPITAL.

A VACANCY has occurred in the Medical Staff of this Hospital, and we understand that the office of Assistant Physician will be competed for by Dr. Tilbury Fox and Dr. Julius Pollock. It is anticipated that Dr. Fox will probably succeed to the vacancy. He has already achieved a most creditable reputation as an original and laborious writer. His researches on skin diseases have been favourably noticed in our columns, and his contributions on other branches of medicine and surgery are well known to the readers of the periodical literature of the profession. Dr. Pollock is son of the Lord Chief Baron, and is also highly esteemed, though he has yet to win by his pen a public position equal to that of Dr. Fox.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 8th inst.:—

Barlow, Charles, Stalybridge.
Cooper, William Wightman, Nottingham.
Coxwell, John Edward Grinfield, Woburn-place.
Cox, William Alfred, Bath.
Fielding, James Robert, Alfreton, Derbyshire.
Gell, Thomas Silvester, Stafford.
Hembrough, John William, Waltham Grimsby.
Hyde, John Knowler, Witney, Oxon.
Jenkins, John, Cowbridge.
Loane, Joseph, Dock-street, Whitechapel.
Mallory, Henry Leigh, Knutsford, Cheshire.
Manistry, Francis Steuart, Gresford, Denbighshire.
Napper, Albert Arthur, Cranley, Surrey.
Newsam, Alderson, Totnes, Devon.
Quick, John, Penzance,
Ryley, James Beresford, Myshal, Co. Carlow.
Scatchard, Thomas Edward, Thorp Arch, Tadcaster.
Stothard, James, Hull.
Sykes, John West Ardsley, Yorkshire.
Turner, Arthur Cromack, Swinton, Yorkshire.
Watson, William Charles, Pool, Cornwall.
Wood, Horatio, Wednesbury.

Admitted Members on the 9th inst.:—

Bailey, John Coyte, Plymouth.
Boldero. Frederick, Rattlesden, Suffolk.
Bonney, William Augustus, Brompton.
Cole, Thomas, Bath.
Dale, Frederick, Yarm, Yorkshire.
Davies, Nathaniel Edward, Llanrwst, Denbighshire.
Draper, William, Grantham.
Edmonds, Charles George, Peckham.
Elliston, George Sampson, Ipswich.
Fagge, Herbert William Hythe, Kent.
Hardwicke, Ezra John, Bury St. Edmunds.
Moore, Walter, Myton, Warwickshire.
Palmer, William Grimes, Loughborough.
Paull, Josiah, Camborne, Cornwall.
Quicke, Thomas Joseph, Brixton.
Smith, William Henry Firebrace, London.
Strange, Frederick William, Beenham, near Reading.
Walker, Charles Edward, Stainland, Yorkshire.
Wickham, James, Bideford, Devon.

(From the list of gentlemen who passed the Primary Examination at the College on the 11th inst., the name of Mr. Richard Samuel, of St. Bartholomew's Hospital, was omitted.)

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practice, on the 3rd inst.:—

Allcock, Christopher, Nottingham.
Coalbank, Isaac, Old Dalby, Leicestershire.
Humphrey. Arthur, Balham-hill.
Kisch, Albert, Circus-place.
Parsons, Frederic William, Sutherland-place, Bayswater.
Tattersall, William James, Bacup, Lancashire.

The following gentlemen also on the same day passed their first examination:—

Anderson, J. G., St. Mary's Hospital.
Wood, William Henry, St. Mary's Hospital.

COUNTY AND CITY OF CORK MEDICAL AND SURGICAL ASSOCIATION.—The following gentlemen were elected for the ensuing year:—

President—E. R. Townsend, jun., M.D.
Vice-President—J. W. Johnston, M.D.
Secretary—F. A. Purcell, M.D.
Treasurer—J. G. Curtis, M.D.

Council.

Eugene Finn, A.B., M.B.	D. Cremin, M.B.
N. J. Hobart, M.D.	W. J. Cummins, M.D.
T. S. Shinkwin, M.D.	W. C. Townsend, M.D.

THE LATE MR. W. DUNDASS KEY.—We are glad to recognize the generous spirit which prompts many members of the profession to aid the widow and imbecile son of one among us who died in poverty. A concert will take place at Collard and Collard's Rooms, Grosvenor-street, London, on Friday, May 25th, at which several eminent artists will kindly give their service; and it is hoped that on such an occasion the efforts of the philanthropists who have come forward to help the unfortunate will be rewarded by a full attendance of their friends. Tickets can be procured of Dr. De Lisle Allen, 57, Connaught Terrace, Hyde Park, and at all the principal music shops.

DRUMLISH DISPENSARY.—Dr. Gwydir of Cartron Abbey, was unanimously elected medical officer of the above-named dispensary district, by the committee of management, at the dispensary in Drumlish, presided over by the Right Hon. the Earl of Granard, K.P., as chairman. It is not always we feel it necessary to congratulate public bodies on their appointments, but Dr. Gwydir's unanimous election reflects credit on the noble chairman and the committee, who evinced a praiseworthy zeal for the amelioration of the sick poor, the law confided to their care by appointing a medical officer in whose urbanity and professional skill the public have unlimited confidence.

AT the meeting of the Royal Society on Thursday last, the list of selected candidates, recommended by the Council for election into the Society, was read. The names are as follows:- J. C. Bucknill, M.D.; Rev. F. W. Farrar, W. A. Guy, M.B.; J. Hector, M.D.; J. W. Kaye, Hugo Müller, Ph.D.; C. Murchison, M.D.; W. H. Perkin, the Ven. Archdeacon Pratt, Capt. G. H. Richards, R.N.; T. Richardson, W. H. L. Russell, Rev. Dr. Selwyn, Rev. R. Townsend, and H. Watts, B.A. Three of the fifteen are mathematicians, four are of the medical profession, and three are chemists. Dr. Hector is Director of the Geological Survey in New Zealand, and Archdeacon Pratt resides at Calcutta. The election is fixed for the 7th of June.

Appointments.

LONDON.

W. H. DICKINSON, M.D., Assistant-Physician to St. George's Hospital, vice J. W. Ogle, M.D., resigned.
F. J. FARRE, M.D., has been elected Physician to the Charter-house.
The Rev. G. HENSLOW, Lecturer on Botany at St. Bartholomew's Hospital Medical School, vice F. Harris, M.D., resigned.
J. W. OGLE, M.D., Physician to St. George's Hospital, vice H. A. Pitman, M.D., resigned.

A. J. Pollock, M.D., Physician to the Foundling Hospital, vice J. Spurgin, M.D., deceased.
W. Smith, M.R.C.S.E., House-Surgeon to the West London Hospital, Hammersmith.
Dr. M. Tonge, M.A., Lecturer on Physiology at the Medical School of Charing-cross, vice Dr. Hyde Salter, F.R.S., resigned.
J. C. Bailey, M.R.C.S., Assistant Medical Officer to the Three Counties Asylum, Stotfold, Baldock.
J. W. Cousins, M.D., Medical Officer for the Royal Portsmouth, Portsea, and Gosport Hospital.
Mr. N. Dalton, of Guy's Hospital, Assistant to the House Surgeon of the Northampton General Infirmary.
M. H. Grattan, L.K.Q.C.P.I., Medical Officer to the Workhouse, of the Chipping-Ongar Union, Essex, vice James Shillcto, M.R.C.S.E., resigned.
W. Hardin, L.Q.C.P.I., Medical Officer of the Royal Portsmouth, Portsea, and Gosport Hospital.
G. Jackson, L.R.C.P.L., House-Surgeon to the Bolton Infirmary and Dispensary.
J. R. Kealy. M.D., Medical Officer for the Gosport District, Royal Portsmouth, Portsea, and Gosport Hospital.
K. E. Knight, M.R.C.S.E., Medical Officer of the Royal Portsmouth, Portsea, and Gosport Hospital.
J. W. M'Cloy, M.D., Resident Medical Officer, to the Liverpool Workhouse, Infirmary and Fever Hospital.
J. A. Palanque, L.R.C.S.Ed., Assistant House-Surgeon, to St. Mary's Hospital, Manchester.

Vacancies.

LONDON.

Westminster Hospital.—Resident House-Surgeon; no salary; free board and lodging.
Carey-street Dispensary.—Resident Medical Officer; salary £100, with residence.
South London Dispensary.—Lambeth District, surgeon.

PROVINCIAL.

Scarborough Dispensary.—House-Surgeon and Secretary; salary £100, with apartments, fuel, light, and attendance.
Stockport Infirmary.—Assistant-House-Surgeon; salary £60, with board and apartments.
Bridgeworth Infirmary.—House-Surgeon and Apothecary; salary £70, with fuel and light.

POOR-LAW MEDICAL VACANCIES.

Banbury Union.—Hornton District; area 7740; population 3062; salary £61 8s. per annum.
Godstone Union.—Eastern District; area 9302; population 2308 salary £73 per annum.
Builth Union.—Abergwessin District; salary £50; area 68,480 population 3784.

Notices to Correspondents.

The Royal Institution of Great Britain.—The notices have been received.
Aliquis.—The mineral waters in question contain a considerable quantity of soda in combination with a large amount of carbonic acid.
Mr. T.—We cannot find the name in the Medical Register, or in the London and Provincial Medical Directory.
M.R.C.S.—The pay is the same as in the Royal West India Steam Packet Company—namely, above £120 per annum. The appointment rests with the Directors.
A Medical Reformer.—It is too late now to rake up the particulars of the numerous defunct Medical Bills which were brought before Parliament. The present Medical Act, although the last, is by no means the best of the series.
Mr. Harry Leach.—The paper has been received.
A Parent.—There are now two examinations for the Matriculation of the University of London—namely, in January and June.
Mr. B. T.—We have heard the names of two candidates for the vacant appointment.
A Country Practitioner.—The specimens may be seen in the Museum of the College.
Dr. J.—The paper has been received.
The Pharmaceutical Society of Great Britain.—The card has been received.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING MAY 12TH, 1866.

By J. H. Steward, Strand, and Cornhill, London.

May, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
6	30.015	59·05	45	58	51	SW	—	—	Dull.
7	30·023	74	50	53	47	SW	—	—	Fine.
8	30·003	74·05	44	59	53	W	—	002	Fine.
9	29·072	67.05	49	55	50	W	—	—	Fine.
10	29·096	68	40·05	57	49·05	W	—	—	Fine.
11	29·063	70	54	54	54	SW	—	007	Much Rain.
12	29·057	59·05	44	53·05	53·05	W		019	Showery.

Medical Diary of the Week.

LONDON—Wednesday, May 16.

Royal College of Physicians.—5 p.m. Dr. Andrew Clark, "On some Points in the Minute Anatomy of the Lung; on the Theory of Pulmonary Hepatization; and on the States of Lung comprehended under the term Phthisis Pulmonalis."
Hunterian Society.—8 p.m. An open Meeting.

Thursday, May 17.

Royal Institution.—3 p.m. Professor Huxley, "On Ethnology."
Harveian Society of London.—8 p.m. Dr. Richardson will Exhibit his Instruments for producing Local Anæsthesia.—Debate, "On Infanticide in its Medical and Social Bearing."

Friday, May 18.

Royal Institution.—3 p.m. Rev. C. Pritchard, "On the Telescope."

Saturday, May 19.

Royal Institution.—3 p.m. Professor Huxley, "On Ethnology."
Metropolitan Association of Medical Officers of Health.—7½ p.m.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.—ENGLAND.

Greenway.—On the 28th ult., at Sandy, Bedfordshire, the wife of Dr. J. R. Greenway, prematurely, of a son.
Knaggs.—On the 29th ult., at Osborne-place, Winchester, the wife of H. Knaggs, M.R.C.S.E, Assist.-Surgeon Army, of a daughter.
Major.—On the 30th ult., at High-street, Hungerford, Berks, the wife of Harry P. Major, M.D., of a son.
Wolstenholme.—On the 30th ult., the wife of J. H. Wolstenholme, M.R.C.S.E., of Holywell, Flintshire, of a son.
Donald.—On the 30th ult., at Paisley, the wife of J. T. Donald, L.R.C.S.Ed., of a son.
Murray.—On the 4th inst., at Newgate-street, Newcastle, the wife of John C. Murray, M.D., of a daughter.
Parrott.—On April 27, at Clapham-common, the wife of J. Parrott, M.R.C.S., of a son.
Smith.—On May 8, at Hay, Breconshire, the wife of J. E. Smith, M.R.C.S., of a daughter.

BIRTHS.—SCOTLAND.

Orr.—On May 3, at Idvies House, Forfarshire, the wife of J. H. Orr, M.D., C.B., Deputy Inspector-General of Hospitals, Her Majesty's Indian Army, of a son.
Paterson.—On April 24, at Balbeggie, Perthshire, the wife of G. K. Paterson, L.R.C.P, Edin., of a daughter.
Robertson.—On April 24, at the Towns Hospital, Glasgow, the wife of A. Robertson, M.D., of son.

BIRTHS.—IRELAND.

McBridge.—On the 22nd ult., at Newry, the wife of Dr. A. McBridge, of a son.
Corry.—On the 3rd inst., at Liffey-vale Chapelizod, Co. Dublin, the wife of H. W. Corry, Surgeon, of a daughter.
Gordon.—On the 4th inst., at Haymount, Bridge of Allan, the wife of Dr. W. E. Gordon, of a son.
Wallis.—On April 17, at Mullingar, the wife of W. Wallis, Staff Surgeon 12th Depôt Battalion, of a son.

MARRIAGES.

Brooke—Burnett.—On May 8, at St. Giles', Camberwell, T. L. Brooke, L.R.C.P.Lond., to Emily Alice, third daughter of J. Burnett, Esq., The Avenue, Gipsy Hill.
Watson—Bewley.—On the 26th ult., Monkstown, Wm. Tyndale Watson, M.R.C.S.E., of West-green, Tottenham, to Isabella, daughter of W. Bewley, Esq.
Williams—Perceval.—On the 30th ult., at Rathaspect, Richard Pope Williams, M.B., to Mary, daughter of the late Robert Perceval, Esq.
Mason—Bowhill.—On the 3rd inst., at Dunbar, George Mason, M.D., Surgeon R.N., to Elizabeth Walker Bowhill, daughter of James Bowhill, Esq.

DEATHS.

Wootton, W., M.R.C.S.E., of Harrold, Bedfordshire, on the 9th ult., aged 66.
Pim, Thos., M.D., of Castledermot, Co. Kildare, on the 4th ult., aged 60.
Collier, James S. C., L.R.C.P.Ed., at Cairn Cottage, near Edinburgh, on the 15th ult.
Allanson, John, M.R.C.S.E., of Upper Nascott, Watford, Herts, formerly House-Surgeon to the Leeds Infirmary, on the 4th inst.
Bally.—M. Bally, the "father" of the Académie de Medicine, has just died, at the age of 92, in the full possession of all his faculties.
Larmuth, M. O., M.R.C.S.E., of Salford, on April 21, aged 42.
Michon.—M. Michon, Member of the Academy of Medicine and Professeur Agrégé of the Faculty of Medicine, died last week, aged 63.
Shaw, W., M.R.C.S.E., of Hampstead, on April 27, aged 57.
Capper.—May 5th, died at Hastings, Edith, daughter of Jasper Capper, M.D., aged seven months.
Capper.—May 10th, died at Hastings, aged 29, Jasper Capper, M.D., late of Ipswich.

IRISH MEDICAL ASSOCIATION, ROYAL COLLEGE OF SURGEONS IN IRELAND.

Notice is hereby given, that the Annual Meeting and Dinner of the Irish Medical Association will take place on Monday, the 4th June next.

The Meeting will be held at the Royal College of Surgeons, Dr. Mackesy, President of the Association, will take the Chair at Twelve o'Clock.

The DINNER will take place at the Exhibition Buildings, Earlsfort-terrace, at Seven o'Clock.

By Order, E. J. QUINAN, M.D., Hon. Sec.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

LECTURE ON MERCURIAL TRADE DISEASE.

By E. D. MAPOTHER, M.D.,

PROFESSOR OF HYGIENE, ROYAL COLLEGE OF SURGEONS, ETC.

GENTLEMEN,—As you have had an opportunity of seeing two cases of slow mercurial poisoning, and as the disease is due in a great measure to the neglect of precautions which should be made obligatory on manufacturers by the authorities to whom the care of the public health is entrusted, I have chosen these cases as the subject of my observations to you this morning.

The first, that of P. K., has been under Dr. Quinlan's care for some weeks, and he has kindly allowed me to refer to it. This man, who is aged 50, has worked for twenty years at the mirror silvering trade ithout intermission, except when disabled by the effects of the mercury. His habits have been temperate, porter being the only stimulant he took. He has been very neglectful of ablution before meals, and of ventilation in the room in which he worked. The first symptoms he suffered from were, coppery taste, salivation, weakness, depression, and irritability of spirits; but for about four years he did not suffer from the tremor. At this time the constant habit of his bowels was to move six times a day, and they were frequently over-distended with gas. He was very apt to sweat on making the least exertion, the perspiration having the peculiar mercurial fœtor. When admitted into hospital he was wretchedly emaciated, every muscle trembled, and he stuttered constantly. He had a very distinct purple spongy line along the teeth. His skin has a peculiar bluish paleness. He did not tremble during sleep, but was very uneasy and apt to start up.

The treatment which Dr. Quinlan most successfully employed consisted in iodide of potassium and generous diet, galvanism, and warm baths. The peculiar kind of stammering from which this poor fellow suffered has been called "psellismus mercurialis." This symptom was retained for thirty years in the case of Dixon, the anatomy porter of the College of Surgeons, who at one time rubbed in immense quantities of mercury for the cure of venereal among the "mohawks" or swells of that day. Professor Macnamara tells me that his chief difficulty lay in the pronouncing of long words, such, for instance, as that gentleman's polysyllabic name.

The second is that of J. T., who, although only 28 years of age, has been working at the silvering trade for sixteen years in this city and in Liverpool. Having been lately a patient for erysipelas in the Richmond Hospital under Dr. Fleming's care, that gentleman, knowing I was interested in the matter, kindly sent him afterwards to me. The first thing he observed on beginning the trade was a nasty taste in the mouth, not the usual taste of mercury distributed through the system, for it began in three or four hours after the first exposure. Salivation followed, and was renewed whenever he went back to work after an interval. So extreme had been the action on the mouth that he had lost nearly all his teeth, and, as in P. K.'s case, there was permanently a red spongy edge to his gums. He had at one time been as helpless as a child, and had suffered from incontinence of urine and fœces. He is now very bald, and this, with the characteristic paleness and wrinkled state of his face, gives him the appearance of a very old man. Loss of spirits, weakening of virile power, and disinclination for the least exertion or for amusement, were the early symptoms, and he at last became as apathetic as a sailor with sea scurvy, and, by the way, from the same cause, want of red blood-cells. He lost appetite for food, but drank porter rather plentifully. Spirits he could not touch, as a very small quantity would intoxicate him in his weakly state. He always had more or less of the "trembles," and even now, after several months' abstinence from work, shakes a little, and as the muscles have no enduring power of contraction, he cannot stand steadily. I may mention that he never knew a fellow-workman escape the disease in Dublin, whereas in Liverpool a minority suffered.

You see, therefore, that the ill-effects of this trade are very deplorable, and, if generally known, would cast an expression of sadness over many a face reflected in the mirrors, the making of which have caused the evils; but, happily, they are in a great measure preventible.

The nature of the disease is somewhat obscure, but must consist in one or more of the following conditions: the spoiling of the nervous tissue, of the muscular tissue, or of the blood, of which you know a pure and plentiful supply is wanted for active muscular movement. Into all of these components of our body albumen, and the substances allied to it enter most largely, and it may be that the mercurial salt coagulates and spoils them in the body, as it would in the chemists' test tube. A grain of corrosive sublimate will coagulate some hundreds of grains of albumen before its effects are neutralised. So that when Baron Thènard had accidentally taken a little of that poison he had to swallow as an antidote about a dozen eggs. The blood cells are composed of an albuminoid, and when they have disappeared by prolonged maceration in water, a drop of a solution of bichloride of mercury will coagulate this compound and make them reappear.

1. That it is not on the nervous tissue the mercury inflicts the greatest injury I think appears from the facts that its other functions—memory and sensation, for instance—are not impaired, and that in most cases cure follows avoidance of the poison and perhaps medical treatment within a few weeks. In two cases lately published in the "Bartholomew Hospital Reports," the symptoms, however, produced were those of acute mania, and in one the post-mortem appearances of the brain corresponded with this condition. The poison was introduced by the vapours of mercuric methide. The brain is no doubt highly albuminous, but that substance is contained in the interior of the nerve tubes, and is insulated by a coating of fat. Its remarkably low diffusive power also would tend to keep it within the tubes.

2. If an opportunity of examining the body of a silverer should arise, it will be possible to ascertain if the mercury has penetrated the sheaths of the ultimate muscular fibres and shrivelled the albuminoid within them, and that perhaps it still lurks there itself. I think, however, it is now generally believed that the excreting power of the body is capable of throwing out mineral poisons within a very few days, except perhaps from the lungs, liver, and kidneys, from which they may fail to get discharged. It is not recorded that in cases of mercurial poisoning the metal was found in the muscles.

There is one diseased condition of muscular fibre of which we know the intimate nature—namely, fatty degeneration, in which the musculin is found to be replaced within the sheaths by that fat known as adipocire. This change is accomplished by the evolution of nitrogen, for as no pores can be discovered in the sheath, it is hard to conceive how the musculin could be conveyed out and the fat conveyed in. The fatty muscle has not, however, the irregular mode of contraction which appears in mercurial tremor, but has that sluggish action we see in the muscles of a diseased limb, or of an over-fattened ox, or that proneness to stop altogether which we find in cases of death from fatty heart. However, it is probable that chemical degeneration of the muscle would lead to the trembling which follows mercurial poisoning, and that, whether the muscle be merely an instrument played on

by the nerves or contracts by a force inherent in it, which question you know physiologists still dispute.

I am not aware if the intimate natu e of the shaking palsy of old age has been demonstrate l, but it is very similar to mercurial tremor, only differing in the fact that the muscles remain quiet if no effort be made to move them. It might be due to either of the foregoing conditions, or that now to be discussed.

3. From the time of Huxham, it is known that mercury spoils the red cells of the blood, and Dr. Farre says, "A full plethoric woman of a purple red complexion consulted me for hæmorrhage from the stomach depending on engorgement without organic disease. I gave her mercury, and in six weeks blanched her as white as a lily." We remark much the same every day in our wards, and the green evacuations of children after a dose of calomel are chemically identical with the colouring matter of the blood. The red cells are by no means permanent, but, on the contrary, are constantly being destroyed by the liver and cast off in the bile, the stock being renewed out of the white cells. This action of the liver is stimulated by mercury, and it is thus a course of that medicine pales the body, as that agent has spoiled many cells. Now, all the silverers I have met with have suffered, especially in the beginning while they had blood to lose, from bilious purging. It is this loss of red cells to even one-sixth of their amount, and necessarily higher proportion of white, which renders the blood of persons under mercury buff and cupped when drawn, and a peculiar fœtid matter similar to that which is thrown off in the saliva and evacuations is found in that fluid.

You have probably heard of mercurial erythism, but from the moderate and careful way the drug is now given I nor you have ever seen it. Sir T. Moriarty, however, records that it was very common in Dublin in the beginning of this century. It consisted in sudden and sometimes fatal faintings, presumably due, as I suggested in my "Manual of Physiology" (2nd edition), to rapid destruction of the red cells and consequent failure of the heart's contraction. One of the most graphic accounts of the disease was related by Dr. Bateman, F.R.S., in the ninth vol. of the *Med. Chir. Trans.*, as occurring in his own person, and the prominent symptoms were weakness of the muscular tissue, including that around the intestines, which allowed the accumulation of gas to a most painful extent.

The secretions almost alone increased by mercury, when the action of the bowels is checked by the combination of opium in the saliva, and this may have some connexion with the fact that it contains an albuminoid plentifully, and further it may be that the power of mercury of destroying the venereal poison and removing recently found out lymph, may be by its coagulating power just as it acts on the albumiuoids out of the body. It acts in high inflammation by spoiling the excess of blood cells. No tissue requires a more constant, abundant, and pure supply of blood than muscle when contracting; it is therefore easy to conceive that the stream spoiled by the mercury will lead to weak and irregular action. It may be said that the brain would equally suffer, but Chossat's experiments on the starvation of animals proved that while muscles failed and wasted first from the deficient supply of blood so produced, the brain held out almost to the last. In cases of acute mercurial poisoning the tremor appears within two or three days, and there is scarcely time enough, or poison enough, to produce much effect on the brain or muscles, but the increased action of the liver would rapidly impoverish the blood. Mercury has been, moreover, found in the blood, but so intimately combined with albumen that destructive distillation was necessary to extract it, and a decomposed form of albumen was found also in the blood.

Lead, you know, produces a palsy of the extensor muscles of the forearm (why these muscles alone is unexplained), and this is probably due to the direct action of the lead on their tissue, or on the posterior interosseous nerve which supplies them. I must acknowledge that it weakens my theory of the mercurial palsy, for it cannot be on the blood the lead has acted, else the forearm alone could not suffer. In a case of wasting palsy, in which a few muscles only were affected, Mr. Lockhart Clarke showed that the lesion in the spinal cord corresponded with the origin in that centre of the nerves which supplied them.

Treatment.—So much depends on a knowledge of the intimate nature of the affection that you will not be surprised to hear that there is much uncertainty about it. Believing that the disease consists in a want of good red blood, which the poison has spoiled, I would advise the most nutritious food, fresh air, and iron to improve it. Such treatment is in a few weeks capable of tripling the red cells. Pereira regards medicines as of no use, but others look on iodide of potassium as a specific, and believe that it acts by making a soluble compound with the mercury which escapes in the urine. This view is improbable, for the conversion into a soluble form of the poison should aggravate its effects as it circulated through the system, and the iodide of lead which would be produced in a similar manner in lead poisoning treated with iodide of potassium, is insoluble. The medicine may act by eliminating the albuminoid which has been spoiled by the mercury. Dr. Parkes, Professor of Hygiene at Netley Hospital, has found that the elimination by the kidney of both lead and mercury is increased by iodide of potassium. When mercury passes off in the urine there is always found at the same time in that secretion a peculiar albuminoid, probably combined with the metal. The skin is probably another great eliminating organ for metallic poisons, and baths are therefore most useful.

A bath containing sulphuret of potassium is very serviceable in lead poisoning, and it becomes blackened by the sulphuret of lead after the patient has been a few minutes in it. The same remedy might be useful in mercurial poisoning, or perhaps the salt might be given internally; for Orfila assures us the sulphuret of mercury is innocuous. A dose of sulphur will often stop salivation, as I learned some years ago from a general practitioner with whom I was treating a case in which the action of mercury had been excessive; it may act by forming a sulphuret of the metal.

Galvanism may be useful in the same way as it is with paralyzed muscles—namely, to supply an artificial stimulus and to prevent their wasting, but it cannot remove the cause of the disease. Faradization is the most reliable form.

A gentleman stated to me lately that he read in some magazine years ago that persons intended as miners in mercury mines were rendered insusceptible of the effects of the metal by taking for two or three months previously large doses of arsenic. I have been able to obtain no confirmation of the statement, nor can I understand it; but, if true, it would suggest that arsenic would also be a curative agent.

I may mention that, notwithstanding the drenching of their systems with mercury, silverers are susceptible of the venereal poison in its worse forms, and even may require the internal administration of that medicine to cure them.

The process of silvering, as I saw it conducted, is to place a sheet of tin-foil on a large stone slab, and to pour over it mercury to about a quarter of an inch thick. The glass is then carefully slid over the surface of this amalgam, the oxide being removed to the sides of the stone or the grooves along them, and a lustrous surface being left next the glass. With small and inferior plates they sometimes place a sheet of paper between the mercury and the glass and then withdraw it. It is the oxide or dust, which, being diffused in the air, or introduced from the clothes or skin of the workmen, which produces the disease. On damp days, when mercury rapidly oxidizes, it is difficult to silver, and the men are induced to shut out the air and to raise the temperature by large fires. By such means the danger is greatly increased, as the mercury is vapourized, breathing is quicker, and the perspiring surface catches the mercury.

If the mercury be impure or mixed with dust, or the

slab dirty, it will "tail" on the stone, oxidize freely, and so do more harm.

Workmen are affected with the mercury with remarkably different degrees of severity, which you will not be surprised to hear, if you remember the case related by Mr. Chevalier, in which two grains of calomel prescribed as a purgative proved fatal by salivation and necrosis of the jaw.

Any workmen showing susceptibility should be removed to some other branch of the business, or obliged to relinquish it altogether. That it is very hard to persuade them to such changes may be learned from a case related by Merat, in which both parents had been affected with trembles at his birth and until their death, yet he pursued the business in the most neglectful way.

Prevention I speak of last, because, being "better than cure," I wish to impress it on your memory. It can be accomplished, to a very great degree, by the following means:—1. Free ventilation to be attained by height of premises, open windows, and louvred shafts at the summit of the rooms, or best of all, a special fan and shaft; the mercurial particles will be in these ways carried off. 2. The wearing while at work only of some easily washed dress. 3. Abundant opportunities for ablution of the hands and mouth after leaving work, and always before meals, which should not be eaten in the work-rooms. Frequent baths are also most useful. 4. The wearing of a wire gauze covering over the mouth, nose, and ears; a handkerchief is now occasionally used over the mouth, in the way which even Pliny described, but gives very slight protection. I may mention that of these and similar precautionary measures the men are very neglectful, as is the case also with steel-workers, who can be rarely induced to wear the magnetized gauze, which is most effectual in excluding the particles of that metal. From this astonishing neglect, the average of life of Sheffield grinders is reduced by one-half. 5. Means of catching the dust, such as sheets of strong paper with holes in them placed in advance of the walls. The dust passes through the holes and may be collected in troughs along the edge of the floor. Round the edge of the silvering stone there is a groove for collecting the dust, and it strikes me that if glycerine or some other sticky matter were placed in it or at the edge of the stone, the dust could not rise. Water would not suit for this purpose, as the vapour from it would dull the silvered surface, but the dust might be perhaps swept frequently from the groove into a vessel of water on the floor. The dust is preserved for the purpose of being distilled, and at all times should be kept in air-tight vessels, for mercury volatilises even at ordinary temperatures. 6. Working only at intervals, such as every second day, with an occasional month's respite altogether; this is the habit in England, but no intermission is usual in Dublin. From such neglect it follows that no one going to the business in this city ever escapes the disease, whereas Dr. Whitley, who reported on the subject for the Privy Council, in describing a London establishment says:—"No well-marked case had occurred for many years among men who had worked there only, and he believed that in well-arranged workshops, with cleanliness and temperance, the danger, except to those peculiarly sensitive, is not great. All that I observed in most of the other places I visited served to confirm the above."

At present the legislature does not empower any one to interfere with this and many other injurious employments in this country, but the Public Health (Ireland) Act, which has been drawn up by the Government, I rejoice to say, provides for their due regulation; and an extension of the Factory Acts might arrange the due number of hours of work. At present not more than eight or nine persons are engaged at silvering in Dublin, but the business is increasing. For the entire prevention of the ill effects of mercurial trades, we must appeal to the noble science of chemistry, of all branches of knowledge the most useful to man, and it may be possible by some such method as precipitating the mercury to avoid the danger altogether. Gilding with an amalgan of mercury and gold was most noxious, but has now been superseded by electro-plating. Some other trades which use mercury, as barometer makers and furriers, also suffer from its effects, as do likewise to a fearful degree the miners who work at Almaden and Idria, near Trieste, where the metal is obtained. In 1803 a fire broke out in the latter mine, and over 900 persons in the neighbourhood were attacked with the trembles. At these mines even at present the mode of extraction is so rude that the miners suffer from the fumes most lamentably. Mercury being volatile, it may occasion disease if it be not carefully stored; thus in 1810, the *Triumph*, man-of-war, having taken a large quantity of the metal from a wreck, the bags burst, and 200 of the men were salivated, and every animal, including birds, mice, and even cockroaches, were destroyed. It was at one time asserted that the corrosive sublimate in the timber, preserved by Kyan's process, was injurious to sailors, but a commission of the French Academy in 1836 disproved the statement.

Before we separate I wish to draw your attention to the case of consumption in the same ward, for this man also owes his disease to an ill-regulated trade. He has been working for about twenty years in a flour-mill near this city, and partly from cupidity and partly from obedience to his employer, for refusal would lead to dismissal, he has often worked both day and night, two hours in the evening alone being given to sleep. He continued to work in this way for six days and nights on one late occasion, but being seized with spitting of blood, he was admitted into hospital. Exhaustion from length of labour, and the entrance of flour particles into his lungs, for these places are often ill-ventilated, excited his disease, and there are very few of the men who work at the trade who do not suffer from difficulty of breathing from the latter cause. In steam-mills night work is not usually allowed, but in water-mills, as the power is so limited, day, night, and Sabbath are alike. Is not such a system to be deplored, and is not legislative interference called for?

THE RECENT OUTBREAK OF CHOLERA IN THE EAST.

By HARRY LEACH, M.R.C.S.E.,

RESIDENT MEDICAL OFFICER HOSPITAL SHIP "DREADNOUGHT," AND LATE MEDICAL INSPECTOR TO THE KASTENDJIE AND OTHER TURKISH RAILWAYS.

In reviewing the rise, progress, and decline of cholera last year in parts of Eastern Europe, many useful points of information can be gleaned, and as we may fairly suppose that the epidemic of last year is a type of that which is likely to come to us during the next few months, we may the more usefully take into consideration experiences that can be gathered from the past. Kustendjie, now one of the chief ports for the export of grain on the western shores of the Black Sea, was, during the autumn of last year, very severely visited with cholera. At this time a small colony of English (about eighty in all) is established there in connexion with the works of the Kustendjie railway and harbour. The houses of the *employés* are most healthily situated on a cliff immediately above the harbour, quite distinct from the native town, and with good natural drainage. The general arrangements of these houses are airy, and, under ordinary conditions, the sanitary state of the colony is very satisfactory. But cholera commenced there on the 4th of August, 1865, continued for about three weeks, and was fatal to no less than 17 per cent. of the inhabitants. Dr. Cullen, resident medical officer to the company, states that in every case a history of preventible diarrhœa was distinctly made out; that in many instances this was cured by an ordinary astringent mixture, but that relapses took place in consequence of gross carelessness on the part of the patients, when in a state of convalescence. Pork was eaten by some, melons and grapes by others, and in all these cases, as a natural

consequence, the relapse was speedy, and generally fatal. It appears to have commenced here, as elsewhere in Turkey, very insidiously, and to have stopped suddenly when at the height of its intensity, ending, as the Italians would say, *fulminante*.

I tried in vain to fix a cause for this severe visitation to the English colony at Kustendjie, for the *locale* is so exceptionally healthy that no place seemed to be formed so happily, both as to situation and general arrangements, for exemption from any epidemic. Ague is constantly rife here, and there is certainly a want of good water close to the houses. But the inhabitants of Scarborough Spa Cliff, or those of the mills about Hastings, are not more breezily located than are this little company of English on the coast of the Black Sea. The presence and prevalence of cholera at Odessa, Ibraila, Sulna, and Galatz, is by no means surprising, as these towns all, more or less, partake of the superlatively dirty character common to places in these districts. It is a fact worthy of notice, that in no instance does the epidemic of last year appear to have penetrated inland, as far as concerns Turkey, and, with one notable exception, all places on the shores of Bulgaria were attacked. Varna is this exception, and it is certainly a very strange fact that this particularly unclean town should have so completely escaped. Varna is well known to many Englishmen of Crimean experiences, and in war time dirt therein was of course inevitable. But having seen most of the towns in Bulgaria, and resided at Varna for some weeks in the cleanest months of the year, I must certainly agree with all travellers who know it well, in saying that it would give an unequalled field, among the many Augean stables in that country, for an active inspector of nuisances. Of drainage there is literally none The lower parts of the town are in a constantly spongy state from the fluid refuse of the upper district, and you must wade through a sea of tenacious mud to reach the custom-house or harbour gate. A large tract of low marshy ground stretches along its southern wall, and it is said that the roads around are in winter well nigh impassable; but no case of cholera occurred here last year, and we may cite it as one among the many vagaries recorded of this and former epidemics. Passing through Bulgaria, and reaching the right bank of the Danube, we come to Rustchuck, a town containing about 77,000 inhabitants, of mixed population. This place is, comparatively speaking, tolerably clean. The cholera appears to have been brought here from Kustendjie, by a party of workmen who had fled thence in consequence of its ravages in and about the latter town; it commenced on the 12th of August, and lasted three weeks, killing at the rate of ten or eleven per day. Mr. Hayes, Resident Medical Officer to the Railway Company here, worked very hard indeed among the native population, but found great difficulty in applying any sort of remedy. He authenticates four recoveries from the stage of collapse, and in these cases the treatment consisted in friction, mustard poultices, and general astringents. The necessary apparatus for hypodermal injection was sent out to him by the Company's Secretary, but did not arrive until the cessation of the epidemic. It is clear that here, as at Kustendjie, the disease commenced with simple diarrhœa, that very few, if any, cases of sudden collapse occurred, and these at the end of the epidemic. Its *finale* here, too, was sudden and complete, but the panic severely affected the progress of the railway works, though the mortality among the English *employès* was very small, only two cases of cholera and one death having occurred. On the coast line from Varna to Constantinople, the only town, properly so-called, is Burgas, which possesses a good natural harbour, and is in fact the port of Adrianople. The one medical man resident here told me that no cholera had appeared, but that many fatal cases of ague had recently occurred among the inhabitants of the town and district. Mortality from ague is, I think, somewhat incomprehensible, and such is the difficulty of arriving at positive truth in Turkey, that I am fain to cast a doubt on the stated causes of death in this locality. The town rivals Varna as to dirt, and it is astonishing that any sort of commerce can be carried on with the excessively meagre accommodation for goods and traffic.

Pass we now to Constantinople, which, during last year, as in years gone by, was the great focus from which radiated all other branches of the Eastern epidemic. All medical authorities of the Porte agree that the disease was brought from Alexandria by the Imperial steamship *Moukbir Sourrour*—that a false clean bill of health was given by the officers in charge of this vessel, and that its inmates were therefore allowed to land immediately, with cholera actually present among them. As soon as the evil was discovered an order of isolation went forth, but as this came late, and even when practised was far from complete, the disease speedily spread far and wide. A carpenter working at the isolated barrack in which the infected troops were placed, went home, and took the disease to his village (Yenikuei) up the Bosphorus. A family living immediately over an open sewer in which flowed the drainage from this barrack, migrated to Tatalva, another district of Constantinople, and there propagated the disease. In each district of this vast city the malady was traced to a distinct focus, and the testimony of all medical men is unanimous on this head. It was observed by Dr. Dickson, physician to the British Embassy, that in a former epidemic the disease was fata. to a slight extent only among the Mussulmans during the Ramazan. While this feast or fast lasts, the Mahommedans go from home very little (their women not at all), and eat in the night. When, however, the feast ended, and the women went to the bazaars to buy necessary articles for the Biram, the disease commenced and spread rapidly among them. It is universally remarked that this last epidemic was decidedly milder than those of 1848 and 1852; that some cases of sudden collapse occurred towards its close—*i.e.*, when its height was reached—but that in the vast majority of cases controllable diarrhœa existed at the commencement of the attack, and, if at once attended to, was cured by ordinary astringent remedies. The fact, however, that melons and other vegetables form the staple diet of the poorer population of the Ottoman empire is of itself a great obstacle to the successful treatment of incipient cholera, exclusive of the fearful amount of disregard to all sanitary precautions of the most obvious description. The population of Constantinople is estimated at 1,000,000, and it is computed that 20,000 deaths occurred in that city during the last epidemic of cholera. I received, in pursuing my inquiries, much kind courtesy from all medical residents at Pera and elsewhere. After carefully gleaning a history of remedies used by all, and eliminating such as are familiar to every practitioner, as having been tried with very variable and doubtful success, I found that a majority of opinions were in favour of quinine rubbings and quinine injections (hypodermal); remedies which are, I believe, almost if not entirely novel in this country. The patient is rubbed for some time in the ordinary manner, the hands of the operator and skin of the patient being well sprinkled with a saturated solution of quinine. This was said to have been very successful in cases occurring in children.

The agenda, as to hypodermal injections, are now familiar to most practitioners in England, and it is recommended that a tolerably strong solution of quinine be thus injected at various parts of the body.

I am by no means prepared to explain the *rationale* of this treatment, nor was any explanation afforded me; but our list of remedies is at present so meagre, that this can claim at all events a trial.

A recapitulation of facts connected with the epidemic of last year in Eastern Europe may reasonably lead us to several hopeful conclusions. It was undoubtedly a milder scourge than that of previous years. It was as undoubtedly of a more preventible character. Having reached a certain degree of intensity (by no means comparable with that of former epidemics), it ceased absolutely and entirely.

As to means of prevention and cure, we have gained this much, and should actively use that knowledge.

As to the former, considerable good may be done by a more complete system of isolation than has as yet been practised in this country, for we cannot now close our eyes to the fact that the disease is, to a certain extent, contagious. Of the latter, it is emphatically our duty to warn all persons, young and old, as to the dangerous results of neglected diarrhœa.

Too much cannot be said or done on this head, and it is hard to say how many cases may not be saved among the poorer classes in this metropolis, by spreading a warning far and wide, and providing at the same time ready and gratuitous means of relief in every district, and in every street of that district, where a chemist's shop exists.

We must use most strenuously our powers of prevention, for, it must be owned with humiliation, that they are far greater than our powers of cure.

TREATMENT OF ASIATIC CHOLERA.

By R. M. FORSAYETH, M.D.

At a time when a visitation of Asiatic cholera is not unlikely from its proximity in neighbouring countries, unless otherwise ordained by Providence, I feel called upon to offer a few practical remarks upon alcoholic medication in its treatment, and also such statistics as have come within our reach upon that subject, preventive or curative. A prevalent idea occupies the public mind, that some preventive measure, as alteration or change of diet, or medicine is necessary at such a time. This seems true only in one or two particulars:—

1st. If the mode of life or diet is acting detrimentally on the health a change may prove beneficial.

2nd. An early abandonment of habits of intemperance.

Any other precautionary changes impressing the mind with the likelihood of an attack act injuriously.

A Russian physician states, "It is a positive fact that cholera does not seize on its victims at hazard, as many say. It has been ascertained that out of every *hundred* individuals who die of this disease, *ninety* are in the habit of drinking ardent spirits to excess."

Mons. Huber, who saw 2160 perish in twenty-one days of cholera in one town in Russia, says, "It is a most remarkable circumstance that persons given to drinking have been swept away like flies. In Tiflis, containing 20,000 inhabitants, every drunkard has fallen—all are dead, not one remains."

Dr. Rhinelander, visiting Montreal in 1832, states, "The victims of cholera are the intemperate." A Montreal journal states, "That not a drunkard who had been attacked had recovered, and almost all the victims have been, at least, moderate drinkers."

Dr. Bronsen of Albany, states, "Drunkards and tipplers have been searched out by cholera with such unerring certainty, as to show that the arrows of death have not been dealt out with indiscrimination; there seems to be a natural affinity between cholera and ardent spirits, and their habitual use in the smallest quantity seldom fails to invite the disease and render it incurable when it takes place."

Professor Sewall, M.D., visiting New York, says, "That of 204 cases in the Park Hospital there were only six temperate persons, and that these had recovered."

Dr. Mussey, U.S., says, "Upon boats on the river the increase of brandy drinking, consequent on the approach of cholera, has been frightful, and the mortality on board these vessels has been terrible and unprecedented. When this dreadful scourge was raging in New Orleans, amongst the hundreds that were swept off by the disease, only two were sons of temperance, and among the 1200 of that city only three were attacked."

The great and good Mr. E. C. Delevan writes, "In 1832 when the cholera broke out in Albany I was engaged with E. Corning and J. T. Norton in erecting that large block of buildings on Green, Beaver, and Norton-streets. About 100 men were employed, they were all about abandoning their labour, when they were persuaded to remain. They all agreed to keep at their work and abstain from strong drink. A beverage of water molasses and ginger was furnished them free, and of all those 100 men engaged on the work not one died, nor was the work intermitted a day; one man not under the control of the builders (those excellent mechanics, Fish and Mawley), but employed by the man who furnished the brick, would not adopt the simple beverage offered to him but resorted to the grog shops. He fell a victim."

Professor Miller says, "Of 70 male adults affected with cholera in Edinburgh Hospital in 1848, only 17, according to their own account, had led tolerably temperate lives, and of 140 females attacked by the disease only 43 were reported sober."

Professor Mackintosh of Edinburgh, who was physician to an extensive cholera hospital, states, "It has been computed that 5-6ths of all who have fallen by the disease in England were taken from the ranks of the intemperate and dissolute."

Dr. Adams of Dublin, affirms, "Our foreign reports testify that drunkards are carried off at once by this dire disease; but those who by a daily use of a moderate quantity debilitate the tone of the stomach and biliary organs become easy victims to the cholera."

The Rev. Wm. Reid of Edinburgh, in his "Temperance Cyclopædia," says, "Dr. A. M. Adams, Professor of Medicine in the Andersonian University of Glasgow, has favoured us with a classified statement of the previous habits and conditions of health of 225 cholera patients treated by him during the epidemic of 1848-9. From this table it appears that whilst those patients, who were represented to him as being of temperate habits, died only in the proportion of 19·2 per cent., those who were of intemperate habits died in the enormous proportion of 91·2 per cent."

I might multiply statements such as these, but assuredly they ought to be quite sufficient to establish the principle of the imperative necessity of refraining from the use of alcohol, either as a prophylactic against an attack of cholera, or a remedial agent for its cure. This latter I had an opportunity of testing during the dreadful invasion of 1832 as well as 1848, when I relinquished brandy for pure cold water with marked benefit. In corroboration of this statement, I could quote those of some other medical men, but refer just now to only one detailed in The Press of 27th December, 1865, in an article on cholera, translated from the French by Dr. T. M. Madden:—

"The action of cold water in cases of cholera was, however, I believe, first pointed out thirty-two years ago by an Irish medical practitioner, Dr. McCoy, in the *Dublin Quarterly Journal of Medical Science*, and as the article in question is probably unknown to many readers of the Press, I shall quote the passage to which I refer:—

"Among the strongest prejudices," says Dr. McCoy, "I brought into the hospital was that against cold water. One of the India reporters, I recollect, states that he never knew a patient recover who was allowed cold water to drink, and other writers denounced it, though not so emphatically. I accordingly requested the nurses not on any account to comply with the entreaties of the patients for cold water. On the 2nd May, a female named Margaret Tusky, aged 21, was admitted into one of my wards at four o'clock in the evening; she had been nine hours ill; the surface of her body quite cold; her feet, legs, hands, eyelids, and nose were blue; no pulse could be felt at her wrist; vomiting incessant of the rice-water kind; she had two or three alvine dejections before admission; eyelids half closed, and eyes turned upwards; thirst very great; calls for cold water urgent; cramps very distressing; tongue cold and white; pain just below the sternum, which she attributed to having drank two pennyworth of buttermilk during the morning. The necessary measures were resorted to for her. This girl, having observed that a pail of cold water had been left near her bed for some

ward purposes, contrived during the evening to draw herself towards it, and putting her head into the vessel drank copiously; it was speedily thrown up again, but the draught was repeated as often as she could without being detected. When I heard of it, I was of course alarmed for the consequences. However, during the night, a patient in the same ward in a convalescent state, who had felt the deprivation of water herself, not long before, got out of bed several times and supplied Tusky with cold water. This she told me herself the following morning after I had expressed my satisfaction at finding her so much better than when I left her the night before. She recovered. This incident demonstrated that the indulgence in drinking cold water was, at least, not certainly fatal. I therefore commenced giving it in small quantities when called for, and soon after allowed them to drink as much of it as they pleased. I found it the best drink of any I had yet tried, and by far the most agreeable."

I could multiply cases exactly similar, one in particular detailed to me near Cork, confirmatory of the foregoing remarks, "Cold Water *versus* Brandy Cure;" but having already taken up so much of your valuable space, I think it not necessary, sincerely hoping by those few details to draw the attention of our noble and philanthropic profession to the disastrous evils resulting from the indiscriminate alcoholic medication of the present day.

Templemore, May 13, 1866.

NOTES OF SOME CASES OF ECZEMA.

By JOHN S. A. CUNINGHAM, L.K.Q.C.P.I., L.R.C.S.I., &c.

Few departments of medicine present more diversity of detail both in the description of, and treatment applicable to them, than do that class of affections comprised in the general term skin diseases; indeed, most persons comparing the various descriptions of different authors would, on a first perusal, be at a loss to recognize the disease described were it not for the title prefixed, so great is the difference observed in the various descriptions contained in books on general medicine. I do not now allude to works exclusively devoted to this class of diseases, in most of which true and correct details are given of the various phases under which these affections are observed in practice, as far as verbal descriptions can portray; but, in truth, even here we experience a loss, for these diseases are of that nature which require to be *oculis subjecta fidelibus*, still by a faithful record of actual cases observed *in corporis vili*, much may be done to render the history even of these affections more complete and accurate than has to the present day been accomplished even in our best treatises; so that a true account of every case should be looked upon as one step nearer that goal so much to be desired—the enrolment of the science and art of medicine amongst the "exact sciences."

Eczema may be defined to be a vesicular eruption unaccompanied, in general, by much inflammation or febrile disturbance, and terminating in re-absorption of the contained serum, either by desquamation or excoriation. Its exciting causes are various; in the idiopathic forms it generally depends on irritation of some sort, as an example of which, I give the following case extracted from my note-book, as being the worst form of the affection I have ever seen:—

Bridget Lambe, aged 28 years, unmarried, a servant, of nervous temperament, never enjoyed good health, though not so sick as to be incapacitated for work; no hereditary disease in her family; came under my observation September 15, 1860. She states that about three months since, in consequence of tenderness of her eyes, thinking should she get ear-drops it would have a beneficial effect, so had her ears pierced; three days after she noticed a crop of red pimples, somewhat resembling "flea bites," about the angles of each inferior maxilla, these gradually spread upwards to the ears, and inwards, so as to form a circle underneath the chin, these became vesicular, and shortly after bursting discharged a thin serous fluid, the only application being lukewarm water, which afforded relief. A few days after like pimples made their appearance on the abdomen and lumbar region of the back, attended, however, with heat, redness, and diffused inflammation generally of the parts, vesicles forming as before burst and discharged a thin purulent fluid which, drying, formed crusts on the surface, these gradually extended till a complete *zone* formed around the lower part of the body. At the same time the pain becoming acute, she applied for medical relief in the neighbourhood, and obtained some ointment (of a white colour, does not know its composition), which was to be rubbed well over the crusts and place of disease, generally every night and morning. This was accordingly done the night after, and the next morning the side of the face, abdomen, and back, and, in fact, every place where the ointment had been applied, was much swollen and very painful, so that she did not rub it again nor try any other remedies; but having contracted catarrh from exposure to a severe wetting, she became feverish with great aggravation of all the existing skin disease. When I saw her the following was her condition:—A complete zone of vesicles surrounds the face, some of which have burst and discharged their contents, forming crusts extending over both ears, and for two inches posterior to the concha, which is one mass of desquamation of a dark straw colour mingled with patches of red; glands of the neck are enlarged and painful; the abdominal, axillary, and lumbar regions are a complete mass of desquamating crusts, cracked and excoriated; the epidermis peeling off in large flakes, leaving the surface underneath red and tender, so that the patient is unable to lie on the back or walk—in fact, the entire of the body is *sprinkled* over with minute transparent vesicles on a rose-coloured basis, more numerous on the trunk than on the extremities; there is no febrile disturbance; pulse very weak and intermittent; violent pain in head; bowels constipated, and she is so nervous as to be afraid to remain in the dark by herself for any time, crying when alone; the extremities are very cold, and can with difficulty be raised to the normal temperature.

September 15th: Ordered a warm bath.

℞ Pulveris jalapæ compositi grana trigenta.
Submuriatis hydrargyri grana tria. M.
Fiat bolus statim sumendus.

℞ Misturæ purgatis, uncias tres.
Liquoris antimonii tartarazati, drachmas duas.
Aquæ ad uncias vito. M.
Fiat mistura cujus sumatur cochlearia dua magna bis die.

September 17th: Bowels well cleared; very nervous, and cannot sleep at night.

℞ Liquoris arsenicalis, minumas sexagenta,
Aquæ, uncias vigenta. M.
Capiatur unciam ter die post cibum.

September 21st: Patient is improved; large crusts peeling off the abdominal and lumbar regions; the cutis vera under the crusts is red and moist.

℞ Pilulæ aloes compositi, grana septem in pilulæ duæ, statim sumendus.

24th: Liquor arsenical repeated.

26th: Crusts peeling off in large masses. Linimentum, calcis uncias quatuor; a little to be applied on old linen, and placed on the parts where desquamation has taken place; cannot lie on the back yet; feels much better in every way.

29th: Desquamation still goes on; continues taking the arsenic; is so much improved as to be able to get up and walk about the room.

October 2nd: Patient continues improving every day; crusts falling off in large quantities; the back is nearly quite well; the liquor arsenical to be increased from this date to one ounce of the former recipe (of Sept. 17th), four instead of three times a day.

6th: Crusts clearing off rapidly; on the face, the skin underneath is dry and healthy-looking, but that on the

abdomen and back is moist, and not so normal in appearance. The following to be applied to these parts :

℞ Olei olivæ, uncias duas.

Liquoris plumbi acetatis, drachmam. Misce.

Fiat linimentum.

From this date the symptoms improved rapidly under the above treatment, the arsenical solution being taken four times a day. The patient improved so quickly as on the 21st October to be able to resume her ordinary occupation, not one of the crusts remaining, and the general health excellent, which, indeed, throughout was not much disturbed, considering the severity of the case.

I think the above case instructive, when we consider the severity of the eruption, the length of time it had lasted, and the highly nervous condition of the patient, no strong local application being used, the disease, so often remarkable for its obstinacy and resistance to the power of medicine, in this case giving way in so short a time to the influence of the arsenical solution. As to the *modus operandi* of this medicine, I hope on a future occasion to offer some remarks, and also on the external application of the tincture of iodine, which, in some forms, has been found useful, and as a *cure* for this eruption has been so highly extolled.

Grosvenor-road, East, May 10th, 1866.

CASE OF RUPTURED VAGINA.

(Read before the Obstetrical Society of Dublin, 12th May, 1866.)

By Dr. J. ISDELL.

So much has been written lately on the subject of ruptured uterus and vagina that it will be perhaps trespassing too much on the patience of the members of the Society to bring forward another case of the kind, but as recovery is rare in such cases, and the after-treatment does not seem to be fully established, I trust I may be excused for relating the following one. Some years ago, whilst doing dispensary duty for my friend Dr. Metge in the country, I met with the case :—

A. B., wife of a poor labourer, æt. 35, was taken ill of her eighth child. After some hours of severe labour the pains ceased suddenly, and there was some discharge of blood from the vagina. The women in attendance sent for me. When I arrived I found the woman in a state of great exhaustion, with a small and rapid pulse, tenderness over the abdomen, through the walls of which I could feel distinctly the limbs of a child. I was informed that she had vomited a blackish fluid. On examining per vaginam I found that the head had receded so as not to be felt, and there was some hæmorrhage going on. The nature of the case was evident; it was one of ruptured uterus or vagina, and to deliver her at once was the best thing to be done.

Accordingly, having given her some whisky and water, I proceeded to turn the child. On passing my hand above the brim of the pelvis, I discovered a large rent anteriorly and to the left side, through which my hand had no sooner gone than it became entangled in the intestines, amongst which I made my way cautiously until I arrived at the feet of the child high up in the abdomen, one of which I seized, and delivered her of a stillborn male child as speedily, but as carefully, as I could. The uterus contracted well, and the placenta came away in about ten minutes; there was not much hæmorrhage. I gave her some more whisky and water, with forty drops of træ opii, and applied a binder with pads firmly over the abdomen.

I left half-grain doses of opium to be given every fourth hour, and ordered perfect quiet to be observed. On visiting this woman two days afterwards, with Dr. Metge, we found that she had gone on well; her pulse had got up, her strength had improved, she had rested well, had passed water, had no motion from the bowels. The treatment we decided on giving her was Pil. hyd. gr. i., opii gr. ¼, 6tis horis. The dose of opium was small, but we did not consider it safe to leave larger doses in the hands of ignorant country people.

A kind neighbour sent her some chicken broth, and fed her all through her illness. She continued under this treatment for six days. It was then omitted, and a mild purgative draught was given, which acted well; her mouth was slightly affected with the mercury.

This woman recovered perfectly without a bad symptom, and was able to bind at the harvest about two months afterwards.

I wrote some months ago to Dr. Metge to recall the case to his memory, and received an answer that he had gone to see the woman, and that she was quite well, but has had no more children. She was the mother of eight children—three living and five stillborn. She was a small delicate woman, without any deformity of the pelvis, but the child (a male) was large, and thus a disproportion was caused between the head and the pelvis. The rupture in this case extended from the vagina into the body of the uterus, and was so large as to allow the escape of the child into the abdomen, and it was a matter of no small difficulty, as well as danger, to pass by the intestines and reach the feet during the operation. In truth, I had some doubts on my mind at the time whether I should be able to succeed in my efforts to deliver her.

As the patient is now alive and well, we may fairly ask to what cause are we to attribute her recovery?

There are two causes, I think—one is, that she was so promptly attended to, having been relieved in less than an hour after the occurrence; and another is, the treatment by opium, to both which may be added the good country air in which she lived.

It is very satisfactory to see so formidable a case recover, and it is encouraging to us not to despair in such cases but to use those remedies which experience has taught us to be the most rational.

I have seen about half a dozen cases of ruptured vagina altogether, but never treated any of them except the one I have described. Death was the result in all the others. In one case a rupture was caused by the ignorant women in attendance pulling with all their might at the arm of a child which presented itself, and when they failed in their efforts to drag the child into the world they desisted, and the woman died. Another case was caused by ergot of rye injudiciously given. In another case the woman was left too long in second stage of labour, with a contracted pelvis and a large ossified fœtal head. She died also.

But my object is not to enumerate the causes of ruptured uterus or vagina, but to show the treatment used, which is corroborative of the testimony already borne to opium as the only medicine on which we can rely in these cases, which have hitherto been looked upon as almost hopeless.

CASE OF PLACENTA PRÆVIA.

Mrs. W ——, wife of a policeman, ætat. 30, mother of three children, living in Summer-place in this city, was attacked with hæmorrhage at five weeks before her time; I was sent for at eleven o'clock at night; I found her very weak and low, having lost a great deal of blood; I plugged the vagina with a large sponge, having first ascertained that she had emptied the bladder, gave her an opiate, and left her for the night. Next morning at my visit I found her much improved, she had slept and was stronger; I removed the plug and applied cloths wet with cold water, gave her acid inf. rosæ, with Epsom salts, which acted well on the bowels, and the hæmorrhage ceased for about three weeks.

After this some person incautiously told her that a policeman had been shot; she naturally, apprehensive for her husband's safety, became sick and faint, and hæmorrhage immediately set in.

This attack was not so severe as the last, it was controlled by cold applications and rest, but her strength was

much impaired by the shock and loss of blood. However, she went on by great care and watching to her full time, and her labour came on about a fortnight afterwards; up to this period the os uteri was high up and not at all dilated.

Labour commenced with smart hæmorrhage. I had recourse again to the plug and cold cloths, and watched the case, having made up my mind to rupture the membranes should the hæmorrhage increase. After some hours I removed the plug in order to ascertain how matters were going on.

I found the os uteri still high up, about the size of a sixpence, and rigid, the pains very feeble, and the discharge continuing.

I then passed up along the index finger of the right hand a knitting-needle, which I directed and pushed through the os with the left, and ruptured the membranes. An unusual quantity of liquor amnii came away, at first mixed with blood and afterwards quite clear. The bleeding ceased for about two hours when it returned again more profusely than ever.

The poor woman by this time was much weakened and she lay in a motionless and helpless state, not expecting to survive.

There was but one resource left, which was to deliver her without delay, as every moment was of the most vital importance.

Accordingly I proceeded at once to deliver her by version, having first given her some whisky and water. On reaching the os I found it not larger than a shilling, and still rigid. By first getting in one finger, then a second, and finally forming my hand into a cone, I succeeded in getting it into the uterus. I soon reached the feet, one of which I grasped, turned the child, and delivered her of a fine boy alive, which I did not expect after so much loss of blood on the part of the mother.

The placenta came away in a quarter of an hour, but there was no disposition on the part of the uterus to contract, and for three hours I had most assiduously to keep pressure with the hand and cold on the uterus before I could ensure its contraction and check the hæmorrhage which was going on.

I gave her all this time stimulants with træ opii.

On examining the placenta I observed a portion of about the size of a five-shilling piece, flaccid, dark looking, and covered on one side with adherent clots of blood.

This woman recovered well but slowly, being very weak and suffering from headache; she had also prolapsus ani, for which she was treated by Dr. Nolan. Her infant died about a fortnight afterwards of convulsions (as I was informed), for I was not consulted about it.

There are two circumstances in this case which I think are worthy of notice, one is, that after the membranes were ruptured and the waters discharged, although the hæmorrhage ceased for a time, yet it returned again with greater violence than before, without any uterine action whatever. Another is, that I did not wait until the os was dilated, but in a manner forced my hand through, for had I waited even for some minutes she would have either bled to death or have been reduced so low as to render any attempt at delivery most hazardous.

I saw a case some years ago in which hæmorrhage was induced by a lady having received a letter one morning announcing the death of a friend. She fell down in a faint and lost at the moment a large quantity of blood. She was put to bed, given restoratives, and recovered somewhat after a time, but the bleeding continued for a week. At this time I was called in to see her; I found the bleeding going on; the os uteri only the size of a shilling, with the placenta implanted over it; the pulse scarcely to be felt; her face blanched, and in fact dying, and in half an hour she breathed her last.

If the practice of gradually dilating the os uteri at an early period which I made use of in my case had been adopted with this lady, I am morally certain that her life would have been saved.

A CASE OF ATAXIC LOCOMOTIVE PROGRESSIVE PARALYSIS.

By R. MURNEY, M.D.,
FELLOW AND LICENTIATE THE COLLEGE OF SURGEONS, IRELAND.

THE case which I am about to describe will serve to illustrate a disease (if my diagnosis be correct) which is well known in Dublin, but not so well throughout the country, it is for the latter reason that I venture to bring forward this case so as to ventilate the subject as much as possible. I confess that I cannot throw any new light on the pathology of the disease, inasmuch as I had no post-mortem in the case. The disease ran its course in four months, terminating in perfect recovery, which was contrary to my prognosis, as I looked on the symptoms indicating a disease which experience has hitherto, at least, found to be incurable. The disease I allude to is the ataxic locomotive progressive, described by M. Duchenne. The subject of this paper is a young gentleman of about 20 years of age, tall and well proportioned, fair complexion; he consulted me on the evening of the 7th of last February; said he suffered great pain since four o'clock in consequence of not being able to pass any urine, made some about eight o'clock in the morning, but none since, though having made many efforts; said this incessantly came on without any cause that he was aware of; was in his usual health and spirits the previous day, and slept well the night before. I passed a catheter without the least trouble, urine natural in quantity and quality, and acid reaction, sp. gr. 10.20, it was microscopically examined by Dr. Barker, who pronounced it healthy. I passed the catheter twice each day for fifteen days. At this date the bladder recovered itself for a short time. On the third day of my attendance on him his gait became unsteady, and when turning round staggered. In the course of a month, as those symptoms increased and became aggravated, could not walk with his eyes shut, had great difficulty in maintaining his balance, when once in motion he could get on pretty well by moving quick with his head down and eyes fixed on the ground. About a week after the bladder recovered itself another and distressing condition of it set in, incontinence of urine; his face presented a peculiar sardonic grin, apparently drawn to right side; no anæsthesia on the left; right eye amaurotic; pupil dilated; appetite bad; lived on wine and brandy occasionally. His friends were greatly afflicted at the appearance of his face, being so much changed; did not perceive it himself; his memory was not as perfect as usual; he became careless and filthy in his habits; complained of pains in his thighs and legs. The history he gave of himself was:—Had always enjoyed good health; both his parents and all his family were living; a few days before last Christmas got for the first time in his life pain in his head and back, with sick stomach; went to bed; lay for three weeks with a feverish cold, as he was told by the medical man who attended him when convalescent; went to Kingstown; there became strong in a short time; a few days before his return to town got a pain in the lower part of his back corresponding to the fourth lumbar vertebræ; it was very severe for some days; the intensity of it gradually lessened and finally disappeared. When first consulted the treatment consisted of citrate of quinine and iron, a blister over the region of the bladder, beef-tea, wine, &c., subsequently tinct. of ergot, strychnia, nitrate of silver; the latter medicine he continued to take for four weeks without ever making any change in the colour of his skin. The patient himself imagined he was very much improved, though I could not perceive it. Went to Galway on the 2nd of April to see some friends there; returned on the 4th of May to Dublin, to my great astonishment strong and fat, and to all appearance quite recovered. How long he will continue so remains to be seen. While in Galway discontinued the nitrate of silver pills and all other medicine. On my first interview with him after his

return, the first thing he did was to walk with his eyes shut and dance a polka. I confess that on this occasion I was not a little shaken in the correctness of my diagnosis, but when I grouped all the symptoms—the staggering gait, the peculiarity of raising and putting down the foot, the heel first, the head bent, with eyes looking down on the ground, the amaurotic eye, and the inability to walk with eyes shut, which M. Trousseau says is pathognomonic of the disease ataxic—all these symptoms confirmed me in my former diagnosis. The only other disease that this could be confounded with is reflex paralysis. On this subject I published two papers, in one of them the disease was ushered in by loss of power of the bladder, succeeded by incontinence of urine. In those two somewhat similar, but totally different diseases, you have in both the staggering gait, the peculiar motion. In the ataxic the heel is first put down, in the other (reflex) the toes. In the latter the patient can walk with his eyes shut and his head erect, never any affection of the eyes or face, which we know is not the case in the ataxis.

In those cases of reflex paralysis alluded to, both recovered, they were read and discussed at the meetings of the Surgical Society of Ireland.

Hospital Reports.

WESTMINSTER HOSPITAL.

TWO CASES OF EXCISION OF THE TONGUE BY THE EMPLOYMENT OF THE ECRASEUR.

Under the care of Mr. BARNARD HOLT,

SENIOR SURGEON TO THE HOSPITAL.

In a late number of the *Medical Times and Gazette* Mr. Paget has recorded two cases in which he excised the tongue for epithelial cancer, by first dividing the genio hyo-glossi muscles with the knife, and subsequently removing the tongue with the écraseur. The two following cases are recorded to prove that there is no necessity to divide these muscles with the scalpel at all, but that the operation may be entirely completed with the écraseur, and usually without the loss of any blood that becomes either a source of annoyance to the surgeon or danger to the patient.

W. G., æt. 72, a moderately healthy man, stated that fourteen years since he noticed a small hard lump at the tip and side of the tongue; it gradually increased in size, and for the last two or three years he experienced great pain, of a stabbing, lancinating character, and an increase of saliva that materially interfered with deglutition, the combination of the two resulting in attenuation to a marked degree. Upon admission a hard nodulated growth was detected, which implicated more than the anterior half of the tongue, but the submaxillary glands were fortunately not involved. Mr. Holt decided to remove the tongue with the écraseur. On March 5th, the patient being thoroughly under the influence of chloroform, Mr. Holt first passed a strong silken ligature through the anterior portion of the tongue, so that it might be drawn by an assistant as far forwards as possible. A strong curved needle fixed in a wooden handle, which had been previously threaded with a ligature attached to one side of the chain, was next passed under the tongue as far back as possible, and the chain was drawn through the opening thus made; the chain was now fixed to the écraseur, and the whole of the parts beneath the tongue were slowly and cautiously divided. The tongue, being now set free, could be drawn out of the mouth by traction on the first ligature to an extent sufficient to allow the chain of the écraseur to be passed in the form of a loop over the tongue to its root, when, by the action of the handle, the loop was tightened and the tongue slowly severed from its attachments. There was hardly any bleeding, indeed not sufficient to call for the application of ice or the perchloride of iron, which was in readiness. In the afternoon the patient was quite comfortable, and could swallow beef-tea without difficulty. He progressed in the most satisfactory manner, day by day improving, taking his food naturally, the only inconvenience being his inability to disengage small fragments of meat from the teeth, and by the 5th of April was perfectly recovered. He could talk sufficiently well to make himself easily understood by any of the patients in the ward.

Case 2.—G. B., æt. 57, a shoemaker by trade, was admitted into the Westminster Hospital, under Mr. Holt's care, suffering from epitheliomæ of the right half of the tongue. The disease, unlike that of the previous patient had only existed for two years, and was attributed to the irritation caused by smoking a clay pipe. It had latterly increased in size and density, and there was just previous to the operation a very slight hardness of the glands beneath the jaw. As, however, this had only been noticed for a few days, Mr. Holt did not consider it a bar to the operation. While under the influence of chloroform Mr. Holt commenced the operation in the manner already described, and after cutting through the floor removed the whole tongue from its base. The hæmorrhage from the left lingual artery was sufficiently active to require its inclusion in a ligature. The artery on the right side, or that on which the disease was situated, did not bleed. The patient was placed in bed and shortly had some tea, which he drank without difficulty, and on the second day from the operation was walking about the ward.

Mr. Holt remarked, that the foregoing cases clearly showed that the tongue might be removed entirely by an operation through the mouth without either dividing the jaw or making any opening in the integument beneath the chin. The chain of the écraseur can, with the greatest ease, be passed far back beneath the tongue so as to divide the genio hyo-glossi muscles and the mucous attachments which so far releases it as to enable the operator to pass the loop of the chain over the tongue to its base, and so insure the entire removal of the organ.

In the first case there was the merest oozing of blood, in the second there was a jet from the left lingual artery, but Mr. Holt believed this might be avoided by standing in front of the patient instead of at the side, and this position, in reference to the patient, is attended with two advantages—first, that the lingual arteries would be more evenly compressed and only be pressed through at the last moment; and secondly, the loop of the écraseur could, with greater certainty, be pushed around the root of the tongue, the straight part of the instrument where the surgeon stands in front being passed into the mouth—a proceeding that cannot be effected if he stands at the side of his patient. So far as the operation was concerned, nothing could be easier or more effectual. The results have yet to be judged of.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

Double Pneumonia; Tonic Treatment; Recovery.—A brief notice of the following case may be worthy of record: The patient, a boy, aged 16, an inmate of a blind asylum, was admitted into hospital labouring under acute pneumonia, which was found to engage the entire posterior half of both lungs. Consolidation existed in the lower portions, and in the scapular and supra-scapular regions evidence of rapidly advancing inflammation of both organs was furnished by extensive crepitus. On the following day both lungs were found to present absolute dulness on percussion posteriorly from apex to base. The pulse was 112, respiration 60, and thermometer 100 1-5th°.

The patient was at once placed on five-grain doses of

sulphate of quinine, given at three-hour intervals, with beef-tea and six ounces of wine, and after the seventh day an egg. The quinine was well borne, and was continued at the above doses for several days. On the second day after admission smart pain in the right side was complained of, and the patient was cupped to the extent of three or four ounces with marked relief. It may be observed that from beginning to end of this case this was the sole measure of a lowering or depressing character employed, and it is worthy of note that almost from the period of admission the patient's appetite was remarkably good, he eat abundantly of bread and milk, and constantly craved for more food. Slight diarrhœa presented itself on the third day after admission, but was easily controlled. Pyrexial action continued pretty high for many days, as evinced by the pulse, respiration, and thermometer. On the third day after admission the pulse fell to 100; on the fifth day it was 96, the respirations 40, while the thermometer registered but 98½°. Slight renewal of pyrexia took place some days subsequently, and on the seventh day after admission, the twelfth of the disease, the pulse was 116. In the four or five subsequent days the pulse went gradually down to 96, to rise again in the three following days to 120. Henceforth it fell daily until it reached 84, and so continued, convalescence being now fairly established, the lungs well cleared up, admitting air freely throughout, and giving clear resonance on percussion. It may be a question, in reviewing the history of this case, how far the persistence of appetite for food was dependent on the absence of that irritant and depressing influence ordinarily exercised in such cases by tartar emetic or mercury.

Cerebro-Spinal Arachnitis; Exudation of Lymph on Cord.—J. B., aged 16, assistant in a provision dealer's establishment, was admitted into hospital on 6th April. The circumstances of his illness were the following:—Several days prior to admission he came into Dublin from Wicklow on an outside car. He got a severe wetting on the journey, wore his wet clothes after his arrival, and did not change or dry them after he got home. He wore the same damp clothes on the two following days. On the third day after the wetting he felt pains in his bones and down along the spine. These pains grew more severe daily, and he was at length obliged to seek admission into hospital.

When seen on the day after admission, his condition and appearance were peculiar. The decubitus was diagonal, and his head was drawn forcibly backwards, the retraction appearing to be due to action of the deeper muscles, and not at this period to those superficially observable, as the trapezii and sterno-cleido-mastoid. Any attempt to get the head into the natural position was painful to the patient, and immediately abandoned when he was with difficulty induced to make the effort. No decided complaint was made of pain except low down in the back, and when it was attempted to get him into the sitting posture. He then expressed himself as suffering considerable pain through the back, and felt an inability to sit upright. He was enabled, by aid of an attendant and by resting on one arm, to maintain himself in a semi-erect position, and half inclined to one side for a short period, but begged to be allowed to lie down; and as the object was only to test what lesions of muscular power existed, this examination was made only at rare intervals and for brief periods. His condition might be said to be rather that of an apprehension of great pain and distress, and of a sense of incapacity to sit up or bend the head forward, than of actual suffering in the effort, or absolute want of muscular power to perform it. Symptoms of pyrexial excitement had been present at the period of his admission, but when first seen by Dr. Lyons his pulse was only 72, and there was no observable calor. He took food and drink readily, and the principal functions were at this time performed naturally. On the fourth day after admission the pulse had risen to 120, and for a fortnight subsequently ranged about 104: on a later occasion it jumped from 108 to 140, but fell next day to 120. His condition continued little changed during this period. Subsequently he began to wander, occasionally fastened on a word, such as "Oh, father!" "Oh, father!" which he repeated over and over again. On other occasions he would repeat continuously some word which struck him in a question put to him. He was occasionally very despondent about himself, at other intervals he said he was "stout." A very slight amendment in the power of nodding the head was observable for a few days, but he soon relapsed; and the same may be said of his power of attempting to sit up in bed. For about two days there was hyperæsthesia of the feet and legs, but this symptom disappeared. Later on in the disease, urine and fæces were involuntarily discharged, but even in this condition there was temporary amendment. For the first three weeks he took food with appetite and drank copiously of milk, he also readily took wine, beef-tea, and other nourishment allowed him. When about a fortnight in hospital a very slightly paralytic state of the left side of the face was noticed, and subsequently he became partially hemiplegic at th same side, but there was a decided amendment in this condition previous to death. In the last fortnight of his illness he wasted much, and he died after a sojourn of about thirty-five days in hospital. On the day prior to his death, complete relaxation of all the contracted muscles took place, and he lay on his side with his head in its natural position, the face highly flushed; he was partly unconscious to what took place around him, but was not comatose.

In the progress of this case almost every conceivable remedial agency was put in operation, but absolutely with no sensible effect on the disease. He was leeched, cupped, and blistered on the head and spine. Persistent efforts were made to bring him under the influence of mercury by internal administration of calomel and mercurial inunction, but without the smallest effect on his gums or any proof of constitutional effect. Iodide of potassium was administered for a protracted period with no observable result. Belladonna was applied to the spine externally and administered internally until slight but well-defined physiological effects were induced, as shown by dilatation of the pupils, but no benefit ensued to the spinal lesion. Finally, the patient was carefully fed throughout, and when evidence of any failure of power was manifested he got six ounces of wine daily. He took nourishment at all times readily, but sank, worn out in the end by the continuous wear and tear of his disease.

Post-mortem Examination.—The cranial sinuses were charged with blood; minute dotted particles of lymphy exudation were here and there noticeable on the arachnoid, and there was some slight serous effusion in the circle of Willis. On slitting up the membranes of the cord the arachnoid was found coated with lymph for a space of about three inches corresponding to the junction of the cervical and dorsal portions, and low down on the cauda equina there was a very copious effusion of serum, with particles of lymph here and there.

Dr. Lyons remarked on the fatal character of this disease as familiar to all observers, and on the unusually protracted duration of the case in question. In the majority of instances on record the disease was, however, an acute and fatal one. In this case the whole duration of the disease exceeded forty days. Its very rebellious character, and the failure of all medicinal agents hitherto employed, are further deserving of note.

MATER MISERICORDIÆ HOSPITAL.

REMARKABLE CASE OF SOFTENING OF THE LEFT ANTERIOR LOBE OF THE CEREBRUM, WITH RIGHT HEMIPLEGIA, AND LOSS OF SPEECH.

(Under the care of Dr. HAYDEN.)

JANE QUIN, aged 47, the mother of one child, and gene-

rally healthy, with the exception of a few attacks of rheumatism, was admitted on the 17th of March, 1866.

It appears that on the night of the 27th of December, 1865, she went to bed well, and next morning it was found that she had lost the use of the right side of the body, including the face, and also the power of speech.

On examination it was found that there was total loss of voluntary motion in the right arm, and partial loss of it in the right leg, which she dragged in walking, and was barely able to draw up or to extend when in bed. Not so, however, with sensibility, which was complete both in the leg and in the arm. The features were drawn to the left side, and the tongue, when protruded, deviated to the right. The patient could, however, close both eyes, wrinkle the forehead, and move the tongue to either side when told to do so. She could swallow well; her intelligence was perfect, but she seemed to have lost recollection of words, or rather of the mode of enunciating them. There was no difference in the size of the pupils; the pulse, counted by the heart, numbered 160, and was very weak; the action of the heart itself was most irregular; both sounds were morbidly clear, unattended with murmur, and extensively transmitted over the chest. There was not any paralysis of the sphincters, but the patient was constantly moaning. On the 21st of March it was noted that about eight p.m. on the previous day the clinical assistant, Mr. McKenna, had remarked the patient complaining of pain in the head, when, placing his hand on her forehead, he ascertained that the temperature on the right side of the face was morbidly high and attended with throbbing, while on the left, or unaffected side, the surface of the face was perfectly cold and entirely free from throbbing. The right side of the face was also found to be tender to the touch. She took pills of mercury with chalk and James's powder—one thrice daily—and an expectorating mixture.

On the 23rd it was noted that she had then been pulseless for the last two days; that livid patches were to be seen on the back of the right hand, as well as on the fingers and toes; that there was constant and most distressing moaning, with involuntary evacuation of the rectum and bladder.

On the morning of the 24th neither the action of the heart nor the radial pulse could be heard or felt; the constant and painful moaning continued; there was livid coldness of the extremities; the patient seemed to be conscious, and could swallow fluids; there was slight œdema of the right side of the face and of the upper (right) eyelid, which, in consequence, she could not fully raise. At four p.m., having for some hours before ceased to moan or make any attempt at speaking, she died. There had not been any appearance of convulsions. A post-mortem examination was made at the expiration of twenty-four hours, when it was noted that the brain was of normal consistence and apparently healthy, with the exception of the anterior lobe of the left hemisphere, which was much reduced in volume, of a light yellow colour, and semi-diffluent. The convolutions and sulci in the inferior surface of this lobe were obliterated; the left olfactory nerve and bulb were softened and enlarged, and the former had become cylindroidal and raised out of the corresponding sulcus by obliteration of the latter. There was not any extravasation of blood or effusion of lymph, and no embolus was found in any of the bloodvessels of the brain. In the heart the left auricle was enlarged and thickened; the left auriculo-ventricular orifice was much contracted (see measurements below) by cohesion of the segments of the mitral valve.

The thickness of the left auricle, at its upper and left portion, was one-quarter of an inch; at its middle and left portion it amounted to one-eighth of an inch The thickness of the left ventricle, at its central portion, was one-half of an inch; at its apex it was one-quarter of an inch. The mitral orifice barely admitted the tip of Dr. Hayden's index finger.

After some days immersion in spirit, the cineritious substance of the left anterior lobe was ascertained to be of the consistence of cream, and was, on microscopic examination, found to consist of fat globules of various sizes; of large granule cells; of compound granular corpuscles; of many crystals, needles of margarine, and of a few crystals of hæmatine. The white substance from the same situation was composed of the same elements, with the addition of beaded nerve-fibres and a few plates of cholesterine.

On making a horizontal section of both hemispheres of the cerebrum, about the anterior three-fourths of the corpus striatum was found entirely broken down, of the consistence of cream, and to have altogether lost its identity in the surface of section. The extra-ventricular nucleus had disappeared, but a small portion of the intra-ventricular nucleus, about the size of a pea, remained in the small extremity of the corpus striatum, and in the neighbourhood of this the brain substance was firm. The optic thalamus was unaltered, as likewise was the entire motor tract on the right side. The second and third left frontal convolutions were disorganized and obliterated, as also were the orbital convolutions. There was not any extravasated blood in the brain substance, nor was there evidence of apoplectic effusion at any former period. There was no embolus in the left middle cerebral artery, nor the least appearance indicating such to have existed at any former period.

The impairment of the faculty of articulate language was very remarkable in this case. The patient's intelligence was unaffected, and her mind seemed full of ideas and of the proper words to express them. She made repeated attempts to express in words to Dr. Hayden her wants and sufferings, which she effectually expressed by signs, but she could not succeed in bringing out a single word beyond the monosyllables "yes" and "no." On one occasion, in answer to a question having reference to her illness, she said—"Six-oo." The full answer would have been "six weeks." On another occasion she was asked her name, which was Jane; she attempted to reply, but could not. A list of names was then called over; she said in reply to each, "No," and after a little she became excited at one failure (which was not intentional) to discover her name, and at her own inability to assist us, she became flushed in the face and apparently angry, and said emphatically, "No, no, no." At last the right name was pronounced, when she seemed pleased, and at once said, "Yes, yes, yes." On another occasion she suffered pain in the abdomen and wished to direct Dr. Hayden's attention to the part. He affected not to comprehend her signs and unintelligible utterances. She lost temper and attempted to sit up in order to point out the seat of pain to him. At that time she was incapable of writing, from paralysis of the right hand, but Dr. Hayden was convinced that she had not lost the memory of words, else she would not have incessantly endeavoured to give utterance to them. If the memory had failed, the mind, not the tongue, would have been employed to supply the deficiency.

Nor, in Dr. Hayden's opinion, was the loss of the power of articulating due to paralysis of the organs of speech, for the patient was capable of protruding her tongue and moving it to either side, although it deviated to the right when she tried to protrude it directly forward; she grasped the drinking vessel firmly with her lips, and deglutition was perfect.

It seemed, therefore, to Dr. Hayden that the defect consisted in loss of the power of motor coördination of the organs of speech, by which their movements are so ordered and combined that articulate language is the result.

Without subscribing to the full extent the ingenious theory of Dr. Moxon, published in the last April number of the *British and Foreign Medico-Chirurgical Review*, Dr. Hayden agrees with that gentleman in thinking there is sufficient reason to conclude that the situation of the ideas of *associated motions* which form the faculty of speech is supra-motory, whilst the situation of the ideas of *associated sensations* which form the faculty of language-com-

prension is supra-sensory. If it be true, as Dr. Moxon further surmises, that the seat of the acquisition of language, and indeed of all the other intellectual acquisitions, is a symmetrical, or restricted to one side of the cerebrum, then we can have no difficulty in understanding how it is that a local lesion, involving only a very limited portion of one of the cerebral hemispheres, may *obliterate* the *acquisition* of language, by destroying, as it were, the tablet upon which it had been engraven. It is easy to understand why the seat of language should be in continuity with the motor tract; for spoken language consists in vocal sounds, modulated or "articulated" by the voluntary muscular action of the organs of speech. Hence the necessity for direct continuity between the seat of the acquisition and the motor tract, through which alone it may be manifested. For the same reason aphasia is, in the vast majority of cases, associated with some degree of hemiplegia.

Dr. Hayden has not been able to satisfy himself as to the precise cause of the cerebral ramollissement in this case. The suddenness of the attack and the previous existence of valvular disease of the heart would lead to the suspicion of embolism of the left middle cerebral artery as being the cause at once of the hemiplegia and of the aphasia, or rather of the disorganization of cerebral tissue, which gave rise to these symptoms. The most careful examination however, failed to discover embolus in this vessel, or in any of its branches.

The absence of a murmur preceding the first sound of the heart, with *mitral contraction*, was another feature of much interest. According to Dr. Hayden's experience, this form of valvular lesion is always expressed by a presystolic murmur, audible at the apex, and a little above, save during the period of extreme debility shortly preceding death, when, owing to the diminished force with which the chambers of the heart propel their contents, it is as invariably suspended.

In the case just detailed the patient, it is true, was under observation for nine days, during which the murmur was inaudible; but it should be remembered that throughout this period her state of muscular weakness was extreme, and her pulse was with difficulty detected by the touch.

Another lesion which Dr. Hayden has invariably found after death in this form of valvular disease, and which existed in this case, is pulmonary apoplexy.

ST. VINCENT'S HOSPITAL.

CASE OF FRACTURE OF THE NECK OF THE FEMUR—DEATH ON THE FOURTH DAY BY FATTY HEART.

(Under the care of Dr. MAPOTHER.)

[Reported by Mr. E. NUGENT.]

MARY BRIEN, aged 74, a charwoman, was admitted at three o'clock on May 1st, on the recommendation of Dr. Byrne, for fracture of the neck of the left femur, which had occurred four days before from a fall on that side. It was arranged that Dr. Mapother was to see her at five o'clock, and, in the meantime, the limb was supported with pillows by the clinical assistant. The left leg was everted but not shortened, and she was unable to lift it from the bed. She complained of no pain, conversed with the patients around her, and after awhile expressed a desire to sleep. In about an hour the ward-maid went to her bed for the purpose of offering her some food and found her dead.

On examination of the body next morning, Dr. Mapother found that the left ventricle had a deposit of fat of, at least, an inch in thickness, and that the muscular wall within this was extremely thin. This he considered had caused her death. There was a considerable ecchymosis over the left trochanter, and some very slight effusion of blood outside the front of the capsular ligament, but none within it; the edge of the head of the femur, which had been projected downwards upon the neck, was crushed off for about two inches of its circumference anteriorly and superiorly, and the head seemed to be forced with great obliquity backwards.

On section, it was found that a fracture traversed the neck in an angular manner with the projection downwards, and that the lower fragment had been forced up for half an inch into the head of the bone. The osseous tissue was thoroughly infiltrated with fat. The right clavicle had been broken thirty years ago by the efforts of wringing a quilt, and it presented after death a most admirable example of false joint. The fracture was at the junction of outer with the middle third of the bone, each of the ends of the fragments were rounded, somewhat flattened, and covered with a smooth hard substance resembling half-calcified cartilage.

They were joined by a loose capsular ligament which allowed their separation for at least three-fourths of an inch, and lined by a synovial membrane. The corresponding shoulder-joint exhibited the characters of chronic rheumatism in a marked degree.

The specimens have been all preserved admirably by Dr. John Barker in the Museum of the Royal College of Surgeons in Ireland.

CASE OF ERYSIPELAS OF HEAD, NECK, CHEST, AND ABDOMEN.

ROSE STYNES, aged 37, wardmaid in the Rotunda Lying-in Hospital, was seized with erysipelas on the 1st of May, five days after puerperal fever had broken out in that institution. When admitted on the 3rd, there was great redness and serous swelling of the face and head, but there was neither coma nor delirium. The tongue had a slightly brown fur, and the pulse was 94; there were no other symptoms worthy of comment. An aperient dose of calomel and jalap, carbonate of ammonia and bark mixture in effervescence, beef extract, and six ounces of wine were prescribed. She was placed in a separate ward, the windows and door of which were kept almost constantly open, but the body of the patient was kept warmly clothed. Dr. Mapother adopted free ventilation, as being both curative of the disease and preventive of its extension to other patients. In the next few days the erysipelas travelled gradually downwards, especially along the lines of the lymphatic vessels and glands, and at last passed the umbilicus; the skin, in the places it had passed, having desquamated.

The constitutional symptoms having shown some signs of failing, the amount of wine was increased to fourteen ounces in the twenty-four hours at the suggestion of Dr. O'Ferrall, who watched the case throughout with interest, and every effort was made to supply nutriment by means of egg mixture and beef extract. On the 12th she became semi-comatose; the extremities showed signs of failing circulation and loud râles were to be heard in the chest. The case continued to fluctuate between life and death until the morning of the 15th inst., when she sank gradually by asthenia.

ERGOT OF THE "DISS." (LALLEMONT.)

Ampelodesmos tenax, link, or the Arab "*diss*," a plant found in Algeria, yields a fungus which possesses all the properties of ergot of rye. It is from one-ninth to one-third of an inch long, and from one-sixth to one-eighth of an inch thick, and of a blackish or chestnut-black colour. It is found to keep very well. The following analysis has been made by M. Lallemont:—

Fatty oil and crystalline fat	30·6
Ergotine (Wiggers)	2·3
Vegetable albumen	3·6
Sugar, gum, and nitrogenous matter	7·0
Fungin	50·2
Salts of lime and silica	6·2

Experiments were made during the course of a year with the preparations of *diss* ergot, and the trials were crowned with complete success. The dose employed is one-half less than that of ergot of rye.—*Year-Book of Pharmacy.*

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, APRIL 24TH.

Dr. ALDERSON, F.R.S., President.

ON A CASE OF HYDATID DISEASE OF THE LIVER, AND REMARKS ON THE TREATMENT OF SIMILAR TUMOURS.

By JOHN HARLEY, M.D.Lond., F.L.S.,
ASSISTANT-PHYSICIAN TO KING'S COLLEGE HOSPITAL, ETC.

MR. B. G ——, aged 29, the subject of an enormous hydatid tumour of the liver, had been under the author's care for more than two years before final proceedings were taken for his relief. In June, 1863, the lower part of the chest and abdomen were greatly distended by a dull, elastic, fluctuating tumour; the lungs and heart were displaced upwards, and the rounder lower border of the tumour could be felt two fingers' breadth above the pubes and Poupart's ligament. The centre of the swelling was at the epigastrium; the hypochondria were enormously distended, and the lower parts of the chest-wall were widely spread outwards. The patient was much deformed by the swelling, and he measured forty inches and a half around the body midway between the ensiform cartilage and the umbilicus, where the tumour was most prominent. During the next two years this measurement gradually increased to forty-two inches and five-eighths, and the tumour descended a little from the chest. On the 17th July, 1865, the patient was seized with a severe pain in the right iliac region. On the 26th the measurement round the body at the line above indicated was forty-four inches and a half, and, fearing rupture, the author resolved to puncture the tumour, and next day Mr. Bright of Forest-hill introduced a medium-seized trocar at a point in the median line midway between the ensiform cartilage and the umbilicus. On withdrawal of the trocar clear fluid like water was ejected with great force, and nineteen and a half pints, containing many minute hydatid cysts, were removed. The last two pints were of a bright yellow colour from admixture with bile. The whole tumour appeared to be in an actively growing condition, and a little of the turbid fluid presented, when examined, vesicles about one-thirtieth of an inch in diameter, with from five to nine scoliers attached to them; very numerous free scoliers, some with retracted, others with everted hooklets; and hundreds of detached hooklets.

The patient was greatly relieved by the operation. The subsequent treatment consisted in maintaining permanent communication between the interior of the sac and the surface of the body. The canula was retained for the first forty days, and its place was then supplied by an elastic catheter, and the passage was gradually dilated by the introduction of others until three No. 12 elastic catheters could be introduced within the sac. The catheters were constantly retained six or nine inches within the sac. A free discharge of bilious fluid (about twenty ounces daily) and a few fragments of hydatid membrane continued, with occasional slight obstruction, up to Sept. 16th, and the patient progressed without a single bad symptom. On the 16th severe febrile symptoms with slight jaundice arose from retention of the discharge. The evacuation of a large quantity of fœtid fluid caused great amelioration, but on the 17th considerable hæmorrhage from the liver occurred, and the sac became distended with blood. Grumous blood and cyst-wall continued to be discharged, and oozing of blood into the sac continued for some days. On Sept. 28th, and again on Oct. 11th, large thick fragments of dense, blood-stained fibrous tissue—evidently portions of the sac which had been connected with the liver—came away. After the hæmorrhage had been controlled the discharge consisted of diluted bile, and after the sac was washed out, half an ounce of pure, ropy bile could for many days be collected as it flowed from the catheter in the course of a few minutes. About this time the discharge averaged sixteen ounces daily. On Oct. 11th, after the opening had been dilated so as to admit three No. 12 elastic catheters, the whole of the remaining cyst-wall, which had caused continued obstruction to the discharge, was evacuated in the form of yellowish-green laminated membranes of various thicknesses. Henceforward there was no difficulty in completely washing out the sac. For the first four months the alvine secretions were almost continuously destitute of bile, and they were occasionally very offensive. On the 25th of November the discharge had decreased to three ounces, and the cyst was contracted into the right hypochondrium and epigastrium. On the 12th of December the last trace of bile disappeared from the now purulent discharge, and the catheter was finally removed on the 22nd, when the cyst was completely contracted and obliterated. The patient resumed his usual occupation on the 1st of January, 1866, and a few days afterwards the fistulous opening was cicatrized. The patient has improved in health up to the present time. The spleen remains a little enlarged, but the lungs have recovered from their compression, and the heart is restored to its normal position. Throughout the treatment the abdomen continued flaccid and free from pain. Now the liver dulness is normal, and only a thickened cord-like mass can be felt in the epigastrium. The patient is a little stouter than he was before the operation, and the measurement around the same part of the body is now thirty-one inches and a half, which is thirteen inches less than the measurement on the day of the puncture, and nine inches less than when the patient first came under the author's notice in June, 1863.

The main difficulty in the treatment consisted in the evacuation of the membranes of the ruptured hydatids. The utmost attention and perseverance were required to overcome the impediments to the discharge which these membranes continued to offer so long as any portion of them remained within the sac.

While endeavouring to secure free discharge of the fluid formed within the sac, the author had two other objects in view—viz., (1) to prevent decomposition of the fluid within the sac; and (2) to excite inflammatory action in its interior. These were attained by the injection of iodine and creasote water; one drachm of the compound tincture of the iodine of the London Pharmacopœia was injected into the cyst three days after it was punctured. This was continued morning and evening for about a week, when the amount was increased to two drachms twice a day. From the 14th to the 23rd of August one ounce of the tincture was injected daily, and the evening injection was then discontinued on account of profuse night-sweats which the injection of so much iodine appeared to produce, and six drachms were injected every morning only until the 17th September, when it was discontinued altogether. During these seven weeks upwards of thirty ounces of the tincture of iodine, diluted with an equal quantity of creasote water, were thrown into the sac. No pain was ever produced, but when the sac became a little tender a feeling of warmth in the epigastrium followed the injection. When hæmorrhage took place from five to ten grains of nitrate of silver dissolved in a few ounces of water were daily injected for a week, the sac being previously washed out with creasote water. Afterwards the sac was washed out every morning and evening with a solution of sulphate of zinc in creasote water (one drachm to ten ounces).

Throughout the treatment the lower part of the chest was supported by a broad laced bandage, and the abdomen was also tightly bandaged, a compress being placed upon the right side so as to press the contracting sac towards the right hypochondrium.

For a considerable portion of the time during which the patient was under treatment, bile was either altogether absent from the intestine, or it was deficient in quantity. To supply its place twenty grains of inspissated ox-gall

were given in the form of a bolus every night at intervals. So long as the discharge continued free the appetite was good, and the bowels acted regularly; and during the greater part of the time the patient took a mixture composed of perchloride or pernitrate of iron and quinine.

Having observed this complicated case with much interest, and given it close attention, and subsequently studied the histories of those recorded cases in which cure has been attempted by operative proceedings, the author is convinced of the necessity of observing the following rules in the treatment of hydatid tumours of the liver:—

1. They should be punctured *above* the umbilicus, because the sac, however large, possessing great elasticity, ultimately contracts into the epigastric or hypochondriac regions.

2. As soon as operative measures are determined upon, the sac should at once be punctured with a large trocar, and the canula retained.

3. The canula should be retained until it is loosened by suppurative action and tends to slip out. Its place should then be supplied by two or three elastic catheters, and their size gradually increased until three or four of No. 12 size can be readily introduced. A single catheter or a single very wide silver tube is ineffectual for emptying the sac of its fluid and membranous contents, as the latter form most complete valves for closing the orifice of a single instrument. By using three or more catheters, and advancing the ends of two beyond the others, and causing their eyes to look inwards towards each other, the pliable cyst-wall does not so completely envelop the ends of the instruments, and the fluid runs away through the interstices.

4. To facilitate disintegration of the cyst-wall, and to excite inflammation and adhesion of the sac, iodine should be freely injected until after some time it produces a sensation of a glow of heat within the sac. Then its use should be discontinued.

5. To prevent decomposition of the fluid within the sac, creasote water (thirty minims to thirty-six ounces) should be freely injected morning and evening. Injected down one catheter, it is allowed to flow away by the others, and thus the sac may be thoroughly washed out.

6. After all the cyst-wall has been discharged, the sac should be washed out in the same manner morning and evening with a solution of sulphate of zinc in creasote water (two drachms of sulphate of zinc to thirty-six ounces of creasote water). If this or other astringent solution be used before the expulsion of the disintegrated hydatid membranes, they may become hardened by the solution, and their expulsion thus retarded.

7. The previously distended parts must be constantly kept tightly bandaged. It must be remembered that the adhesions of a large hydatid tumour are very extensive, and that if the parts distended by its growth be not brought and retained together, the contraction of the sac will be retarded, if not in some cases prevented.

The paper was accompanied by a synoptical table of 79 recorded cases of hydatid tumour of the liver treated by various operative measures, or resulting in rupture through the abdominal walls. From an analysis of these cases the author has endeavoured to show that obstruction to the discharge of reaccumulated fluid within the sac, and its retention and decomposition, are the chief causes of death in the fatal cases, and he strongly advocates the formation and maintenance of a free communication between the interior of the sac and the surface of the body.

The tumour in the case above described was of unusual size, and apparently the largest that has been successfully treated, and yet, apart from the hepatic hæmorrhage and diversion of the biliary discharge, no bad symptom ever resulted from opening it, so long as the contents of the sac were freely evacuated. Since, therefore, so large a tumour can be radically cured by the treatment above detailed, much less danger is to be apprehended when the same treatment is applied to smaller ones.

Dr. Cobbold considered that so remarkable a case as the one just described ought not to be passed over without some discussion. Undoubtedly, there was no case on record where so large an hydatid tumour had called forth similar operative procedures. Whilst Dr. Harley was to be congratulated on the successful issue of the case, he (Dr. Cobbold) was of opinion that the measures adopted in this case were not necessary in the more common forms of hydatid tumour of the liver. The case was quite exceptional. Nature often effected a cure by herself. It was seldom advisable to make such large openings. Dr. Harley, in the course of the paper, had alluded to the circumstance of the patient having been accustomed to eat underdone meat. This habit could have nothing whatever to do with the formation of the hydatid in question. The true explanation of the source of the parasite was very different. The patient probably obtained the larva when he drank (stagnant) water obtained from a locality to which dogs had access. In fact, the prevalence or otherwise of hydatids in any country bears an almost strict relation to the number of dogs permitted to go at large. It explains the great number of echinococcus cases in Iceland, where dogs are, on other grounds, so essential to the peasant. In Denmark the disease seemed more abundant than in our own country. Dr. McGillivray had recently published twenty cases occurring at the Bendigo Hospital. Probably the disease was rather frequent throughout the Australian colonies. It was a very difficult matter to arrive at any correct estimate as to the actual prevalence of hydatids in this country. Dr. Murchison has told us that "out of 2100 post-mortem examinations recorded at the Middlesex Hospital between April 19th, 1853, and August 25th, 1865, hydatids were found in only 13, or once in 161 cases; and in only 7 of the 13 cases, or once in 300 instances, could they be said to have occasioned the fatal event." The expression "only" conveys the notion that the number of cases and deaths is small. In Dr. Cobbold's opinion, however, it is rather large. If such an estimate could be accepted as a criterion of the prevalence of this disease throughout the civilized world, it would give us upwards of 100,000 deaths annually from hydatid disease alone. To those who had not gone thoroughly into the subject, such an estimate might appear extremely absurd; yet, independently of the special hospital data afforded by Dr. Murchison, he (Dr. Cobbold) had, from other considerations, honestly arrived at the conclusion that the above figures were not very much above the mark. In conclusion, to show the many dangers which Dr. Harley's patient had escaped, Dr. Cobbold related the case of a schoolboy who died from the effects of a blow on the right side. The blow was slight, given during play, yet in a very short space of time the boy ceased to exist. The tumour in this lad's case was comparatively small.

Mr. Hutchinson felt much indebted to the author of the paper for the careful narrative of a very interesting case, and for the valuable tables he had collated. He could not, however, wholly agree with the rules laid down for the treatment of these tumours. He preferred an early puncture and closure of the orifice to the plan of delaying an operation to the last moment, and then endeavouring to establish a fistula and to remove the cysts. The latter plan was, he thought, productive of needless risk to the patient in more than one direction. If the tumour had developed to the size described in the author's case, then he admitted that the treatment adopted was the best; but the question he wished to raise was, whether the tumour ought to have been allowed to increase to such dimensions. He next related the particulars of three cases in which he had adopted the plan by puncture with a very fine trocar and closure of the wound. In the first, the patient was a woman, under the care of Dr. James Jones, in the Metropolitan Free Hospital, and the tumour of large size, filling the right side of the abdomen. A washhand-basinful of clear hydatid fluid was drawn off through a very small canula. Some inflammation of the cyst followed, and air

was secreted into it, but in the course of a fortnight the air had disappeared and the cyst was contracting. The patient recovered perfectly, the tumour wholly disappearing. When seen some months afterwards the woman was in good health. The second case was that of a patient seen in consultation with Dr. Hughlings Jackson and Mr. Marsh of St. John-street. This woman was extremely ill, and suffered from constant vomiting. She had a large tumour filling the epigastrium, and bulging below the umbilicus. The diagnosis of an hydatid cyst having been formed, after some persuasion she consented to a puncture, but not until her state had become very critical. About two pints of clear fluid were drawn off. She made an uninterrupted recovery, her symptoms having been at once relieved by the operation. Two months later she was in excellent health, and had no fulness whatever at the site of the tumour. The third case was that of a woman in the London Hospital, under the care of Dr. Parker. The hydatid cyst occupied the epigastrium, and bulged prominently. It had been diagnosed as such both by Dr. Parker and Dr. Hughlings Jackson before he (Mr. Hutchinson) saw the patient. With a very fine trocar, from one to two pints of clear fluid containing echinococci were drawn off. The cyst refilled during the next fortnight, but never became painful. Afterwards it again diminished, and at the present date—six months after the puncture—the patient is in excellent health, and there is no fulness whatever to be discovered in connexion with the liver. In all these three cases the simple evacuation of the fluid sufficed to destroy the vitality of the parasites, and was followed by the shrinking up of the cyst. In none of them were any of the secondary cysts removed. Mr. Hutchinson stated that he used an exploring trocar of the size of No. 1 catheter, and allowed as much fluid to escape as would freely do so, but was careful not to make any rough pressure. In withdrawing the canula he always did so quickly, and with the orifice closed by a finger, so as to prevent the risk of any fluid escaping into the peritoneum. He did not feel to care much whether adhesions existed or not. In two of his cases it was certain that they did not. Mr. Hutchinson added that he thought the estimate of one death in 300 as due to hydatids was too high an estimate as regards English practice. He had seen a few cases of death from these tumours, quite sufficient to show in a strong light the importance of surgical treatment; but still they were very rare. In common with all who make post-mortems, he had met with many instances of collapsed —spontaneously-cured—hydatids in the bodies of those who had died of other diseases. In one case under his own care he had, he believed, witnessed the spontaneous cure of a very large hydatid tumour. The patient was a young Irishman, and the tumour, which almost filled his abdomen, certainly contained from one to two gallons. The operation was repeatedly urged upon him, but he refused to consent. At length he was laid up with an attack of severe pain, which led to apprehensions that the cyst would burst; still he refused to have it punctured. After this the cyst diminished to half its former size, and subsequently the man returned to his work, and Mr. Hutchinson had been assured by the man's sister that the tumour eventually disappeared. He had not, however, had an opportunity of verifying this statement himself. He concluded his remarks by relating the particulars of a case still under his observation, in which a girl of five years old had become the subject of an hydatid tumour in the liver. He had watched this patient for two years, during which the parasite had slowly increased. It appeared still, however, to have a thickness of liver-tissue in front of it, and he had deferred the puncture. The great question as to the puncture of these tumours was when it should be done? Since a large number undergo spontaneous cure, the surgeon ought not hastily to interfere; still, however, he (Mr. Hutchinson) felt confident that an early operation by the method he had recommended was far preferable to the plan of waiting until the patient's life became endangered.

Dr. A. P. Stewart regretted that Dr. Greenhow and Dr. Murchison were not present to speak on cases of hydatid disease which had been under their care in the Middlesex Hospital. Dr. Stewart then alluded to cases of hydatid of the liver in which there had been a great diminution in the size of the tumour; and referred to a striking case in illustration. In the instance he related the patient afterwards died of peritonitis, after exposure to cold. A large hydatid cyst was found in the liver at the autopsy. Dr. Stewart then referred to the case of a patient who had been sent in for operation by Dr. Murchison; but in this instance there was a consultation, and the patient, being afraid of the suggested application of caustics, left the hospital the same day. She afterwards went to another hospital; but soon left it also, and afterwards died at home. There had been, Dr. Stewart said, four cases of operation for hydatid tumour of the liver, and in each case the patient did well after the operation. Dr. Stewart referred to another case now under his care, in which there had been bulging of the chest-wall. When this bulging had subsided, the abdomen increased in size, and he intended in this instance to encourage the operation. There did not seem, Dr. Stewart said, to be any material risk in the operation.

Dr. Hare had listened with great attention to the paper and to the observations on it. He alluded expressly to the observation on the diminution or disappearance of such swellings. In the instance of a patient under his (Dr. Hare's) care, who had two hydatid tumours, one of them disappeared, and the other decreased in size. In this case he had hesitated to operate, because he had not watched the patient long enough, and because the liver-tissue over the cyst was too thick. Dr. Hare then remarked that hydatid tumours of the liver were often multiple. It was, he said, very important to know whether we have to deal with one or more. In some cases, when the tumours are of good size, we may determine the question. Dr. Hare here entered into the points by consideration of which a diagnosis might be made, and related a case in which he had declined to recommend an operation, on the ground that there was more than one cyst. At the autopsy three cysts were found, one of them being enormous. Dr. Hare then spoke of the occasional existence of peritonitis. This he thought ought not to be interfered with by treatment, as the existence of adhesions rendered the operation of tapping more easy.

Dr. Harley, in answer to the foregoing remarks, stated that the operation of simple puncture advocated by Mr. Hutchinson and Dr. Stewart, and so successfully practised by the former, was fully considered in the analysis of the synoptical tables appended to the paper. It appeared therefrom that radical cure had been effected in several cases by this mode of treatment, but that it was unsuccessful when applied to tumours of greater capacity than one or two pints. Reaccumulation of fluid was a common result of tapping under any circumstances, and might in any case cause sufficient distension of the cyst to rupture it; and since capillary puncture did not appear to be a safer mode of proceeding than any other, to say nothing of the ulterior object of effecting a radical cure, he preferred in any case retaining command over the fluid in the sac by inserting a full-sized trocar, and preserving an open passage. Dr. Harley would not at so late an hour detain the meeting by further observations, but would, in conclusion, direct the attention of the Fellows to the morbid preparations (hydatid cyst-wall, fibrinous sloughs, biliary discharge, and specimens of the echinococci) upon the table, and informed them that the subject of the paper was present among them, and was quite willing to submit himself to examination if any one wished it.

The yearly average death-rate per thousand is lower in Margate than in any of the great towns of the three Kingdoms: and in Ramsgate the proportion is even comparatively lower.

ACADEMY OF SCIENCES OF PARIS.

April 9.

M. Cloquet presented a communication by M. Champouillon on

CHRONIC HYPERTROPHY OF THE TONSILS, ITS INFLUENCE ON THE DEVELOPMENT AND HEALTH OF CHILDREN.

This disease is capable, according to its extent, of producing either simple discomfort or even severe suffering. It may completely hinder the development of the soundest constitutions. When the tonsils have acquired a considerable size they press forward, render the *velum palati* immovable, so that the isthmus facium is habitually deformed. They close more or less completely the orifice of the posterior nares and encroach sometimes on the median line so as to transform the guttural orifice into a simple fissure. These changes in the anatomical relations alter the character of the voice and cause extreme difficulty in the movements of deglutition; during sleep respiration is accompanied by râles, the mouth is dry and the breath fœtid.

The Eustachian tube participates almost always in the chronic irritation, its mucous membrane becoming turgid, often occasions deafness. The deformity and contraction of the guttural orifice of the pulmonary passages is of great importance, the immediate result being a proportional diminution in the quantity of air inspired, so that the vesicular murmur is only fully heard at the summit of the lungs. This reduction in the area of respiration is not absolutely incompatible with life, but it is undoubted that insufficient respiration renders imperfect the oxydation of the blood globules, favours anæmia, reduces animal heat, and hinders the elaborationof nutritive material. In course of time the chronic hypertrophy produces a deformity of the thorax described by Dupuytren in 1828.

M. Champouillon considers that in decided cases there is no resource but excision of the glands which, in spite of its numerous difficulties, should never be delayed, for according as we temporize with the malady the restoration of the constitution becomes more difficult. The moment the tonsils have been removed, the lung expands, and everything is changed in respect of the vitality of the organism.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

EIGHTH MEETING—SESSION, 1865-66.

Dr. AQUILLA SMITH in the Chair.

Dr. Henry Kennedy read a paper on

MIXED TYPES IN FEVER.

A number of cases were detailed in which the types of fever, known as typhus and typhoid, were believed by the writer to have co-existed at the same time in the same patient. He also detailed cases where, with a petechial rash, ulceration of Peyer's glands was found after death. Cases were also given in which rose-coloured pusticular spots, and in small numbers, were present, and yet no other symptoms of the enteric lesion.

This paper, which led to a very animated discussion, occupying the entire evening, we hope to publish shortly.

The following gentlemen took part in the discussion:—Drs. Burke, Law, Moore, Lyons, Belcher, Darby, Croly, Duncan, and the Chairman.

The next meeting will be held on Wednesday the 30th. Tea at eight. Chair to be taken at 8·30 p.m.

United States Army.—"Diarrhœa was the army disease. During the warm season, when troops were lying in camps, after long marches or exhaustive campaigns, if one inspected the sinks of the troops, a good, sound, healthy, solid, or even semi-solid stool was a *rara avis*, and one could form an estimate of the prevalence of diarrhœa without looking at the sick reports."

Reviews.

A SYSTEM OF INSTRUCTION IN QUANTITATIVE CHEMICAL ANALYSIS. By Remigius Fresenius. Edited by Lloyd Bullock and A. Vacher. London: John Churchill and Sons.

Fresenius' "Analysis" is so familiar to the scientific world that it would be a work of supererogation to review the intrinsic merits of the book at this stage of its existence. The line drawn out for us, therefore, is more to notice the alterations and additions to the present edition than to give a critical analysis.

But we must be excused if we dwell for a little upon an objection that has been raised to this work on more than one occasion—viz., to the complexity of the arrangement and consequent confusion entailed thereby. Perhaps for ease of reference the repetition of the "Groups" through sundry sections and sub-divisions is objectionable; but upon a clear insight into the plan of the work, what might at first sight appear confusing will afterwards be found conducive to perspicuity and method. It is true that use is second nature, and this may account for our partiality for Fresenius; but we now practically perceive that the arrangement adopted by the author militated against it. It was our fate to use it as a text-book to our studies, and it has remained the work of our choice.

Fresenius' "Analyses," both Quantitative and Qualitative, have taken their stand in England and on the Continent as *the* works on analytical chemistry, and this, after all, is the best criterion of their general merit.

The fourth English edition of the "Quantitative Analyses" corresponds with the fifth German one. It is edited by Mr. Lloyd Bullock, whose name has been honourably associated with Fresenius from the commencement of its appearance in its English garb. It will be seen from the heading that he has called in the assistance of another chemist. The cause of this will be well understood when we see the size to which the volume has grown since the appearance of its predecessor.

A great many new processes have been introduced; but it is principally in the special part that the extension of the book is evidenced. The analyses of waters and mineral waters is dwelt upon at some length, and new illustrations of some ingenious apparatuses for collecting water containing gaseous products are inserted. Some of the new processes given are not so valuable, in our opinion, as their position in this work would intimate. Thus, in the estimation of tannin, the post of honour is given to a process based upon the following theory, that tannin in the presence of a considerable amount of a solution of sulphindylate of potash is oxidized with it by permanganic acid or chlorine. "You may be sure," says Fresenius, "that the last particle of tannin is oxidized with the last trace of indigo." Now this may work beautifully with comparatively pure tannin solutions; but when we are working with extractive matters from bark or vegetable extracts (which is generally the case in commercial examinations), how can we depend upon the absence of all ingredients which would interfere with this reaction. It is not only probable, but almost certain, that there would be some body present equally, if not more, oxidizable than tannic acid itself; is so, these substances would vitiate the results. For a technical analysis we should prefer Hammer's method, and for accuracy Risler Beunat's, both of which are given in Fresenius. We are still of opinion that an accurate process for the determination of tannic acid has to be discovered.

At page 282 Fresenius gives a special method for effecting the separation of phosphoric acid from iron, which seems very simple.

We think it is an oversight of some considerable importance that no system is given for the examination of urines. Even the estimation of urea is passed over in silence. We are sure that it is an oversight, and that the omission was not from an idea of the unimportance of this subject. We would also suggest that alcoholimetry (a most valuable branch of quantitative analysis) should find its place in this work. We wish this edition of the book the same success which so deservedly attended its predecessors. C.R.C.T.

WATTS' DICTIONARY OF CHEMISTRY. Parts xxxiii. and xxxiv. London: Longman, Green, and Co.

The May part of this elaborate work brings us down to pyrubic acid, and completes the fourth volume. It commences with the detection and estimation of phosphorus. The determination of the presence of free phosphorus (often a difficult phase of medico-legal analysis) is dwelt upon at some length. Then come the hypophosphites, phosphorous acid, and the phosphites; phosphoric acid, and its triple modifications, also the phosphates—all most valuable and important products of chemistry. A considerable space is taken up by the interesting, but at present not so well known, organic phosphorus bases.

Under the head of "Photography" will be found some practical hints, which will, no doubt, be of use to the professional photographer. The theory appertaining to formation of sun pictures had already been discussed under the head of "Light."

The history, chemistry, and technical applications of platinum form an important monograph, which extends over some twenty pages. The insertion of "Physostigmine" (the alkaloid from Calabar bean, *Physostigma venenosum*) is indicative of the care and assiduity with which Mr. Watts pursues his task. This alkaloid has been investigated since the commencement of the present edition of the Dictionary.

The following articles are the most important ones in these two numbers:—Iodide of Potassium, by the Editors; on the Manufacture of Potassium Salts, by Thomas Richardson; the Potato, Chemical Printing, Propione and Propionic Acid, from the pen of Prof. Wanklyn; Purpurates, and Pyroxylin (gun cotton). C.R.C.T.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 23, 1866.

THE MEETING OF THE MEDICAL COUNCIL.

If any member of the Profession expected that the present Session of the Medical Council was likely to be characterized by any features of peculiar interest or novelty, he will in all probability be disappointed; and although the Council has only just commenced its sittings, we believe we shall not be far wrong in expressing our fears that no amended Medical Bill will be passed in the present Session of Parliament, and we doubt whether even the new Pharmacopœia will make its appearance for some time.

Like the Queen's speech at the opening of a new Session, the inaugural address, for the season, of Dr. Burrows, the President of the Medical Council, was remarkably destitute of information; but this inanity arose, not as is the case at St. Stephens, from a wish to conceal the real intentions of the Executive, but because Dr. Burrows had very little to communicate. He briefly reviewed the proceedings of the last Session, and the progress of events since that period, alluded to the labours of the Committees on General Education and Preliminary Examination, congratulated the meeting on the recent steps taken for the visitation of examinations at the various licensing bodies, and apologised for the delay in the appearance of the Pharmacopœia. He then came to the important subject of the Amended Medical Bills, and stated that he had been engaged since December last in urging their claims to attention upon the Government, which, through the medium of Sir George Grey, has at last, though as it would seem, rather reluctantly, consented to their introduction into Parliament. It is already known that the Counsel to the Home Office has been for some time engaged in framing a draft Bill in reference to the Medical Profession, but in consequence of numerous matters pressing upon the Government at the commencement of the Session, it had not made much progress. But Dr. Burrows assured the meeting that the Home Secretary had embodied in his bill all the clauses comprised in the measure prepared by the General Medical Council, and just before the assembly of that body on Thursday last the draft memorandum was forwarded to the President, who had also received two notes from Sir George Grey upon the same subject.

This glimpse of ministerial action towards the profession excited, as might be expected, an eager desire to know something more than the President had yet communicated, and a general wish was expressed that the important letters from Sir George Grey should be read. Hereupon arose a discussion whether, as one of the letters was marked "private," the contents ought to be made generally known, or whether it would not be more expedient to refer the documents in the first instance to a committee with directions to draw up a report; and one or two of the members of the Council moved that the representatives of the press should withdraw, lest, we presume, the oracular utterances of Sir George Grey should be prematurely divulged, but this motion was not pressed. It turned out, however, that the precaution was unnecessary, for the first of Sir George Grey's notes, marked "private," merely expressed his general approval of the Bill, and his regret that he had no time to introduce it at present, owing to other more pressing Parliamentary engagements, and the second note contained very little more than an intimation that the word "private" was written on the first note by mistake.

Such, then, was the mountain in labour, and such the ridiculous mouse brought forth, and we may remark that although the House of Commons cannot yet afford time to entertain a Bill providing for the legalized Medical attendance on human beings, it has found time to discuss one in reference to the Medical attendance of horses!

Still we apprehend that the Medical Profession in general will consider all the other operations and discussions of the Medical Council quite insignificant in

comparison with the great object of amending the present Medical Act, which, for almost all purposes for which it was said to be designed, is utterly worthless. It gives no protection to the Profession, and it gives no security to the public; the first being defrauded of his lawful emoluments by a nest of quacks and the second (the public) being unable to distinguish between the true man and the counterfeit. The dissatisfaction of the Profession in reference to the Medical Act has gone on increasing ever since the passing of the measure, and its utter worthlessness is now more than ever manifested, until at last the dissolution of the Council itself would be regarded with the most perfect apathy unless it can bring about some amendment in the existing law. We believe that the members of the Council themselves adopt this view, and we give credit to Dr. Burrows for his praiseworthy exertions in pressing the matter upon the consideration of the Home Secretary. It is the duty of the Profession itself to agitate in every possible manner for an amendment of the present Act, and to demand that the Medical practitioner, who has been regularly and expensively educated, should at least be allowed the same protection which is accorded to the members of the Church and the Law.

As we are going to press, the Draft Amended Bill has come into our hands, and we publish it elsewhere. Its provisions will be very satisfactory to the Profession, whose support it deserves; and we hope that our misgivings as to its passing the Legislature this Session will be falsified.

MEDICAL MEN AND THEIR PATIENTS.

At the present time when there is a wide-spread movement going on amongst all classes of this country for an amelioration of their condition, when artisans and mechanics are demanding large advances on their wages, and when there is a universal outcry for short work-hours and half holidays, we think it is not out of place to inquire whether nothing can be done to lessen the tear and wear imposed upon the hard-wrought members of the medical profession. Can the public who applaud and encourage every effort that is made to lighten the labour and improve the position of the labouring classes to whom this nation undoubtedly owes much of her prosperity and wealth, do nothing to ease the burden which most of the junior and many of the senior members of our calling have to bear? It is considered a noble thing to elevate the lower classes in all that relates to social comfort and domestic happiness, to wipe the sweat from the brow of honest toil, and to provide for the working man not only the time but the means for recreation and amusement. Is it less noble to strive by more prudent arrangement and more thoughtful consideration, to save the doctor time and trouble, to procure for him some little leisure from the cares and anxieties with which his daily path is so thickly beset? There is no class of working men whose labour is more incessant, whose duties are more responsible, whose holidays are fewer, whose hours of retirement and recreation are so liable to be broken in upon than that which is composed of medical practitioners. Their very meal hours are not free from interruption, and if an attempt is occasionally made to snatch from professional engagements a brief interval for social or domestic enjoyments, how frequently is the attempt a failure, how seldom is the anticipated pleasure realised! Nor is the harassing nature of their avocations often made the subject of grumbling or complaint.

Cheerfully they endure and untiringly labour on, sustained by the consoling thought that no labour can be more blessed than that which is expended in the alleviation of human suffering and the mitigation of pain and anguish. It is only when, through the thoughtless inconsiderateness of the public, much annoyance and trouble, which might easily have been avoided, is caused, when much valuable time is lost which a more judicious arrangement might have saved, it is only in such circumstances that the voice of complaint is raised. While ever willing and ready to respond to an urgent call, the members of our profession naturally feel it a hardship to be expected to attend to demands upon their time which are trifling and unfair. We would, therefore, appeal to our patients to rectify such abuses, for it is in their power and in theirs alone to provide a remedy for the grievances we allude to. If they would only bear in mind that most medical men are in the habit of arranging every morning the round of calls they intend to make during the day, so as to enable them to get through their work with as much convenience and despatch as possible, people would surely endeavour, wherever it was practicable, to leave their messages at an early hour, instead of putting off till later in the day. Such an arrangement would be better for the patient and better for the practitioner too, for while the former would be more speedily attended to, the latter would be spared the unnecessary trouble of retracing his steps to a district where he had already been, and this after being exhausted by the day's work.

Another tantalizing occurrence in the daily work of a medical man, one which happens more frequently in country than in town practice, is to be summoned late in the day to see a patient who resides at a distance, and who, though ill, it may be, for days, only sends then because it suits his convenience. Of course the convenience of the doctor is never for a moment considered by such people, and although he may have just a short time previously returned from a long weary round of visits, he is expected to answer the call immediately; and very likely when he sees the patient he finds that some such serious operation as the incising of a gum-boil, or the extraction of tooth, is all that is required.

There is still another annoyance to which practitioners are exposed, and which we are anxious to direct attention to, because it is one which affects not only the comfort of the medical man himself but of the community at large. We allude to the practice which is still too com-

mon of disturbing the peace of any public assembly by calling out the doctor who happens to be one of the audience. We have frequently seen the evils of this in church, in public meetings, and at musical entertainments, and often the beauty of some eloquent speech or the harmony of some exquisite piece of music has been entirely marred by the confusion caused by a sudden call for the doctor. Now there are comparatively few cases so urgent as to require the medical man to leave a meeting in the middle of a speech, or during the performance of a musical composition. This is an evil which medical men we think might help to remedy themselves, however, for by leaving proper instructions at home, or by staying away altogether from public places when urgent cases were expected, they might save themselves and others much inconvenience. Notwithstanding what we have here said, we are nevertheless quite aware that sources of annoyance must of necessity frequently arise which no foresight or arrangement can prevent. But, on the other hand, we are anxious that the public should know that they have it in their power to relieve the members of the Medical Profession from much unnecessary trouble in the performance of their onerous duties, and we are certain that we will not make the appeal in vain; for when it is known that a little more thoughtfulness and a little more careful management are all that is required to bring a great amount of comfort to the class of men who spend their lives in ministering to the wants of their fellows, we are persuaded that the request we here prefer will not be denied.

NURSES' TRAINING INSTITUTION FOR DUBLIN.

A SHORT time since we had occasion to advocate the establishment of Anglican Sisterhoods, or Nurses' Training Institutions in Ireland; and, in doing so, we took the opportunity of placing before our readers some definite information as to the establishment and working of institutions of the kind in England. At the same time we stated that an establishment for this purpose was contemplated, and would, in all probability, be shortly established in or near Dublin. We need not here repeat our arguments, or give any particulars as to what is proposed to be done in this matter, because a prospectus, which speaks for itself, has been issued, and we need only furnish our readers with the following extract from it:—

"NURSES' TRAINING INSTITUTION.—It is well known that much difficulty is found in obtaining nurses properly qualified to attend on patients in hospitals and in private families, especially those of the middle classes, and of the poor. The only remedy for this evil seems to be to raise up a better class of nurses, who will undertake their work with a high sense of duty.

"It is therefore proposed to establish, on a very small scale, a training institution for nurses, similar to those which have been found so successful in London, Liverpool, Southampton, and in many other parts of England, as well as on the Continent. The Board of Steevens' Hospital have already kindly given permission to allow suitable women to be sent there for some hours daily, under a trained superintendent, to learn their duties. It is therefore hoped to arrange matters for the object desired without much delay.

"It is intended to provide a small house or lodgings near this hospital, capable of accommodating the Lady-Superintendent and eight nurses.

"Each nurse will receive from £12 to £14 per annum, according to age, fitness, &c. The expense of each nurse cannot be reckoned at less than £37 per annum; and, with other expenses, the cost of the institution will, it is calculated, amount to nearly £450 the first year.

"It is hoped that that after the home has been established for a year or two, part of its maintenance will be defrayed by the payment to the institution for nurses sent to the rich; but as the nurses are also intended for the poor, and for others who would be unable to defray much of the necessary cost of a nurse to the home, it must and will depend mainly on subscriptions from those who approve of the proposed plan.

"The Lady-Superintendent, as well as those employed as nurses, will be strictly forbidden to interfere in any way with religious teaching in the hospital, their duty being simply to nurse the sick with attention and tenderness.

"Many of the leading physicians and surgeons in Dublin are of opinion that an institution of this kind is desirable.

"The home will be conducted on the principles of the Church of England and Ireland, and will be visited by a clergyman.

"*Patron.*—His Grace the Archbishop of Dublin.

"*Committee.*—The Hon. Mrs. R. C. Trench, Mrs. W. C. Plunket, Harcourt-street; Mrs. Huband, Herbert-street; Miss M. Trench, Trimleston; Mrs. Staveley, 13, Adelaide-road; Mrs. Tyner, Steevens' Hospital.

"*Visiting Clergymen.*—Rev. Perceval Graves, and probably the Rector (or Curate) for the Parish.

"*Treasurers.*—Judge Berwick, 5, Upper Merrion-street; Robert Law, Esq., M.D., Upper Merrion-street.

"Contributions will be thankfully received by the Treasurers and by the Hon. Mrs. Trench, Palace, Dublin."

We need scarcely say that as the true mission of medicine is—in the well-known words of Dr. WATSON—to extend its benefits "to men of every religion, and to men of no religion at all," we heartily wish the proposed institution GOD-speed, and we shall strenuously, and *ex animo*, advocate its interests, and endeavour to extend its influence and usefulness.

INSTITUTION FOR THE PROTECTION, TRAINING, AND EDUCATION OF THE IDIOTIC AND IMBECILE CHILDREN OF IRELAND.

Two months ago we directed attention to the effort then being made to found an institution under the above title in or near Dublin, and we ventured to predict success for the charitable and humane gentlemen who had identified themselves with the project. We are now happy to be able to state that the wished-for success has, to a considerable extent, attended their efforts; that funds are being daily collected, or subscribed for, to a large amount; and that the idea bids fair to become a fact. To complete this, however, the friends of the undertaking should by no means relax their efforts; nor should they, who are disposed to give, withhold their money under the impression that more is not wanted. Very much more is wanted to place the institution on a permanent and sound basis.

In our former notice we referred to the exertions of

Dr. KIDD, the learned editor of our contemporary, the *Dublin Quarterly Journal*, and we directed the attention of our readers to his able pamphlet on the entire question. This pamphlet is, we understand, out of print; and as many are desirous of reading it, we hope the Committee will request Dr. KIDD to prepare a second edition, which will be the best possible advertisement of their charitable institution.

THE LUNACY ACTS (SCOTLAND) AMENDMENT BILL.

THIS Bill has undergone in the Committee of the House of Commons such alterations as fully justify us in accepting it as an amendment on the present law. These we shall point out more fully at an after period, at present we write to congratulate the profession on the prospect now held out to them of comparative immunity from risk in discharging their duty to lunatics, and to the public in regard to the dangers accruing to it from lunatics permitted to be at large. In our number for May 2nd, we printed the suggestions thrown out by the Royal College of Physicians of Edinburgh as to the improvement of this Act, and amongst them a clause proposed to be inserted for the protection of medical men, by which the two medical persons certifying as to the state of the supposed lunatic, were proposed to be appointed by the sheriff, and brought into action at his instance and request, thus constituting them for the time and case the servants of the court, and as such privileged defendants. We hold that considering the importance of the duty to be performed, and its influence upon the safety of the alleged lunatic and the public, it is hardly too much to demand complete immunity from persecution for its performance, and we think this clause was wisely constituted for that end, and we are sure that no one would grudge the sheriff his having the appointment of the "medical persons;" for the duty they are called on to perform is always difficult, not always free from danger, and one of the last which any sane man would voluntarily choose to perform for his friend. Still when we reflect upon the great jealousy with which the law very properly regards any interference with the liberty of the subject, perhaps it was really too much to expect that medical men, who in such cases have the liberty of the subject wholly in their own power, should be exempted from punishment for an even careless discharge of their most important duty, for wilful malversation we hope would never occur. And viewing the matter not only from the sensitive position we occupy as medical men, but also from the point of view of the general public, of which we are also members, we really think that the Legislature has hit the happy medium when it has proposed that medical men shall still be liable to be prosecuted for the supposed careless or negligent discharge of this as well as of every other duty, but has also proposed that all such trials shall come off not before a jury—compassionate to the suffering, untrained in the unravelling of motives, jealous of personal liberty, with minds at the mercy of their feelings, and these capable of being swayed like corn before the autumn wind by the *ad captandum* speech of any clever and not over scrupulous lawyer—but before a judge alone. In the scrupulous integrity of the Bench, the medical profession and the public together have a guarantee that such actions for damages shall neither be neglected if well founded, nor allowed to be unduly prolonged if frivolous and unjust. We beg again to congratulate the profession on this decided amendment in our Lunacy Act, and to tell them that they owe it to the persistent perseverance of the Royal College of Physicians—perhaps too, quietly, to a small lesson the Lord Advocate got two years ago in regard to the Vaccination Act, and in a measure also probably to a not less important lesson, for him, which his constituency gave him last year.

Notes on Current Topics.

QUARANTINE AND THE CHOLERA.

SINCE the publication of our last number, the Government has taken some active steps with a view of checking the spread of cholera, but we regret to find that it still prevails in Liverpool, although not to a serious extent. The opinion that the disease has been brought from Holland by the German emigrants appears to be fully confirmed. At the time of our writing, nothing has been done in the port of London by way of precaution against the introduction of the disease, and although it has been stated that a hulk was to be moored near the *Dreadnought* for the reception of patients, that step has not yet been taken It is satisfactory to know, however, that up to the present time no cases of cholera have been received on board the *Dreadnought*, or have come under the cognizance of the medical officers of that vessel.

DR. GEORGE JOHNSON'S THEORY OF CHOLERA AND ITS TREATMENT.

Verbum Sat.—Without entering at all into the merits of Dr. Johnson's pathological theory, which is ingenious and may be true, we at once demur to his practical corollary. In 1855 the Treatment Committee of the Medical Council addressed a report on the results of the different methods of treatment pursued in epidemic cholera to the President of the General Board of Health. From page 13 of this we quote the following:—

"The evidence of these (preceding) tables condemn the *eliminant treatment* altogether as a principle of practice.

"It testifies against the stimulant principle, except as a resource in extreme cases.

"It displays a decided advantage in the alterative principle, especially as carried out by calomel and opium; and it shows a still superior advantage in the astringent principle, as applied through the means of chalk and opium, the general percentage of deaths following each plan of treatment being:—

"Of eliminants	. . . .	71·7	per cent.
stimulants	. . . .	54	,, ,,
alteratives, calomel and opium		36·2	,, ,,
astringents, chalk and opium	.	20·3	,, ,, ,,

While at page 26 we find that in the treatment of simple and choleraic diarrhœa the largest percentage of failures to stay the disease in its earlier stages was attained by the treatment by salines, which reached 13·6 per cent.; that by eliminants generally reaching only 4·7 per cent.; by the treatment by opium in this stage, however, there was no failure to arrest the passage of the disease into cholera, though 2·6 per cent. died from diarrhœa alone; and at page 27 we read that the percentages of failure to stay the disease in its earlier stages, or in that of premonitory diarrhœa, shows "a decided preference to the astringent plan of treatment in the early stages of the disease, or in the premonitory diarrhœa." We have lived through three epidemics of cholera—1831-2, 1848-9, and 1854-5—

and now when we are about to have a fourth we think it of importance to reproduce these solid facts in opposition to the specious theory just promulgated. From a fair experience we can confidently recommend full doses of opium as an almost unfailing specific against the premonitory diarrhœa, while we know of no cure for true cholera, save in careful nursing. Taken early, we can cure it certainly; let it run on and no cattle plague is more obstinate to treatment; but we hold it to be less absurd to hang onions round our cows' necks, and fancy we are curing them, than to treat our cholera patients by eliminants, in the face of these statistics, and hope to cure them.

ANIMAL QUINOIDINE IN RELATION TO DISEASE.

Animal quinoidine is the term given to that peculiar substance allied to quinine in optical properties and chemical relations, which has been discovered by Dr. Bence Jones to exist in the flesh of animals (guinea pigs specially), as we pointed out in our last. At present we refer to it as the basis of a hasty, crude, and curious but captivating theory of disease, and the influence of remedies which has been propounded by Dr. Bence Jones, and in a measure adopted by Dr. Sieveking. Dr. Jones fancies that it is probable that the peculiar, unique, and specific action of quinine in ague is due to its artificially replacing a natural substance temporarily deficient or absent from the system from the action of malaria. Now at present we do not stop to inquire how, if animal quinoidine be indeed, as its discoverers suppose it to be, one of the earliest products of the retrograde metamorphosis of albumen, its mere absence can be so fraught with disaster, or its mere replacement so influential for good. While life holds on, albuminous substances must retrograde; if they do not do so normally, the anormal products of their metamorphosis must act as irritants somewhere in the organism, and so produce an anormal or diseased state of matters certainly not to be remedied *tuto*, *cito*, *et jucunde* by the mere supplementary addition, artificially, of a proper amount of their normal products; that is a matter by itself, lying indeed on the very threshold of the inquiry as to what is disease, but not concerning us at present. To view the matter profitably from this point of view, we must first be prepared to prove that animal quinoidine is really the product of the retrograde metamorphosis of albumen, which has not yet been done, and which we are most certainly not prepared to do. What we propose to do now is not to inquire into the truth of this theory, but simply to inquire of our friends, the chemists, who have so kindly proposed to solve our mysteries, if they are prepared to accept the consequences of this theory, for if so the transmutation of metals lies not far ahead, the philosopher's stone shall soon be discovered, and even the obtaining the *elixir vitæ* need not be regarded as an impossible achievement. We know not how far chemists are justified in our present state of knowledge in accepting certain peculiar coloured lines in the spectrum as indications of the existence in the sun, moon, and stars, of chemical substances identical with those we have here. This must be determined by the amount of faith to be reposed in the means of investigation employed, and what that is we know not; but we can see that pushed to its legitimate extreme in its present direction it leads to a curious result. For if the appearance of extra violet rays or any other kind of rays in the spectrum justify us in conclusively assuming the presence of quinine or quinoidine, and if the deficiency or absence of this quinine be the cause of ague, the cure of which is due to the artificial replacement of this natural product, removed from the system by the morbific agent. If this be legitimate reasoning, and such the true theory of the action of quinine, then whatever cures ague must act in a similar manner in replacing this defective product. It is possible that all febrifuges, such as bitter tonics, stimulants, opium, and particularly arsenic, can be readily believed by chemists to contain the elements of quinine or quinoidine, and to act, as they must, if this theory holds water at all, by restoring to the body this lost product; but if so we envy them their faith, which seems based, like that of Tertullian of old, on impossibility—"*Credo, quia impossibile est*"—and we confidently look forward to a new era in chemistry, which will more completely upset all our present ideas than would the actual extraction of sunbeams from cucumbers or food from fæces; and we ask can this faith in the chemical identity of quinine, opium, and arsenic, include also that of cobwebs and the exhalations of spiders—for we know it was not necessary to swallow spiders to cure a fever, but only to hang it "round the neck in a nutshell?" Be that as it may, however, we can state for our part that, before going farther in this direction, it would be most desirable to ascertain the influence of these arancous exhalations on the spectrum.

THE CASE OF DR. ARMSTRONG OF GRAVESEND.

The late trial in London, which resulted in a verdict for Dr. Armstrong, presents some points of interest in reference to the conduct of the medical witnesses for the plaintiff. These witnesses were Mr. Francis Bonney and Mr. Vinall, and although some rather severe remarks have been made upon the part taken by these gentlemen, we believe that one of them at least—namely, Mr. Vinall—is hardly deserving of blame, and something may be said in favour even of Mr. Bonney. The evidence of both amounted, in fact, only to this—namely, that the symptoms under which the plaintiff suffered *might* be due to salivation, but neither, so far as we are aware, deposed that Dr. Armstrong or his son had salivated her. Mr. Vinall was, it is admitted, an unwilling witness, and when it was proposed to him, some time before the trial, to pay him for his attendance out of the expected proceeds of the lawsuit against Dr. Armstrong, he unhesitatingly declined to attend any longer. He was subpœnaed only the day before the trial. Mr. Bonney's conduct in the affair was not, perhaps, altogether so satisfactory, but he declares that he attended the trial only because he was subpœnaed, and that he was in no way concerned in getting up the action. Those who know how these matters are managed should be informed that a medical witness who receives a subpœna is sometimes quite ignorant of the questions which will be put to him, and the counsel is always ingenious enough to frame his questions in such a way as to elicit precisely the answers which will serve his purpose. Mr. Vinall, as having actually attended the case, was compelled to appear and give evidence, and was not in the position of a person who merely offers scientific opinions, and who is not obliged to appear at all. It was not quite so clear that Mr. Bonney had nothing to do with the preliminary proceedings, and we sincerely hope

that he had not; but in a disclaimer which he has published he states most positively that he offered no opinion upon the case, and that what he did state was only in answer to questions put to him by the counsel. A subscription has been on foot to reimburse Dr. Armstrong for the expenses to which he has been put, and we have no doubt that the Profession will readily come forward in answer to the appeal.

THE PROGRESS OF CHOLERA.

The course of this mysterious disease still continues to baffle the investigations of science, as its treatment has hitherto defied the powers of medicine. In one case we find the malady breaking out in a ship at sea, six days after leaving harbour, and sweeping off more than a hundred victims before the vessel crossed the Atlantic, and then we hear of another ship putting into an Irish port in consequence of the cholera having appeared on board, but being refused admittance into Ireland, and then bringing the disease into Liverpool. Fortunately, however, notwithstanding the manifest danger to which the people of Liverpool were thus exposed, the disease has not spread to any considerable extent, and, indeed, we might say (at the time we are writing) that it has not spread in Liverpool at all, the deaths having occurred entirely among the emigrants. But we regret to add that Dr. Ross, the assistant-surgeon on board the *Helvetia*, who had attended with great assiduity the patients in that ship, was attacked with the disease and died in a few hours. As far as the mortality is concerned, it seems fair to conclude, if we may judge from what occurred on board the *England*, that the disease has been checked on board the *Helvetia*, and the cholera poison dissipated by the precautionary measures adopted; but so contradictory and apparently paradoxical are many of the facts developed in reference to cholera, that it would be presumptuous even yet, with all our experience of its visitations, to commit ourselves to any dogmatic opinions on the subject.

THE ARMY AND NAVY MEDICAL SERVICES.

If our brethren of the Army and Navy Medical Services are disappointed at the non-adoption of the recommendations of the Committee appointed to consider the questions so long in agitation in reference to their rank, pay, and retirement, the fault is certainly not ours. In publishing some of the principal recommendations, we distinctly stated that they had not been adopted by the authorities at the Horse Guards, and we subsequently intimated our opinion that they would not be adopted in the case of the Army, although there was every disposition to carry them out by the Admiralty. What we then stated (now more than two months ago) turns out to be strictly correct, and we are now informed that the Commander-in-Chief has recommended the War Office to pay no attention, at least for the present, to the recommendations of the Committee; and although the Admiralty is disposed to favour the Medical Officers of the Navy, yet the Government declines to sanction the supplemental estimate for the Navy, in consequence of the course pursued by the authorities of the Army. We very much regret the course which has been taken by the Commander-in-Chief, and we could have wished that our opinions had been falsified, instead of being confirmed by the event.

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION, 1866.

[FROM OUR SPECIAL REPORTER.]

On Thursday last, at two o'clock p.m., the Medical Council of Great Britain commenced its sittings at the Royal College of Physicians of London, under the Presidency of Dr. Burrows. The members having, with one exception (Dr. Christison), answered to their names, the business of the meeting commenced with an Inaugural Address from the President, in which he reviewed briefly the proceedings of the last General Council, alluded to what was then proposed and carried, and what was left uncompleted, and the steps which he trusted would now be taken into the serious consideration of the Council. Many, he said, desired that the Council should meet oftener, as topics which were of the greatest importance to the profession at the time they suggested themselves, faded away from memory amidst the business and anxiety of life, leaving no trace of their ever having been properly discussed in the deliberations of the Medical Council of the United Kingdom. There were several matters now before them so important and pressing as not to suffer delay, and those who valued the powers given by the Act of Parliament should not allow them to remain dormant, but by immediate and united action, should immediately endeavour to obtain the earnestly desired ends. He said with respect to the visitations of the various bodies on examinations, that they would, in his opinion, be of no avail, unless conducted thoroughly and impartially in all its branches. Having, *en passant*, alluded briefly to the compilation of the British Pharmacopœia, its utility and expense, he (the President) said he had that day received a communication from the Secretary of State, Sir George Grey, in reply to repeated applications from him, besides one personal interview with which he was favoured, relative to "The Medical Bills." The Executive Committee of the Council had endeavoured, as far as possible, to carry out, in connexion with her Majesty's Government, the designs and purposes of these Bills. In the last Session of Parliament they were told, and not without reason, that there were so many bills to be considered, and so much work to be done, that the Council in these matters could not possibly obtain the consideration they were entitled to, and so the opportunity passed away. Since then we had lost our Premier (Lord Palmerston), and now a new Parliament was assembled. In February of this year the Government was very much engaged with two or three exciting questions, as the cattle plague, the Fenian conspiracy, and the Jamaica rebellion; but now he hoped something would be done to rectify the evils in the "Medical Acts," and with their permission he would lay on the table the despatch he had that day received from Sir George Grey.

Committees were then appointed for

The Business of the Council;

Finance; and

For the Amendment of the Medical Acts.

Most of the members of the last Committees again consented to serve during the present Session.

COMMUNICATION FROM THE HOME SECRETARY RESPECTING THE MEDICAL ACTS.

Before the first resolution on the programme was read, a Member suggested that the Council should immediately have read to them the despatch from the Secretary of State, as they would then be in full possession of the feelings of the Government regarding the Medical Acts.

The PRESIDENT thought it should not go forth to the profession and the public at large until it had been considered b the Council; and that if it were then read, he moved the reporters should leave the room.

This caused a very animated discussion as to the propriety of such a course, Sir Dominic J. Corrigan and several other members strongly opposing the expulsion as suggested, considering it sufficient to throw out a hint that it was not desirable the document should at present be reported.

Dr. ACLAND proposed, that the reporters should in no way be bound, but that as they were admitted on public grounds, it should be left to their discretion to report or to suppress what they pleased. This view was eventually adopted.

The letter was then read, and appeared to cause not a little amusement to the Council.

It was proposed and seconded, that the letter, with the accompanying document, be printed and circulated amongst the members of the Council. Motion carried.

GRANT FOR INVESTIGATING THE ACTION OF MEDICINES.

Moved by Dr. ACLAND, and seconded by Dr. STOKES:—

"That the memorial from the Physiological Section of the British Association be received and entered on the minutes. That, in conformity with the suggestions of the memorialists, the sum of £250 be placed in the hands of a Committee to be hereafter nominated. That it be an instruction to the Committee to expend the whole or part of that sum in obtaining investigations or reports calculated to promote a precise knowledge of the efficiency of remedial agents, either of those heretofore esteemed to be of service, or of substances which the progress of science may point out as likely to be of value in the prevention or the treatment of disease."

MEMORIAL.

"BRITISH ASSOCIATION, BIRMINGHAM, 1865.

"Having regard to the observations of the President (Professor Acland), in his inaugural address, the Committee of the Sub-section of Physiology desire respectfully to intimate their opinion of the great advantage which would accrue to physiological (and thereby to medical) science if the General Council of Medical Education and Registration should think fit, by pecuniary grants, and the appointment of suitable persons to undertake investigations into the physiological action of medicines.

"A few agents when administered in poisonous doses have alone been made the subjects of such research; and whilst the remedial effects of even such well-known agents as quinine have been admitted for ages, their modes of action are still unknown. Even to this moment our knowledge of the action of remedies rest only upon ordinary observation and general inferences.

"The Committee is well aware of the extreme difficulty of prosecuting exact inquiries in states of disease, and, above all, of the necessity for devising new modes of investigation; but bearing in mind recent researches of an analogous nature in health, they do not doubt there are physiologists and physicians of proved ability in such researches who would be able to devise the methods and bring the results to a satisfactory conclusion.

"The Committee also venture to suggest that no experiments should be regarded as satisfactory which, in addition to others, are not made on ordinary medicinal doses in the diseases for the relief of which the remedies are administered (as well as in poisonous doses), and which are not performed with all the care and exactitude known in modern physiological research.

"That this resolution be signed by the President, Vice-President, and Secretaries, on the part of the Committee and that the President be requested to present it to the Medical Council of General Education and Registration."

Dr. ACLAND, in a very able speech, advocated the measures proposed as very conducive to the advancement of science in general, enumerating the many expenses incurred by the meetings of the Council—namely, £1700 upon the meetings of 1865, and from £5000 to £6000 on the Pharmacopœia; the latter he considered made more perfect by a small grant—say £250—for the prosecution of scientific experiments, that such investigations might not be left, as they often were, to the energy of private individuals. He concluded by asking the Council dispassionately to consider the memorial in its various bearings.

Dr. ANDREW WOOD argued strongly against the grant of any sum for such purposes, and doubted, even if they were so disposed, whether they could legally do so, the Act distinctly specifying that no grant could be applied for such purposes; and if it was merely for the advancement of science, then the Council, who were not a scientific body, had nothing whatever to do with it. He (Dr. Andrew Wood) suggested that the British Association or some other scientific body—if they were so anxious for these experiments—should draw upon their own purse-strings for the expense of conducting them, and not throw the responsibility on the Medical Council, who had no interests to further in the matter.

Mr. COOPER considered Dr. Acland's requisition a most modest one, and maintained that the subject had not been lost sight of by external bodies; he would heartily support the memorial.

Sir D. J. Corrigan, Dr. Stokes, Dr. Alexander Wood, Dr. Sharpey, Dr. Quain, Dr. Smith, Dr. Apjohn, and Mr. Hargrave, having commented on the different points in the memorial,

Dr. ACLAND rose to reply, thanked the Council for the consideration they had given the subject, and proceeded in a somewhat lengthy *résumé* to meet the many objections raised against his motion.

The amendment of Sir D J. CORRIGAN—

"That the proposed investigation does not come within the province of the General Medical Council; nor, were it within their power, have they any legal authority to expend their funds on such an inquiry,"

having been put to the vote and carried, the motion of Dr. ACLAND was consequently lost.

ADJOURNMENT ON SATURDAY.

The next motion on the programme was then put by Dr. ALEX. WOOD:—

"That when the sittings of the Council shall extend over a Saturday, the Council shall on that day assemble at ten a.m., and adjourn at one p.m."

This was seconded by Sir D. J. CORRIGAN.

Amendment proposed by Mr. HAWKINS:—

"That the Council should on that day sit from one to four p.m."

The PRESIDENT spoke strongly of the inconvenience which would arise if Dr. Wood's motion was carried, considering the measure most unbusiness-like, and framed for the convenience of one or two country members; he would oppose the motion, but would not object to the compromise proposed in Mr. Hawkins's amendment.

The motion was then negatived, and the amendment carried by a large majority.

REPORT OF BRANCH COUNCILS.

A long discussion followed on the mode of presenting the various reports from the Branch Councils, in which the majority of the members took part.

Dr. ALEXANDER WOOD then proposed, and Mr. HARGRAVE seconded—

"That the Reports from the Branch Councils, and from the members of these Branch Councils deputed by them for examination, be printed and circulated, and that the Business Committee be instructed to set apart an early day for their consideration." Carried.

FRIDAY, MAY 18TH.

The Council resumed their sittings at the usual hour, with the consideration of the Report of the Committee on General Education, deferred from last session.

Dr. STOKES moved that the Report be now considered.

Mr. RUMSEY maintained that the short time allowed for the discussion of the many subjects during a single session of the Council was insufficient to give due consideration to so important a question as that proposed by Dr. Stokes. He suggested that it be referred to a Committee during the interval of the session, as more time and attention could then be given it.

Dr. ANDREW WOOD, who proposed an amendment, and also Dr. ALEXANDER WOOD, severely censured the idea of again delaying this important measure, which had been postponed from year to year, merely because the Council did not care for it or dared not face it, and he maintained that the time had now arrived, after the lapse of so many years, when the old machinery of medical education should be revised, and that, as so many of its bearings had now become obsolete, the whole matter should be immediately taken up and thoroughly and practically tested.

Dr. STOKES having consented to withdraw his motion,

Sir DOMINIC CORRIGAN moved an amendment to the effect that in the preliminary examination, students should be required to have a knowledge of Greek. He considered this minimum standard would not be too restrictive in its operation, as unless every young man who comes up for examination (with a view to being admitted into their learned profession) had some knowledge of this most desirable of the classics, he should not on any account be allowed to practise as a duly qualified medical man. He instanced the case of a student under his own notice, who, when asked the definition of physiology, replied, after some hesitation:—"Sir, I believe it is a fungus." Sir Dominic resumed his seat amidst loud laughter.

Dr. PAGET said the amendment proposed by Sir D. J. Corrigan was very desirable, and he, for one, hoped the time was not far distant when a knowledge of Greek would be made compulsory, yet in the present unsatisfactory state of medical education he did not think the Council could possibly insist upon this clause. Th ere was still a very lamentable ignorance of Latin, and if the study of this language was more strictly enforced, they would not hear so many complaints from the Army and Navy Departments, and from the Examining bodies generally, of the incapacity and the positive ignorance of so many of the candidates.

Dr. APJOHN hoped the clause would be embodied in the original motion, a knowledge of Greek being in his opinion most essential.

Dr. STORRAR held Greek to be desirable, but such a thoroughly disciplined education in Latin, or even in English only, as would fit a man for his position and for the proper performance of his duties, was by far the most important of the many subjects before them for the advancement of medical education.

It having been suggested that the amendment, or the insertion of the clause in Dr. Wood's motion, be for the present withdrawn,

The amendment of Dr. ANDREW WOOD, seconded by Dr. PARKES,

"That the Report of the Council of General Education be referred to a Committee,"

was then put and carried, Monday being named for its consideration.

RETURNS FROM THE ARMY AND NAVY SERVICES.

The second and third items on the programme were then proceeded with, and communications were read from the Director-General of the Army Medical Department relative to returns of the Examinations of Candidates for Medical Commissions in the Army, and from the Director-General of the Medical Department of the Navy, with returns of the Examinations of Candidates.

A communication was also read from the Under-Secretary of State for War on the Entry of Medical Qualifications in the "Army List."

MEMORIAL OF THE IRISH MEDICAL ASSOCIATION ON MEDICAL EDUCATION.

A letter from Dr. Mackesy, President of the Irish Medical Association, relative to Defects in Medical Education, was then read, in which reference was made to another letter relative to the same subject, having been addressed by Sir Dominic Corrigan to Dr. Mackesy. This communication led to a very animated debate.

It was proposed and seconded that Dr. Mackesy's letter be entered on the minutes.

Amendment proposed by Dr. PARKES, seconded by Mr. SYME,

"That the Council do now pass to the order of the day."

This was negatived.

Dr. ACLAND proposed, as an amendment, that the words "be entered on the minutes" in the original motion be left out, and in lieu thereof be inserted, "Be referred to the Council on General Education."

This amendment was carried by 15 to 8.

In reply to some rather severe strictures on the part of Dr. Alexander Wood, in reference to the conduct of Sir DOMINIC CORRIGAN in furnishing materials for attacks on the Council,

Sir DOMINIC said—Although I have already spoken, I claim a right to reply to what I must designate as a personal attack on me by the President and Dr. Alex. Wood, the representative of the Edinburgh College of Physicians. You, Sir (to the President), have charged me with making erroneous statements ("No," from the President). Your words, Mr. President, were, that I committed "errors in my statements" in the extract from my letter to Dr. Mackesy. I meet you on that phrase "errors in statement," and you have on that ground objected to the publication on our minutes of Dr. Mackesy's letter. Dr. Wood's language has been unmeasured. He has dared—I would not use the phrase "dared" but that he has presumed to use it in addressing me—to say that in my letter to Dr. Mackesy I have given utterance to opinions in reference to Medical Legislation and the action of the General Medical Council, for which I am bound to make an apology—a most humble apology to the Council—in presuming to say that there is a competition among the several licensing bodies for the sale of diplomas, and for saying that I am hopeless as to any amendments while such competition is permitted to continue. My reply to the President's charge of errors in statement, and to Dr. Wood's demand of apology is this, that I stand by every syllable, every word of that communication, every fact and opinion I have expressed in it. I have over and over again stated here the facts and opinions I have expressed in that letter, and I shall now state them once again in stronger language, and prove, I hope, that I have not committed any errors in statement.

The President interrupted Sir D. Corrigan, and said that he could not permit him to continue, as he (the President) had not referred to the extract of a letter in Dr. Mackesy's communication as coming from Sir D. Corrigan, but, as stated by Dr. Mackesy, to have been written to him by an influential member of Council without mentioning his name.

Sir D. Corrigan continued—I will not submit to be silenced thus even by the Chair. You did not, Sir, comment on the extract as that of an anonymous correspondent. As soon as the letter was read I at once stated that I was the writer of the extract referred to, and with that knowledge you proceeded to enter into the discussion of it, and to charge me with "errors in statement." What I state in that extract is, first, that the General Medical Council had no power to enforce rules or regulations as to preliminary or professional study, and I instanced the case of the Edinburgh University,

which refused to recognize the resolution of the General Medical Council as to its degrees, as an early instance of this Council having no power. This Council, we all recollect, was obliged to succumb, and the Edinburgh University pursued its own course. Notwithstanding this fact before us, the President tells me I committed an "error in statement." Let me give another proof that I was right in saying this Council has no power to enforce rules as to education. It acknowledges itself by its own acts that it has no power. If it had the power to enforce rules as to education, then it has been lamentably deficient in not having done so long before this. I have not, then, made an "error in statement" in saying that the General Medical Council has no power to enforce its rules. The second "error in statement" charged against me by the President is, that I have said "the various licensing bodies may do as they like." Is it not notorious that they are doing as they like at the present time in the eighth year of our existence There is not at present a single licensing body in the empire, except by accident, coinciding in their action with the recommendations of the General Medical Council. On the several points of preliminary examination, on professional study, on the date of commencement of professional study, or on its duration, all the licensing bodies do as they like, and some of them are even authorized, and even necessitated by Acts of Parliament or Charters, not to depart from their previous usages, not to comply with the recommendations or rules of this Council. I need not adduce instances. Every member of this Council is aware of the truth of what I say (hear). The third point which has been found fault with by Dr. Wood is the expression of my opinion, that I have no hope of amendment in medical legislation or from the Council while the present lamentable competition among the several licensing bodies for the sale of diplomas is permitted to continue, and it is for the expression of this opinion that Dr. Alex. Wood has presumed to say I have offended the Council, and that, in his opinion, I owe a deep apology to the Council for imputing to licensing bodies and their representatives on the Council the supposition of their being actuated by sordid pecuniary motives. From whom has this attack upon me, conveyed in language such as should not have been used, come? From the representative of a licensing body that acted in such a way as to render it utterly impossible to suppose its being actuated by any but sordid pecuniary motives, impossible to conceive it as having the slightest regard for the honour or education of the profession—a body that sunk itself to the lowest depth of dishonour in selling its diplomas—a depth to which I am glad to be able to say no other of our licensing bodies has descended. Let me recall to the recollection of this Council what the College of Physicians of Edinburgh did soon after the passing of the Medical Act of 1858. Dr. Wood, President, and the College of Physicians of Edinburgh, knew there were hundreds of practitioners in the United Kingdom who desired in the coming registry to have a licence to practise medicine annexed to their names who had no medical qualification, and had never undergone an examination in medicine. The College of Physicians of Edinburgh issued an advertisement that they would give their licence and supply the required qualification in medicine for ten guineas a head without any examination to all persons who could show any title to have their names on the registry, whether as merely surgeons, apothecaries, or licentiates in midwifery; and this College thus sold this false diploma certifying that the possessor was competent to practise medicine, although they never examined him. It is said £10,000 were made by this sale of diplomas; and now the representative of the body that did its discreditable act, a party to it, presumes to say that the honour of his College is impeached, that his fine feelings are hurt, and to call me to account for saying I have no hope of amendment while licensing bodies are permitted to compete for gain in the sale of diplomas. Dr. Wood cannot forget—I am sure every member of the Council may recollect—even the debate on the subject of that discreditable occurrence when I proposed that licences given without examination—meaning those of the Edinburgh College of Physicians—should not be registered, and announced my intention of following up that resolution, if passed, by bringing the conduct of the College of Edinburgh before the Privy Council; that Dr. Wood only saved the College from further exposure by an appeal *ad misericordiam*, and a promise that they would not sin again. I said I would express my opinion as to the competition permitted under the present state of legislation in stronger terms than I used in that letter. I do it now in the same terms I have used on more than one occasion in this Council, that the present competition among the several licensing bodies is "a battle of shops" for the sale of diplomas. Let us look to the Army and Navy returns of those passed and those rejected. More than one-half of those rejected, or about that proportion (I only quote from memory), are declared by the Examiners to have been rejected as utterly ignorant of Latin and of orthography, or the simplest rules of English composition, and the same ignorance is found as to anatomy, surgery, and therapeutics. These ignorant persons, rejected as unfit for army and navy, are let loose upon the public, and from what cause, from competition among licensing bodies in the sale of diplomas. Dr. Mackesy, in his letter to this Council, and in the extract from mine which he has inserted in it, has hit the blot, and hence you shrink from publishing his letter.

Saturday, May 19th.

PETITIONS FOR REGISTRATION.

The business of the day commenced with the consideration of an application from Mr. William Adams, formerly of St. Ives, to be restored to the Register. From a statement made by the Registrar of the Council, an erroneous impression had gone forth through the obituary of the *Lancet* that this gentleman was dead, consequently his name was omitted from the Register. The letter of Mr. Adams having been read, his name was ordered to be again inserted on the Register. A petition from Mr. Richard Organ, to be again allowed to offer himself for examination with a view to being placed on the Register. His name had been formerly erased, as the Council then sitting decided his diploma had been fraudulently obtained.

Dr. Alexander Wood moved, seconded by Dr. Smith,

"That the application of Mr. Richard Organ, having been reconsidered, be rejected."

Application dismissed without a dissentient voice.

A letter was also read from Dr. Steele, Registrar of the Branch Council for Ireland, with an application from a student to be registered.

After a long discussion, in which Dr. Andrew Wood, Sir Dominic Corrigan, Mr. Hargrave, Professor Syme, Mr. C. Hawkins, Dr. Alexander Wood, and Dr. Storrar took part, the matter was referred, to give precedence to the motion of Dr. Smith seconded by Dr. Storrar,

"That a Committee be appointed to consider and report upon the working of the system of Registration of Medical Students adopted by the General Council last year."

A Committee was then appointed (Dr. Embleton as Chairman) to take the matter into consideration.

On the resumption of the matter of Dr. Steele's letter, accompanying an application from a Student,

It was proposed by Dr. Storrar, seconded by Sir Dominic Corrigan, "That this letter be referred to the Committee just appointed, ten o'clock on Monday being named for its meeting.

STANDING ORDERS.

After a few preliminary remarks, a notice of motion was

brought forward by Dr. Fleming for the appointment of a Business Committee to move some additions to the Standing Orders and Regulations.

Dr. Alexander Wood did not deem it necessary to appoint the Business Committee proposed by Dr. Fleming, and begged of Dr. Fleming to withdraw his resolution.

Mr. Syme coincided in Dr. Alexander Wood's view.

Dr. Fleming withdrew his motion.

Sir D. Corrigan drew attention to the resolution of April 15, 1865, of the General Medical Council, directing that a proof copy of the Pharmacopœia should be placed in the hands of each member "at least one month before the meeting of the General Medical Council, at which the opinion of the Medical Council is to be given relative to its being published, &c." Sir D. Corrigan observed that the resolution referred to had not been complied with; but as the omission had occurred, he desired to know if proof copies would be supplied with the view of obtaining suggestions.

The President and Dr. Quain, members of the Pharmacopœia Committee, gave an assurance that proofs should be in the hands of members as desired.

Dr. Stokes, Chairman, laid on the table a report from Education Committee.

The Council then adjourned.

Parliamentary Intelligence.

HOUSE OF LORDS.—May 14th.

CONTAGIOUS DISEASES BILL.

This Bill passed through committee.

HOUSE OF COMMONS.—May 11th.

THE MORTALITY AMONG THE TROOPS AT HONG-KONG.

Mr. Locke asked the Secretary of State for War whether the 20th Regiment (2nd battalion) had been ordered, or whether it was the intention of the Government to order it from Japan, where it is at present stationed, to Hong-Kong, to occupy the quarters vacated by Her Majesty's 11th Regiment, in which such mortality had lately occurred, or whether it was the intention of Her Majesty's Government to send native troops to that station.

The Marquis of Hartington said that the 2nd battalion had been ordered from Japan to Hong-Kong, but would not necessarily occupy the quarters vacated by the 11th Regiment.

Colonel North asked whether the 2nd battalion of the 20th was to go to Hong-Kong upon the understanding that General Guy was to have unlimited authority to incur expense to provide quarters for them; and also whether he had authority to employ native watchmen in order that the European soldiers should have six or seven nights' continuous freedom from night duty.

The Marquis of Hartington replied that orders had been given to diminish night duty by the employment of native watchmen, so that the soldiers might have six or seven nights' continuous rest. Orders had not been issued that General Guy might incur unlimited expense, but there was no reason to suppose that there would be any difficulty in finding accommodation for the troops.

In the Committee of Supply the following sums were voted:—

£1183, for allowances granted to the public infirmaries in Ireland.

£3845, for certain hospitals in Dublin under the central board of superintendence.

May 15th.

CATTLE PLAGUE IN IRELAND.

In answer to questions from Mr. Gregory, Lord Naas, and other Irish members, Mr. C. Fortescue said there was too much reason to believe that the cattle plague had made its appearance near Belfast, and explained the stringent measures which had been taken to stamp it out.

THE CHOLERA.

Mr. Sandford asked what precautionary measures had been taken by the Government against the spread of cholera.

Mr. H. A. Bruce replied that the powers possessed by the Privy Council were given by the Quarantine Act of George IV., and under it they had directed local authorities at the outports to visit all ships arriving from suspected quarters to prohibit the landing of infected persons, and, if necessary, to take measures to isolate them, and they had also offered to place any towns which desired it under the provisions of the Diseases Prevention Act. This country he pointed out, had never acted on the system of quarantine; we had always depended on the local authorities, and our best security must be in improved sanitary regulations, such as better supplies of water and increased ventilation and cleanliness.

UNIVERSITY OF LONDON.

A meeting of this University was held on the 9th, at Burlington House, Piccadilly, for admitting to degrees those students who had entitled themselves to these distinctions; George Grote, Esq., Vice-Chancellor (in the absence of Earl Granville, Chancellor), presiding. The members of the senate present were, in addition to the Vice-President, Dr. Billing, Mr. James Heywood, Dr. Sibson, Dr. Sharpe, Dr. Wood, Professor W. A. Miller, Dr. Gull, and Dr. Storrar. Among the visitors were the Bishop of St. David's, the Bishop of Derry, the Haytian Minister, Lord Belper, Sir J. F. Burgoyne, Mr. Scholefield, M.P., Mr. T. Dyke Acland, M.P., and Mr. Whalley, M.P.

The Vice-Chancellor, on assuming the chair, touched on the cause of Earl Granville's absence, which was the late serious and afflicting family bereavement with which the public are already acquainted.

The Registrar then proceeded to read a report showing the number of students who had matriculated during the past academical year—viz., 255 (50 being with honours) in June, and 120 (23 being with honours) in January.

The following is a list of the respective degrees and the names of recipients:—

M.D.—F. Buszard, W. Dale, T. Fairbank, S. J. Gee, F. W. Gibson (worthy of medal), G. H. Harries, C. A. Hingston, E. Holland, H. Jeaffreson, H. L. Kempthorne, T. Morton, W. Rickards, E. Smith, R. P. B. Taaffe, T. J. Woodhouse.

The graduates who had simply passed the examinations for the other degrees were next presented in the order in which their colleges are ranked in the calendar of the University.

M.B.—G. W. Grabham, D. M. Maclure, T. R. Glynn, W. A. Harvey, F. W. Richards, F. F. Lee.

Those graduates who have passed with honours were next presented one by one, and received their certificates from the Vice-Chancellor:—

M.B.—R. C. Powles, G. Oliver, B. H. Allen, C. A. Greaves, G. H. Savage, W. V. Snow, R. D. Powell, H. Trimen, T. H. Green, E. F. Turner, A. G. Mickley, F. T. Tayler, T. Bond, C. Smith, P. M. Deas, W. G. V. Lush, A. Bruce.

M.S.—P. M. Deas, E. Andrew.

The graduates to whom a scholarship, medal, or prize had been awarded, were next presented for the distinctions they had gained:—

M.D.—H. L. Kempthorne, medal.

M.B.—R. C. Powles, scholarship and medal in medicine; G. Oliver, medal in medicine; R. C. Powles, scholarship and medal in midwifery; A. G. Mickley, medal in midwifery; P. M. Deas, medal in forensic medicine.

M.S.—P. M. Deas, scholarship and medal in surgery; E. Andrew, medal in surgery.

First M.B. Examination.—J. McCarthy, exhibition and medal in anatomy; H. F. Parsons, exhibition and medal in physiology, histology, and comparative anatomy; W. A. Richards, exhibition and medal in organic chemistry, and materia medica and pharmaceutical chemistry.

Preliminary Scientific M.B. Examination.—T. Anderson, exhibition in chemistry and natural philosophy; W. A. Brailey, exhibition in biology.

The Vice-Chancellor, on the completion of the presentations, addressed the meeting, again regretting the absence of Earl Granville. He rejoiced at the liberal spirit which the Government seemed disposed to evince towards the university. The Government had declared their intention at last to provide the University with an adequate and substantial building of their own, and a sum of £20,000 had been asked for by Mr. Cowper on account of the first expenses of the building which would cost in the aggregate £65,000. He rejoiced also that it was stated in the speech of Mr. Gladstone, in introducing the Reform Bill, that it was intended to erect the University of London into a parliamentary constituency, which was to return one member. These two important measures indicated that the University was approaching its period of maturity, after a somewhat inconvenient prolonged minority (hear, hear, and laughter). The proposed building was one of the most pressing wants of the University, and he fully approved of the site. The Vice-Chancellor, in the course of an eloquent speech, addressed words of encouragement to the unsuccessful competitors, and concluded by advising the successful candidates for honours not to be elated by their present success, because that very success had raised additional expectations of future achievements (cheers).

The proceedings then terminated.

MEDICAL ACTS AMENDMENT BILL.

DRAFT OF A BILL

TO

AMEND THE ACTS RELATING TO PRACTITIONERS IN MEDICINE AND SURGERY.

ARRANGEMENT OF CLAUSES.

SECTS.
1. Construction and Short Titles.
2. Amendment of Sect. 7 of Act of 1858.
3. Erasure by Order of Council.
4. Restoration of Name.
5. Repeal of Sect. 14 of Act of 1858.
6. Registers to be corrected.
7. Erasure on Death.
8. Alteration of Address, &c.
9. Evidence of Death, &c.
10. Erasure on ceasing to practise.
11. Registration of Foreign and Colonial Practitioners.
12. Privy Council may add to List of Qualifications.
13. Application of Provisions 20, 21, 22, of the Medical Act, 1858.
14. Degree of Bachelor of Surgery to be a Qualification.
15. Repeal of Sect. 40 of Act of 1858.
16. Penalty for Use of Title of Doctor, &c., by unregistered Persons.
17. Extension of Savings in former Acts.

BE it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows:

PRELIMINARY.

1. The Acts described in the Schedule to this Act and this Act shall be construed together as One Act; and for that purpose the expression "this Act," when used in the Medical Act (of the Session of 1858), shall include the present Act; and the Acts described in the Schedule to this Act and this Act may be cited together as "the Medical Acts," and are comprised in that expression when hereafter used in this Act; and this Act may be cited separately as the Medical Acts Amendment Act, 1865.

MEMBERS OF COUNCIL.

2. Section seven of the Medical Act (1858) shall be read and have effect as if the words "qualified to be" were omitted therefrom.

REGISTRATION.

3. Where, under the authority of the Medical Acts, the General Council or any Branch Council direct the erasure of the name of any person from any register, the name of that person shall not be again registered in any register except by direction of the Council which directed the erasure, or by order of a court of competent jurisdiction.

4. If the General Council think fit in any case they may direct any Registrar to restore to his Register any name erased by him therefore, and the Registrar shall restore the same accordingly.

5. Section fourteen of the Medical Act (1858) is hereby repealed, but this repeal shall not affect the past operation of that section, or anything already done under it, or invalidate any existing register, order, or regulation kept or made under it, or affect any proceeding or thing commenced under it, or the power of the General Council to make any order in relation thereto; and every such proceeding or thing may be carried on and done as if the said section had not been repealed.

6. Each Registrar shall keep his Register correct in accordance with the provisions of the Medical Acts and the general regulations and special directions of the General Council (whether made or given before or after the passing of this Act).

7. Each Registrar shall erase from his register the name of any person deceased.

8. Each Registrar shall from time to time insert in his register any alteration in the address or qualification of any person registered.

9. In the execution of the aforesaid duties, each Registrar shall act on such evidence as in each case appears to him sufficient, subject to any regulations of the General Council.

10. Each Registrar may erase from his register the name of any person who has ceased to practise; and in order to the better execution of that duty, each Registrar may send by post to any person Registered in his register a registered letter, addressed to that person according to his registered address, inquiring whether or not he has ceased to practise, and if the Registrar does not, within *three months* after sending such a letter, receive any answer thereto from the person to whom it is sent, he may, within *fourteen days* after the expiration of the said period of *three months*, send by post to that person another registered letter, addressed to him according to his registered address, referring to the first letter and stating that any answer thereto has not been received by the Registrar, and if the Registrar does not within *three months* after sending such second letter receive any answer thereto from the person to whom it is sent, that person shall, for the purpose of the present section, be deemed to have ceased to practise; and the name of any person shall not (without his consent) be removed from the register on the ground of his having ceased to practise, except in pursuance of the provisions of the present section. Provided that a person whose name has been erased from the register, with his consent, on the ground of his having ceased to practise, shall not be liable to any penalty under this section, by reason of his being engaged gratuitously in the cure or treatment of any disease or injury.

11. Every person shall be entitled to be registered under the "Medical Act, 1858," who is qualified as follows:

First. Is at the time at which he applies to be so registered legally possessed either of one of the qualifications described in Schedule (B.)* of this Act, or of some other foreign or colonial diploma obtained in the opinion of the General Council after such course of study and such examination as guarantee to their satisfaction the possession by the applicant of sufficient knowledge and skill for the efficient practice of medicine and surgery.

Secondly. Has resided in the United Kingdom for a period of not less than twelve months immediately previous to making his application.

Thirdly. Has not been guilty of any offence which according to the laws of the country to which he belongs would disentitle him to practise medicine and surgery, or which according to the "Medical Act, 1858," would enable the General Council to strike his name off the Register.

12. If it appears to the Privy Council, on the representation of the General Council, that any qualification other than those described in Schedule (A.) to the "Medical Act, 1858," and in Schedule (B.) to this Act is granted by any University, College, or Body in the United Kingdom or elsewhere, after such a course of study and such examination as guarantees to the satisfaction of the General Council and Privy Council that any person to whom such qualification has been granted possesses the requisite knowledge and skill for the efficient practice of medicine and surgery, it shall be

* Schedule B. includes the Diplomas of certain eminent Foreign and Colonial Schools of Medicine.

lawful for the Privy Council (in the case of any qualification granted by any University, College, or Body in the United Kingdom) to direct by order that every person holding such qualification shall be entitled to be registered under the "Medical Act, 1858," in the same manner and with the like effect as if the qualification were described in the Schedule (A.) to the "Medical Act, 1858," and (in the case of any qualification granted by any university, college, or body elsewhere than in the United Kingdom) to direct by order that every person holding such qualification shall be entitled to be registered under the "Medical Act. 1858." in the same manner and with the like effect as if the qualification were described in the Schedule (B.) to this act.

13. The provisions contained in sections 20, 21, and 22 of the "Medical Act, 1858," shall apply to any qualification which in pursuance of this act entitles persons to be registered under the "Medical Act, 1858."

14. The degree of Bachelor of Surgery conferred by the University of London shall, for the purpose of enabling any person to be registered under the "Medical Act, 1858," be deemed to be one of the qualifications described in Schedule (A.) of that Act.

UNREGISTERED PERSONS.

15. Section forty of the Medical Act (1858) is hereby repealed; but this repeal shall not apply to or in respect of any offence committed before the passing of this Act, or affect any proceeding pending at the passing of this Act.

16. If any person practising Medicine or Surgery, or engaged in the cure or treatment of diseases or injuries, not being registered under the Medical Acts, takes or uses any of the designations enumerated in Schedule (A.) to the Medical Act (1858) as amended by Schedule (B.) to this Act. or by any other of the Medical Acts, or the designation of Physician, Surgeon, Doctor of Medicine, or Apothecary, or any other designation used by or used to distinguish duly qualified practitioners of medicine or Surgery, or any class thereof, or the designation of professor of medicine or of professor of surgery, he shall for every such offence be liable on summary conviction to a penalty not exceeding £20.

SAVING.

17. Nothing in this Act shall prejudicially affect any occupation, trade or business, rights, privileges, or employment, expressly saved from the operation of the Medical Act (1858), or affect the rights or interests of any person or class of persons expressly exempted or protected by any provision of any of the Acts described in the Schedule to this Act.

THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.

The prominent characteristics of the annual *soirées* of the Pharmaceutical Society have ever been a remarkable business-like energy and abundance of attractions. The society's house in Bloomsbury-square is usually crowded on these occasions with objects of novelty, interest, and utility. The *soirée* on Tuesday was no exception in all these respects to the former *conversaziones* of this institution, and the company, numbering considerably over 400 guests, who were received by the President, G. W. Sandford, Esq., evinced their gratification with the provision made for their entertainment. The display of microscopes was large in number beyond precedent, nor were the objects shown by them unworthy of such a remarkable accumulation of instruments. Messrs. Ross, Smith and Beck, and Browning had some of their best, as well as selections of their objects. So also had the Messrs. Horne and Thornthwaite, Murray and Heath, Ladd, Collins, Elliott, Wheeler, &c. Mr. Casella of Hatton-garden, showed a very ingenious cruciform sun-dial, and Mr. Saunders of Potter's Fields, some fine samples of ivory, while the walls of more than one of the apartments were literally covered with Mr. Jardine's admirably mounted dried plants. Some very fine pictures were also lent by Mr. Vokins. Mr. Morson also lent some valuable paintings. Mr. Tennant exhibited a valuable series of crystals and gems—namely, diamonds, corundum, spinel, ruby, garnet, topaz, tourmaline, rock crystal, beryl, &c. There were also amongst the ornamental part of the exhibition some noble vases by Messrs. Copeland and Phillips. The Stereoscopic Society contributed a full-length portrait of Chang the giant—the largest photograph that has yet been taken. Many of the remarkable objects which recent science and invention have brought forward found places in the various rooms; amongst these we observed Gisborne's pneumatic signal apparatus, Dr. Bence Jones's animal quinioidine, Mr. Ansell's fire-damp detector, the grapho type—of which invention Mr. Fitzcook exhibited some new specimens from the brush of those famous artists John Gilbert and John Tenniel. Dr. Thudichum also displayed by the lime light a series of tapeworms, cysts, and other parasites and the living trichina spiralis itself; and Mr. Larkin blinded for some seconds the eyes of the audience by one of the most marvellous flashes of light produced by the explosion of chlorate of potash and magnesium—a flash that Mr. Debenham utilised most effectually, by taking a very successful instantaneous photograph of the scene.

The greatest novelty of the evening was Dr. Redwood's new process for preserving fresh meat. It is simply to dip the joint in melted paraffine; the hot liquid drives out the air from the tissue, and on the joint being withdrawn and put in colder paraffine an additional layer coats it, and a thick white envelope is completed. Specimens have been sent in ships to various foreign parts to test the process, but none of these examples have yet had time to return for that necessary examination which is requisite to stamp a permanent commercial value on the method. The refreshments were on an abundant scale, and Mr. Shepherd supplied ices *ad libitum* to all comers from one of Carré's large artificial freezing machines. These machines excited much attention in the late International Exhibition, and there is now a large exportation of them to India, Mexico, Cuba, and other tropical countries.

POLLUTION OF RIVERS.

The Commissioners appointed to inquire into the best means of preventing the pollution of rivers have issued their first Report, which relates to the Thames. They have examined this stream, and inquired about its condition and prospects of improvement at most of the important towns between Oxford and London; also at Croydon and South Norwood. The conclusions to which they have been led by these inquiries are, briefly, as follows:—That the works intended for the preservation of the Thames as a navigable stream are in a ruinous condition,—some of the locks and weirs being absolutely dangerous; and that the water is polluted by sewage, the waste of paper mills and tanneries (readers can reflect on the meaning of these simple words), to say nothing of what comes from floating carcases of animals. In short that which everybody knew already is officially affirmed,—to wit, that the metropolitan river is in a filthy condition ere its waters are pumped into our cups, so that Londoners actually consume the sewage of the up-country towns, with all their vast population and innumerable industries. By way of remedying this state of things, the Commissioners propose that the whole river be placed under the superintendence of the Conservancy Board; that this body have added to its number representatives of interests which derive from the upper parts of the stream; that after a period has elapsed sufficient for the alteration of present arrangements with regard to sewage, it shall be unlawful to discharge the same into the river, until it shall have been passed over land, so as to be purified; or for any injurious refuse to be cast into the stream from paper-mills, tanneries, and other works (with which should be included soap, soda, manure, chemical, gas, glue, and the thousand like) between Cricklade and the commencement of the metropolitan sewage system; that the water companies whose supplies come from the Thames, be compelled to pay a rental in proportion to their demands for the article in which they deal,—but, let us add, for which they pay nothing; that powers be given to the Conservatory to embank throughout the valley of the Thames, and execute arterial drainage operations; that a rate be levied by the Conservators on property thus improved. The disgraceful failure of what is called "The Smoke Act,"—designed to prevent pollution of town atmosphere, failure due entirely to the neglect of those local authorities who should have put the law in force,—leads us to hope that an independent body may be intrusted with the management of the Thames.

CASE OF BLACK DEATH.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRUCLAR.

SIR,—As I think it desirable that all cases of *Febris Nigra* of recent occurrence in this city, and duly authenticated by medical observation, should be promptly reported, with a view to the adoption of precautionary measures, I beg to submit the following case, in the practice of Dr. Cahill of Dame-street, who has this day kindly communicated to me the details:—

A young married man, actively engaged in commercial pursuits, healthy and temperate, was, on the morning of last Tuesday week, 8th of May, in his usual good health, and whilst dressing on that morning boasted to his wife of his then robust condition. On the evening of that day, after returning from his house of business in the city to his residence in the suburbs, he had a rigor, and passed a restless night. The following day, about two o'clock, he was seen by Dr. Cahill's assistant, and then complained of severe pains in the calves of his legs, was feverish, but quite conscious, and exhibited no indications of sinking; the hands and feet, however, were covered with dark livid blotches, and on the face and neck was a rash, resembling very closely in tint and general appearance the eruption of measles.

At six o'clock the same evening Dr. Cahill called to see the patient, and found him *dead*. The body was quite black, not uniformly, but in blotches, and shortly afterwards, he has been since informed, it assumed a still darker hue.

I think, without going further into the details of this case, it is fairly entitled to be classed amongst those of "black death," recently reported in your journal.—Faithfully yours, T. HAYDEN.

30, Harcourt-street, Dublin, May 21.

THE GRIFFIN TESTIMONIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—May I ask for a prominent place in your journal for the annexed circular, which has been forwarded to every known subscriber to the "Griffith Testimonial Fund."—Yours obediently, ROBERT FOWLER, M.D.

145, Bishopsgate-road, May 12, 1866.

"GRIFFIN TESTIMONIAL.

"DEAR SIR,—The design for the above being nearly completed, I am desirous to receive from every individual subscriber to the fund a written intimation, as to whether it would be consistent with his desire and convenience to attend a banquet in London (say about three p.m. in the day), whereat to publicly present the Testimonial to Mr. Griffin.

"I would also respectfully ask each subscriber to forward me, at his earliest convenience, his *Carte de Visite*, having his designation, professional title, and (if a Poor-law Medical Officer) the name of his Union plainly written on the back.

"I have reason to believe that it would be most agreeable to Mr. Griffin to additionally receive an appropriate Album containing the photographs of his friends and admirers.

"Prompt attention to the above will greatly oblige yours faithfully,

"ROBERT FOWLER,
"Treasurer and Hon. Sec.

"145, Bishopsgate-street Without, London, May, 1866,"

TONSILLITIS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—Referring to the remarks on tonsillitis in Dr. Lyons's clinique last week, I venture to say that if, after free scarification, he try the application of the caustic solution, or, still better thing, tincture of iodine, he will not be disappointed in obtaining good results. I have for many years used a tonsillotome, made by Mr. Millikin, formerly of St Andrew-street, to my suggestion. It is a miniature of the midwifery perforator closed, and can be handled most freely in operations of the kind with the mouth.—I am, dear Sir, yours truly, JAS. MARTIN.

Portlaw, May 3, 1866.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 10th inst.:—

Atkins, Thomas Dealtry, Calcutta.
Bernard, David Edward, Bath.
Bush, Charles Arthur, Bath.
Bush, John Dearden, Newcastle-on-Tyne.
Creswell, Richard, Lewisham.
Farwell, James Wm. George, St. Martin's, near Liskeard.
Fluder, Arthur Eisdall, Lymington.
Hankins, George Thomas, Clapham.
Harwood, Alfred, Cambridge.
Maxwell, Edward Cleaver, Barnstaple.
McCarthy, Jeremiah, London Hospital.
McDonald, William, M.D.Edin., Edinburgh.
Moore, William Henry, Liverpool.
Mousley, George William Atherstone, Warwickshire.
Newman, Adam Perry, M.B., Dub., Cork.
Robinson, Richard Holt, Manchester.
Sawyer, James, Birmingham.
Sedgwick, Henry, St. John-street.
Tindale, Wenthworth Raynes, Peckham-rye.
Waller, Arthur, Milner-square.
Wall, Reginald Bligh, Bayswater.
Whitwell, John Maude, Kendal.

At the same meeting of the Court, Mr. Robert Atkinson of H.M.S. *Prince Consort*, passed his examination for Naval Surgeon. This gentleman had previously been admitted a Member of the College, his diploma bearing date April 17th, 1854. It is stated that of the 76 candidates who offered themselves for examination, 13 failed to acquit themselves to the satisfaction of the Court, and were consequently referred back to their hospital studies for six months.

The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 14th inst.:—

Buncombe, Charles Hope, York-place, Bow-road; diploma of membership dated May 29th, 1840.
Dalton, Henry Gibbs, Georgetown, Demerara; diploma of membership dated Feb. 19th, 1841.

The following gentlemen passed their primary examinations in Anatomy and Physiology, on the 15th inst., and when eligible will be admitted to the pass examination:—

George Ridley Milles, Edward Lawrie, William Jebson Stothard, Charles Henry Denny Robbs, John James Frazer, George William Smith, Owen Thomas Evans, John Williams Pring, David Johnston, David Owen Fountaine, Charles Henry Lyster, Edward Bray Pellew, James Hutton, Wilkie Ridley, Benjamin Franklin, Frederick Edwin Vernede, Thomas Henry Lovegrove, Edward Cruikshank Malloch, Frederick Knowles, George Charles Coles.

Of the 33 candidates who offered themselves for examination no less than 14, it is stated, failed to acquit themselves to the satisfaction of the Court, and were therefore referred back to their anatomical studies for three months.

ROYAL COLLEGE OF SURGEONS, IRELAND.—The annual election of Council will take place on Monday week next, June 4th, from one to three o'clock. In addition to the present Councillors, Drs. Elliott and Mapother of Dublin, and Dr. Johnson of Kilkenny, have announced their intention of submitting their claims to the Fellows of the College.

APOTHECARIES' HALL.—The following gentlemen passed their Examination in the Science and Practice of Medicine, and received certificates to practice, on the 10th inst.:—

Baron, Thomas, Ulceby, Lincolnshire.
Evans, Owen, Pandy Trefriw, near Conway, N. Wales.
Howse, Frederic, Alexander-road, Kilburn-park.
Leggatt, Alfred John, William-street, Lowndes-square.
Lucas, George Burwell, Cambridge.
Mudd, Freperic Charles, West Pallant, Chichester.

ROYAL DUBLIN SOCIETY---Monday, May 28, eight p.m., Dr. Mapother—"Labourers' Dwellings, the Success and Failures of Efforts to Improve them by means of Inspection, Loans, and Public Companies, and the expediency of extending to Ireland the compulsory principle in their erection and maintenance."

THE Prince of Wales is to lay the foundation stone of the Staffordshire Infirmary on Monday, June 25th.

A NEW disease has been described in the *Journal de Pharmacie*, to which Dr. Callani gives the name of "acetonemie." It is thought to be produced by the formation of a

chemical compound called acetone in the system, which compound arises from the fermentation of organic matter in the stomach.

THE police of New York are taking means to detect the milkmen who put water into their milk, and are publishing their names in the newspapers.

GOUNOD'S "Ulysses," which has never yet been heard in this country, will form the principal attraction of the concert to be given in aid of the Hospital for Consumption at St. James's Hall, on the 8th of next month.

THE city engineer of Zurich has just published a book on the sewage of towns, "Ueber Anlage Stadtischer Abzugskanale und Behandlung der Abfallstoffe aus Stadten," which is highly spoken of as exhausting the subject.

AT a meeting of the governors of the London Fever Hospital, held on the 11th inst., Dr. Murchison and Dr. Buchanan were presented with very handsome silver vases, in testimony of the unwearied devotion and eminent skill with which they discharged their professional duties during an epidemic of unparalleled severity and duration.

CATTLE PLAGUE QUARTERLY RETURNS.—A few days ago a Parliamentary paper was issued containing returns of the number of farms, &c., affected, and of the animals attacked, killed, died, and recovered, from the commencement of the disease to the 30th of September, 1865, and the 30th of December, 1865, respectively. According to this return the number of animals attacked in England, Wales, and Scotland in the period mentioned was 76,006; killed, 13,906; died, 43,812; and recovered, 7354. The number of farms, &c., affected was 9954.

THE cholera is disappearing from Guadaloupe, after killing 10,856 out of a population of 149,107.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING MAY 19TH, 1866

By J. H. STEWARD, Strand, and Cornhill, London.

May, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
13	30·004	55·05	40	49.05	44	NE	—	—	Fine.
14	30·018	58	40	49·05	44	EbySE	—	—	Fine.
15	30·036	60·05	38	47	41	NNE	—	—	Fine.
16	30.045	58.05	40·05	57	50	E	—	—	Fine.
17	30·031	76·05	41	59	51	ESE	—	—	Fine.
18	30·018	74	41·05	61	52	SW	—	—	Fine.
19	30·018		4 ,05	60	53·05	S		—	Fine.

BIRTHS and DEATHS Registered and METEOROLOGY during the Week ending Saturday, May 12, 1866, in the following large Towns:—

Boroughs, etc.	Estimated Population in middle of the Year 1866.	Persons to an Acre. (1866.)	Births registered during the week ending May 12.	Deaths. Corrected Average Weekly Number.*	Deaths. Registered during the week ending May 12.	Temperature of Air (Fahr) Highest during the Week.	Temperature of Air (Fahr) Lowest during the Week.	Temperature of Air (Fahr) Weekly Mean of the Mean Daily Values.	Rain Fall. In Inches.	Rain Fall. In Tons per Acre.
London	3067536	39·3	2088	1400	1628	66·6	41·2	51·7	0·50	51
Bristol	163680	34·9	110	73	103	63·0	39·3	50·3	0·64	65
Birmingham	335798	42·9	247	163	170	61·2	40·3	51·5	0·66	67
Liverpool	484337	94·8	374	281	316	59·5	41·9	51·8	0·77	78
Manchester	358855	80·0	219	203	212	65·0	33·8	51·1	1·18	119
Salford	112904	21·8	63	57	71	60·4	32·1	48·5	1·31	132
Sheffield	218257	9·6	164	115	143	62·8	36·5	49·	0·53	54
Leeds	228187	10·6	260	116	171	65·0	33·0	50·0	0·46	46
Hull	105233	29·5	81	49	57	...	38·0	...	...	...
Newcastle-on-Tyne	122277	22·9	111	65	69	59·0	8·0	49·9	0·74	75
Edinburgh	175128	39·6	129	84	105	58·7	39·0	49·0	0·90	91
Glasgow	432265	85·4	377	252	277	57·3	38·2	48·9	1·10	111
Dublin	318437	32·7	174	156	154	63·9	41.5	52·3	0·.2	53
Total of 13 large Towns	6122894	34·4	4397	3014	3496	66·6	32·1	50·3	0·78	79
					Week ending May 5.	Week ending May 5.				
Vienna	(1863) 560000	...	...	...	...	...	...	...	...	...

Notices to Correspondents.

The Royal Institution.—The notice has been received.

Mr. J. L.—The subject is under consideration.

Amicus.—We have no experience of the results of the treatment in question.

A. B.—The question is alluded to elsewhere.

T. F. (Liverpool).—If the youth is in other respects sufficiently well prepared, and can devote about six months to study between leaving school and the period fixed for the examination, he should present himself for the Matriculation of the University of London. The examinations are held twice a year.

The Treatment of Cholera.—We are often asked, both in our private and public capacity, what is the best treatment to be pursued in case either of a fully developed attack of cholera, or of a condition of looseness of the bowels which has frequently preceded the disease. Without offering any plan of specific treatment, we think that the premonitory diarrhœa when it exists ought to be checked by those remedies which are commonly used for the purpose; and without in any way denying the great ability displayed by a well-known London physician in advocating what has been termed the eliminative treatment, we believe that the administration of castor-oil is about the worst plan that can be adopted. When the use is fully developed, we know of no better course than to endeavour to rouse the flagging energies of life by the administration of stimulants, but this plan often fails.

Appointments.

E. BRYAN, M.R.C.S.E., Assistant House-Surgeon to the Public Hospital and Dispensary, Sheffield.

Dr. BURROWS has been appointed one of the Consulting Physicians of the Briton Medical and General Life Association, in the place of Dr. Babington, deceased.

E. ELLIOTT, M.D., Honorary Surgeon of the Royal Portsmouth, Gosport, and Portsea Hospital.

H. W. FAGOE, M.R.C.S.E., House-Surgeon to the Royal Free Hospital, vice, John Hackney, M.R.C.S.E., resigned.

R. S. P. GRIFFITHS, M.R.C.S., L.R.C.P.L., House-Surgeon at St. Mary's Hospital.

F. J. LILLEY, L.R.C.P.Ed., M.R.C.S.E., Senior Medical Officer to the Life Investment, Mortgage, and Assurance Company, New Bridge-street, Blackfriars

T. P. PICK, M.R.C.S.E., Curator of the Anatomical Museum, St. George's Medical School, vice W. H. Dickinson, M.D., appointed one of the Assistant-Physicians to the Hospital.

Mr. W. QUIBELL, Dispenser to the General Infirmary, Sheffield.

G. E. SHUTTLEWORTH, B.A., M.R.C.S.E., Medical Associate of King's College, London, Resident Medical Officer to the Kilburn, Maidavale, and St. John's-wood Dispensary.

S. WILKINSON, F.R.C.S.E., has been appointed an Assistant-Surgeon to the Central London Ophthalmic Hospital, Gray's-inn-road.

W. J. COUSINS, M.D., one of the Medical Officers for the Royal Portsmouth Hospital.

W. HARDIN, L.Q.C.P.I., Medical Officer of the Royal Portsmouth Hospital.

A. J. POLLOCK, M.D., Physician to the Foundling Hospital.

Vacancies.

POOR-LAW MEDICAL VACANCIES.

Croydon Union.—Fourth District; area 2130; population 13,200; salary £100 per annum.

Hastings Union.—Third District; area 8144; population 1552; salary £40 per annum.

Knaresborough Union.—Harrogate District; area 13,069; population 6669; salary £35 per annum.

Warwick Union.—Workhouse; salary £64 per annum.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

BEITH.—On May 10, at the Royal Naval Hospital, Plymouth, the wife of R. Beith, M.D., Deputy Inspector-General of Hospitals, of a son.

CREGEEN.—On May 15, at Upper Brent Cottage, Blackheath-hill, the wife of J. J. Cregeen, M.D., of a daughter.

MUNRO.—On May 11, at Kinross, the wife of R. Munro, L.F.P.S.Glas., of a daughter.

MURRAY.—On the 4th inst., at Newgate-street, Newcastle, the wife of John C. Murray, of a daughter.

WOAD.—On May 9, at Ashton-under-Lyne, the wife of Herbert Woad, M.R.C.S., of a son.

DEATHS.

ALEXANDER, J. T., M.R.C.S.Edin., at 2, Church-hill, Morningside, Edinburgh, on May 13.

BEABANT, R. H., M.D., at Marlborough-buildings, Bath, on May 13, aged 85.

HARVEY, W. H., M.D., at Torquay (Professor of Botany in the University, Dublin), on May 15, aged 55.

STEVENS, J., L.R.C.P.Edin., at 26, Bloomsbury-square, on May 16, in the 47th year of his age.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Hospital Reports.

SIR PATRICK DUN'S HOSPITAL.

REMARKABLE CASE OF CEREBRO-SPINAL ARACHNITIS.

Under the care of Professor BANKS.

RALPH PECTOR, aged 14, a deaf-mute, was admitted into Sir P. Dun's Hospital, under the care of Dr. Banks, on May 21, 1866. From those who brought him the following particulars were obtained:—

He had formerly been an inmate of the Claremont Deaf and Dumb Institution; but for the last year had been bound as apprentice to a shoemaker residing in Stafford-street, and it appeared that while under this man's observation he was a most diligent and attentive lad, rapidly receiving instruction in matters concerning his trade, and in the possession of the most perfect health up to commencement of his illness—that is, the day before his admission to hospital. On this day (May 20th) he was observed about noon to suddenly throw himself down on his bed, and in a short time to vomit a thin watery-sort of substance in considerable quantity. He now lost all consciousness, nor did he afterwards take the slightest notice of anything about him. He was seen by those about him to clench his fists; he was heard to grind his teeth, and he writhed, as if in a fit, several times, during which he voided his urine involuntarily.

May 21st: On being brought into hospital we observed that he lay on his left side with the thighs flexed on the abdomen, and his head flexed on the thorax; and on attempting to turn him over on his back, and especially to turn his head towards the right shoulder, a certain amount of stiffness of the muscles had to be overcome before this could be accomplished. These movements seemed to cause him considerable pain. The same resistance was found in the eyelids on attempting to separate them. The pupils were equal, neither much contracted nor dilated, and only slightly responded to impressions of light. Both eyes were turned to the left, and could not be made to move by a light placed to the right side. His mouth was drawn to the left side; the filtrum being oblique and pointing also to the left side. When we pressed on his abdomen he suddenly doubled himself up, as if to arrest its further continuance. He moved his left arm and leg about with a certain amount of regularity, slowly flexing, and then rapidly extending the extremity again, nor did he cease these motions until the last day of his life; pulse 120, and small; urine albuminous, and passed involuntarily.

22nd: Pulse thread-like and difficult to count. The same movements of the extremities continue, and the same semi-flexed position assumed.

23rd: The hands, patellæ, and ankles and feet have assumed a deep violet tinge, somewhat patchy about the ankles, but in no part was there extravasation of blood. He now lies extended in bed.

On examination of his urine, it was found to be loaded with albumen, markedly acid, and not deficient in chlorides.

He died at three p.m., the duration of his disease being about three days. (The preceding record was kindly furnished by Mr. Moore, resident pupil.)

Autopsy six hours after death by Dr. Bennett, Surgeon to the Hospital and University Anatomist.—The body retained but little of the livid marking, except on the lower extremities. In consequence of the diagnosis of cerebro-spinal arachnitis having been made by Dr. Banks, the brain and spinal cord were first examined. The skull being opened with the saw, the brain was found to be deeply congested, the congestion of a deep venous tint.

There was no adhesion between the surfaces of the arachnoid membrane anywhere in the cranium except at the anterior part of the longitudinal fissure, nor was there any accumulation of fluid in its cavity. On raising the brain there was seen to be much semi-purulent lymph in the great subarachnoid space; this effusion was, however, confined entirely on the aspect of the membrane in contact with the pia mater, none being on the free surface. The greenish yellow colour could be traced outwards through each fissure of Sylvius, and so over the sides of the brain, principally along the distribution of the middle cerebral arteries. On raising the posterior lobes of the brain the same deposit could be traced all around the fissure of Bichât, and it spread a short way over the cerebellum and forwards into the velum interpositum. The lateral ventricles contained a turbid and almost purulent serum, which was faintly acid in reaction. Their lining membrane was much congested, the congestion markedly venous in colour. The oval centres showed congestion throughout; there was no cerebral softening. The spinal canal was opened from above down; the membranes were intensely congested close to the skull, and as the bone was removed from the lower cervical region there was found an abundant coating of lymph on the external surface of the sheath; from this down to the sacrum the lymph entirely covered the posterior aspect of the sheath, being in greatest quantity about the very lowest part. So abundant was the lymph in the lower lumbar region that it was difficult to raise the nerves and cord out of the canal from their being almost completely concealed. The cord and sheath having been removed, the sheath was opened, and the same arrangement of the inflammatory effusion found internally as on the outside. The lower end of the subarachnoid cavity was filled with purulent fluid; the anterior face of the cord was intensely congested, but nearly free from deposit; the posterior face from the cervico-brachial enlargement down was covered with green lymph.

The viscera of the thorax were free from any disease, except some amount of serous effusion, most probably effused just previous to death. The abdomen was free from disease, except that the kidneys were congested; the Malpighian tufts could be distinctly seen.

Weight of brain, 3 lb. 7½ oz.; cord, 2 oz.; kidneys, 8 oz.

Dr. Banks observed that this case presented the features with which he was familiar when cerebro-spinal arachnitis existed in an epidemic form in Ireland in the year 1846. This terrible disease was first noticed in the Rathdown Workhouse by Dr. Darby of Bray.

There was one point of great interest in this case, and which did not exist to a like extent in any case observed by Dr. Banks, nor did he believe it had been noticed previously—viz., the deep cyanotic hue of the skin.

He had never seen, except in pestilential cholera, a similar appearance.

The boy had been up to the moment of his seizure in the most perfect health, and so it was in the cases in the epidemic of 1846.

The late Dr. Mayne, in his admirable paper on cerebro-spinal arachnitis, published in the *Dublin Quarterly Journal*, says—"In four of the cases at the South Dublin Union, the boys had eaten a hearty dinner and retired to bed in apparent health, when the disease all at once declared itself. In many instances it commences with severe pain in the abdomen, followed by vomiting, and not unfrequently by purging. In the worst cases, these symptoms are accompanied by marked collapse, the extremities are cold and bluish, the pulse is at this time a mere thread, and altogether the disease assumes very much the aspect of cholera."

Dr. Banks said he could bear witness to the accuracy of this description, and to the resemblance of some cases of

this disease to cholera—a fact to which he wished to draw particular attention.

True it is, that the physician who is intimately acquainted with both diseases, could not fall into the error of mistaking cerebro-spinal arachnitis for cholera, but the mistake is quite *possible* in a case like that now under consideration, and particularly when an invasion of cholera is threatened.

To the experienced eye, although there were symptoms which in some degree resembled cholera, there was absent the "facies cholerica," which, once seen, can never be forgotten.

Even the extremities, although so closely resembling in colour what is observed in cholera, nevertheless wanted that peculiar wrinkled condition of the skin and the coldness so characteristic of the disease.

In conclusion, Dr. Banks drew attention to the peculiarities which rendered the case worthy of being placed on record. It was unlike the cases of sporadic cerebro-spinal arachnites, which had from time to time come under his observation, in its severity and rapidly fatal progress, and resembled closely the disease as it appeared in the epidemic form in France in the years 1840, 1841, and 1842, and subsequently in Ireland. The deep discoloration of the skin was also a strange and peculiar feature. Little need be said as to treatment. From the moment the boy was admitted into hospital the lethal character of the disease was obvious. Mercury, blistering, and stimulants were the remedial agents which were directed.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

EMPLOYMENT OF A NEW FEBRIFUGE—CHLORATE OF QUINIA.

Scarlatina Anginosa; Use of Chlorate of Quinia; Rapid Defervescence.—J. M., female, unmarried, aged 18, was admitted into hospital with well-marked scarlatina anginosa. The rash was very fully developed on the chest, arms and legs, of uniform boiled-lobster tint; the pulse was 130 and very feeble, and the patient had a dull heavy look, and complained much of the throat. On examining the fauces, both tonsils, the velum palati, arches of the palate and back of the pharynx, were much engorged, of a deep claret colour, and much distress was experienced at any attempt to swallow. Both tonsils were enlarged and spongy, the crypts being filled with buff-coloured exudation, the right gland being specially engorged. The chlorate of quinia was ordered for this patient in three-grain doses every third hour; in addition to which the tonsils were washed with a 20-grain solution of nitrate of silver, and a gargle composed of chlorate of potash, perchloric acid, syrup and water, was directed to be used frequently during the day. Wine and beef-tea were also liberally allowed. On the following day a very marked improvement in the patient's condition was observable; the pulse had improved in volume and diminished considerably in frequency; the engorgement of the throat had much decreased, and deglutition was performed with far greater ease and freedom from pain. On the fourth day defervescence was well established; the pulse had fallen to 80, the throat was quite restored to a natural condition, and the patient was in all respects convalescent. In two other cases of scarlatina, but of milder form, the chlorate was employed with very satisfactory results.

Protracted Typhus Fever; Supervention of Diphtheria on the 21st day; Use of Chlorate of Quinia; Recovery.—This patient, aged 33, passed through almost all the possible conditions and complications of protracted low typhus. The maculæ became transformed into petechiæ, which continued persistent till towards the close of the case. Involuntary passage of urine and fæces, with diarrhœal discharges and much tympanitis, formed prominent features of the case for many days; days and nights passed without an hour's continuous sleep, or even rest; constant muttering, attempts to get out of bed, general nervous tremor with constant subsultus tendinum, and tossing of the head from side to side next supervened; the pulse became exceedingly rapid and feeble, and the heart's action assumed the *tic-tac* character, the impulse being imperceptible, and the first sound faint to the last degree of audibility. The most vigorous and well-maintained stimulation by day and night seemed alone to keep the feebly flickering flame of life from being at any moment extinguished. Later on suffocative catarrh was threatened and with difficulty averted, and the bronchial affection overcome. Finally, in the interval of the 21st and 22nd day of the disease, when some slight general amendment had been established, it was found that an extensive diphtheritic exudation of tough buff-coloured matter covered the hard and soft palate, the pillars of the fauces, the tonsils, and all parts of the pharynx within view, extending likewise to the base of the tongue, and forward on the dorsum of that organ to near the tip.

Turning the patient to a strong play of sunlight, fortunately at the time available, Dr. Lyons introduced the index finger of the right hand covered with an extemporized mop of old linen, and carefully swept off the pellicular exudation from all parts within reach; in some situations it was found so tough that the handle of a spoon had to be employed to detach it, as from the half arches of the palate and the base of the tongue. All parts within reach were then carefully mopped with the muriated tincture of iron by a piece of sponge of suitable dimensions tied on the end of an elastic sprig of wood. Dr. Lyons states that for his part he is an advocate for the careful removal when practicable of the pellicular exudation before the use of any topical applications. As in the case under consideration, the exudation, he affirms, often constitutes so complete and so impenetrable a coating to the mucous membrane, that it is, in his opinion, idle to expect beneficial result or any action whatsoever from the strongest local applications, which under these circumstances, cannot possibly reach the mucous surface. In the case in question the pellicle was fully detached by the means employed, the mucous surface laid bare being exceedingly vascular, and here and there shewing bloody dots of minute ruptured vessels. The muriated tincture of iron was now freelly applied directly upon the affected surface, besides which the throat was repeatedly gargled with a mixture containing chlorate of potash, perchloric acid and syrup, and with such decided results that no further exudation whatever took place. The patient was further directed to take the chlorate of quinia in about five-grain doses every third hour, according to the following formula:—

℞ Chloratis quiniæ, ʒiss.
Acidi perchlorici, ʒii.
Syrupi auranti, ʒii.
Aquæ destillatæ, ad ʒviii. M.
Sumat. ʒss. 3tiis horis.

The gargle employed in this and the previous case consisted of two drachms of chlorate of potash, two drachms of perchloric acid, three ounces of syrup and five ounces of water. Under the use of these remedies the patient rapidly improved, and about the 28th day from the first invasion of the fever convalescence began to be fairly established, and continued permanent.

From the powerful oxidising and general stimulating agency of chloric acid, and the influence of quinia as a nervine-tonic, Dr. Lyons has been led to the idea of combining these two remedial agents with the view of obtaining a febrifuge medicine of great potency. Each atom of the chlorate will provide, it may be expected, five available atoms of oxygen from the chloric acid, chl. O_5, while in the perchloric acid, each atom contains seven of oxygen, chl. O_7.

From some half-dozen cases in which he has as yet employed this drug, including Scarlatina, Typhus, the Dip-

theritic case above mentioned, and low forms of Pneumonia, Dr. Lyons has obtained results which so far satisfy him of its efficiency and utility, and he invites the co-operation of his professional brethren in testing the value of this salt of quinia in low pyrexial states.

To his friends Professor Aldridge, of Messrs. Bewley and Hamilton's, and to Mr. Tichborne, of the Apothecaries' Hall, Dublin, he expresses his best acknowledgments for the care and trouble they have taken in the manufacture of this novel compound at his request.

MATER MISERICORDIÆ HOSPITAL.

CASE OF ASCITES WITH ANOMALOUS THORACIC SIGNS.

(Under the care of Dr. HAYDEN.)

(Continued from page 334.)

The following record gives the conclusion and post-mortem examination of a very remarkable case, to understand which clearly, reference must be made to p. 334.

April 6, 1866: Pulse 108, and feeble; copious night sweats; the patient was delirious last night, and now suffers from general soreness rather than pain.

The tenesums was controlled by bismuth and opium. No change in the physical signs over the left side of the chest.

April 9: Pulse 108, and weak; respiration 48. There is great fœtor of the breath, and the diarrhœa continues notwithstanding the exhibition of gr. iii. of acetate of lead and gr. ¼ of powdered opium after each liquid motion.

Repeat tincture of opium and liquor of bismuth.

April 18. The patient died at 4 p.m., worn-out by suffering, which was partly due to bed sores, and by diarrhœa. Shortly before death she vomited up a large quantity of dark blood.

Autopsy eighteen hours after death.

The body was much emaciated, a large quantity of greenish opaque fluid with flakes of curdy lymph floating in it was found in the peritoneum. The abdominal viscera were all firmly agglutinated to one another and to the abdominal walls by thick layers of false membrane. The parietal peritoneum was throughout coated with a similar layer, as thick as shoe-leather. The liver, which was firmly adherent to the diaphragm by recently effused lymph, rather exceeded in volume the normal size of that organ, and afforded a good example of cirrhosis with granular fatty degeneration, being pale and granular on the surface, and in section devoid of vascularity, and deeply mottled with masses of yellow fat. The spleen was of a dark slate-colour, and at least twenty times its ordinary volume.

The mucous membrane of the large intestine was of a dark chocolate colour, and softened.

The pelvic organs were all in a healthy condition; the ovaries were not diseased. The pericardium did not contain any fluid. The heart, which was of the ordinary size, presented a good deal of superficial fat. Both pleural cavities contained fluid. On the right side this was small in quantity, and of a pale green colour but clear; but on the left side it nearly filled the pleura, and was of the colour of whey. The right lung was slightly emphysematous on its anterior margin, and hypostatically congested posteriorly, but was otherwise in a normal condition. The left lung was adherent to the anterior wall of the chest superiorly, and to the cone of the pleura. This portion (the superior lobe) of the organ was of the ordinary volume, and was resonant or percussion; but the inferior lobe was compressed into the posterior inferior portion of the pleural cavity, where it was bound down, and generally coated over by a thick layer of false membrane. It was much reduced in volume, solid, and dull on percussion. The tympanitic resonance occasionally present beneath the left clavicle during the patient's last illness, as previously noted, and which led to so much speculation in regard to its cause, was manifestly due (for there was no other cause to give rise to it) to the presence here of the superior lobe of the lung, where it was confined by adhesion and subjected to varying pressure, according to the amount of the pleural effusion, which occupied the lower portion of the cavity. When the liquid effusion increased, or the diaphragm was pressed upwards by the ascites, it caused partial stasis of air in the superior lobe of the lung, which then yielded a tympanitic sound; but under opposite circumstances, and when it was allowed to expand by removal of pressure from below, it yielded resonance, and a respiratory sound, exaggerated only because of the attachment of this portion of the lung to the anterior wall of the chest. Under the microscope, and examined with a power of 222 L., the hepatic substance was devoid of blood, the hepatic cells were gorged with fat globules, which, in most instances, rendered the nuclei invisible. Large oil globules were dispersed over the field. The colouring matter of bile was present in very minute quantity.

The disease of the liver, which was the primary affection in this case, consisted in cirrhosis with fatty degeneration.

Dr. Hayden exhibited the morbid specimens above described to the Pathological Society on the 21st April, 1866

A CLINICAL LECTURE

ON THE

TREATMENT OF TUBERCULAR PHTHISIS.

Delivered in the Theatre of the Cork County and South City Infirmary, on the 27th April, 1866,

By W. C. TOWNSEND, M.D.,

SENIOR PHYSICIAN TO THE INFIRMARY.

We proceed this morning to the consideration of the treatment of tubercular phthisis.

During the last four lectures we were occupied, I trust profitably, with the consideration of this fearful disease, which, unfortunately, owing to its great prevalence, our hospital affords you ample opportunities of investigating in its different stages.

To some of you, I have no doubt, there appears to be a great amount of sameness in the several cases, and many wonder how little in the shape of medicine, I order for those under my charge; but the truth is, gentlemen, the older we grow, the less faith we have in physic; and I have no hesitation in telling you that the medical management of consumption pre-eminently consists in a liberal and judicious diet, in residence in well ventilated apartments, where there is a constant and fresh supply of unbreathed air; in exercise in the open air, I would almost say in all weathers, taking due care at the same time that your patient is warmly clad. In my opinion, this plan will do more to prevent the development or growth of tubercle than any or all the medicines of the Pharmacopœia.

But you will not, I hope, misunderstand me or think for one moment that I undervalue medicines when judiciously used, but I wish, now at the close of our winter session, and after the careful consideration we have given this subject, that you should have correct notions as to the treatment of this terrible disease.

Doubtless you have often been surprised, as I pass from bed to bed, at the apparently little variety in my treatment; and I can almost fancy I hear you say "always the same"—cod-liver oil, iron, opium—and you are to a great extent right, gentlemen. You have great advantages over your fathers in the profession. You are now in a position, if you will use it, to reap the great harvest of their experience; and I venture to assert that in no disease is that harvest more abundant. Great as the advantages are that we have derived from the glorious discoveries of Laennec, they are as nothing when compared with those which an enlightened pathology has conferred within a very few years on the treatment of tubercular diseases. It is quite true we owe to him and others the knowledge of those physical signs whereby we are enabled to diagnose with such painful certainty the presence of tubercular disease of the lungs; but it is equally true that we are

deeply indebted to Bennett, Thompson, and a host of others who have based the treatment of this disease on true principles derived from an accurate knowledge of pathology. To the first class we owe the great debt of teaching us how to diagnose during life, and after death, the ravages of this fearful malady; from the latter, we learn that our efforts should be directed—*first*, to check the tendency to the disease, and *next* to arrest or cure it in its progress. It is truly deplorable that even at this present time such erroneous notions should be held as to the treatment of this disease. Forgetful or ignorant of the cause, it is too much the habit of many practitioners to devote all their energies to what is in reality not the disease but its result or effect; and the unfortunate patient is made to swallow any amount of cough mixtures, to submit to any amount of blistering, with an occasional leeching—a plan of treatment which might be allowed if it did no harm, but which, tending as it most assuredly does, to the further developing of the disease, cannot be too strongly deprecated.

Of all the constitutional maladies that I am acquainted with *there is none that more can be done for than tubercular phthisis.* It is now an admitted fact that in the very early stage, even where the constitutional tendency is largely inherited, a great deal may be done for the patient, even if he be not completely cured; and there is little doubt that even in the second and third stages of the disease, a judicious treatment will often prolong life for several years. It is well for you, then, to study carefully the principles that should guide you; and I may here take the liberty of reminding you of what I have so frequently called your attention to at the bedside, *that every case of tubercular phthisis has its own natural history, and must be treated on its own peculiar merits.* Unfortunately, in the great majority of cases of tubercular phthisis we do not see the patient until the disease is somewhat advanced; in such the chances of cure will be in the majority, in proportion to the amount of lung injured; not that I wish you to understand by any means, that where a portion of lung is engaged, that person must of necessity die. On the contrary, I have seen and known several, where there could be no reasonable doubt of a large amount of lung being engaged, recover perfectly. Pulmonary consumption is entirely a disease of debility, whether it be inherited or acquired; and the treatment of it in every stage appears to me to be "*support.*"

Now, there are two classes of patients which present themselves to us from time to time. Among *the first* we find those who are surrounded by every luxury that wealth can produce; *the second* includes those who are exposed to every privation, who are ill-fed, ill-clad, living in badly ventilated apartments, and eking out a miserable existence. The only wonder in such cases is that they so long resist the development of disease.

I have already told you that it is a disease of debility, and it now becomes my duty to tell you from my own practical experience how you can best remedy that state of system which leads to the growth of tubercle.

First, and above all, I recommend that the patient should breathe a pure air. I find that within the last twelve months there were admitted into the Workhouse Hospital of this (Cork) Union 184 males suffering from tubercular phthisis. I have paid some attention to this important subject, and I find that they are principally composed of tradesmen and indoor servants; while cabdrivers, and those whose occupations keep them constantly in the open air, seldom suffer. Again, I have observed that consumptive patients who remain constantly in hospital, where they are well fed and carefully preserved from changes of temperature, succumb to the disease more readily than those who after a short stay leave, often badly clad, to resume their ordinary avocations. I need say no more to prove to you how indispensable is a pure air for the consumptive patient.

The next point to be considered is *the regulation of their diet.* A consumptive patient should be well fed, and his food should be easy of assimilation; meat, eggs, porter, wine, butter-milk, should be used; and his diet should be so arranged that instead of giving him two or three meals daily, he should have five or six. I emphatically state that no consumptive patient should be allowed to remain longer than four, or at furthest five hours without food. He should have food late at night and very early in the morning, and some nutritious drink should be placed at his bedside for the night, should he wake.

I now pass to the medical treatment. If a consumptive patient has a fair appetite and digests his food, you had better take care you don't destroy his appetite by the use of what are commonly called expectorants, cough mixtures, sedatives, &c. &c., which instead of doing the unlucky patient good, do him an immense amount of mischief. If, on the other hand, his appetite be bad, take care you don't overload his stomach; give him bitter tonics, quinine, strychnine, and such medicines as will have the effect of bracing up his system, and gently stimulate the relaxed mucous membranes; above all, avoid, unless absolutely called for by bronchitic or pneumonic complications, blistering, leeching, application of iodine, &c. &c.—a system of practice which cannot be too warmly deprecated, as evidencing an unpardonable amount of ignorance of the pathology of the disease; for you should always have before your eyes that your treatment must be directed to remedy that state of system which leads to the further separation or growth of tubercle, taking little heed of that which is already formed.

Of all the medicines introduced to the profession for the improvement of the general health, and therefore for the treatment of pulmonary consumption, none are so conspicuous as cod-liver oil and iron. These, either separately or together, appear to exert a greater influence in arresting the state of system which leads to the growth of tubercle than any other known remedies. I have not time nor inclination to enter into the different discussions as to how they produce such remarkable effects, but that they do so is beyond all reasonable doubt. The use of cod-liver oil is indicated in all stages of the disease, and as there can be no doubt that the bronchitic, pleuritic, and pulmonic complications, which so frequently present themselves, are altogether dependent on the unhealthy condition of the blood, I see no reason why its use should be discontinued during their presence.

In the latter stages of this disease you will find that the various preparations of opium, in one or other of its forms, allay pain, restrain the cough, check diarrhœa, produce sleep; and, in hopeless cases, promote *euthanasia*, by soothing the dying moments of the poor sufferer.

Abstracts of the Scientific Societies.

GEOGRAPHICAL.—May 14.—"On the Geographical Position of Yarkund and other places in Central Asia," by Capt. T. G. Montgomerie, R.E.—"On a Visit to Daba, in Thibet," by Capt. A. Bennett.—"On a Journey to the Western Shore of Volcano Bay, in Yesso," by Commander Forbes.

GEOLOGICAL.—May 9.—President, in the chair.—The Hon. J. Abercromby, Messrs. E. Davis and E. St. John Fairman were.—The following communications were read: "On a new Species of *Acanthodes* from the Coal-shales of Longton," by Sir Philip de M. Grey Egerton, Bart.—"A Sketch of the Gravels and Drift of the Fenland," by Mr. H. Seeley.—"Additional Observations on the Geology of the Lake Country," by Prof. R. Harkness and Mr. H. Nicholson. With a note on the Trilobites, by Mr. J. W. Salter.—"On the Lower Silurian Rocks of the Isle of Man." by Prof. R. Harkness.

CHEMICAL.—May 3.—Dr. W. A. Miller in the chair.—The proposal of the Council relative to the admission of Foreign Members resulted in the election of Prof. Rammelsberg, Dr. W. Gibbs and Prof Welzien.—Messrs. J. J. Lundy, J. Robinson and M. Hall were elected Fellows.—Dr. J. H. Gladstone read a paper. entitled "Notes on Pyrophosphodiamic Acid," which supplemented an account already presented to the Society by the late Mr. Holmes and the author.

Foreign Medical Literature.

CASE OF ANEURISM OF THE THORACIC AORTA.

Communicated by H. HIRSCHSPRUNG, M.D.

Translated from the *Ugeskrift for Læger*, Copenhagen, December 9, 1865, p. 425.

By WM. DANIEL MOORE, M.D.Dub. et Cantab., M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

THE descending thoracic aorta lies, as is well known, on the left side of the bodies of the vertebræ, but approaches, as it runs down towards the aortic opening in the diaphragm, more and more to the middle line. In this route it is crossed by the vena semi-azygos which runs behind it, while the left bronchus and the pericardium lie before it; to the left the vessel is contiguous to the corresponding pleura, and on the right side run the œsophagus, the thoracic duct, and the vena azygos. At the lower extremity, from the eighth thoracic vertebra, the œsophagus lies in front of the aorta, coming forward to pass through the œsophageal opening, and in this place it possesses a great degree of mobility, being accompanied, as it were, with a mesentery composed of lamina mediastini, with intervening, wide-meshed connective tissue, increasing in breadth downwards.

It is easy to foresee that an aneurismatic dilatation of the artery may eventually prove dangerous, from its vicinity to any of the organs just mentioned, and experience has verified this. This is not the place for an opinion based upon statistics as to what organs are most exposed to pressure and destruction or perforation with subsequent, and usually fatal, hæmorrhage. I shall state only that the left bronchus and the left pleura, perhaps rather as the result of preconceived opinion, are mentioned by most writers as the organs which most frequently come into collision with aneurism of the descending aorta, and into which the latter most frequently empties itself; that the œsophagus and the right pleura do not seem to be much behind in this direction; that partial destruction of the dorsal vertebræ is particularly frequent, and that we have sometimes seen the aneurism discharge itself into the spinal canal; that the result of obliteration of the venæ azygos and semi-azygos has been witnessed in the form of a highly developed vein on the thoracic wall, and that Laennec (Edit. Andral 3.439) mentions, that he once saw an aneurism of the descending thoracic aorta, which had produced destruction of the ductus thoracicus, swelling of the lymphatic system, and probably death by inanition. That the œsophagus, notwithstanding its situation, does not occupy a more prominent place in the series, must certainly be ascribed to its great mobility, by the aid of which it is capable of, to a certain extent, as it were, evading the danger.

But the termination, to which we have at present to direct our attention, is bursting of the aneurism with evacuation of its contents into the connective tissue. This mode of rupture seems to be, so far as the mediastinum is concerned, exceedingly rare. I shall mention what I have found stated by some authors upon this point. Grisolle (1850, t. ii., p. 230): "When the aneurism opens into the pleura, the pericardium, the pulmonary artery, the heart, the *mediastinum posticum*, death occurs instantaneously, or at least very soon. But the cause cannot be ascertained until the body is opened." Zehetmayer (*Die Herzkrankheiten*, 1845, p. 386) expresses himself as follows:—"The aneurism connects itself to the left bronchus, and opens for the most part into this, into the pulmonary parenchyma, or into the left thoracic cavity, more rarely into the œsophagus or into the *mediastinum, when it has developed itself on the right side of the aorta.* Andral (*Cours de pathologie interne*, 1848, t. i., p. 384) communicates the following case:—

"In another case the rupture took place into the mediastinum posticum in a woman, who had presented symptoms only of a slightly advanced disease of the heart. She had oppression; the action of the heart was tumultuous and very quick, the pulse was intermitting, the face was livid. She had never suffered from dropsy. Repeated bleedings and digitalis in powder had procured considerable relief. The evening before she was to leave the hospital, she suddenly uttered a piercing cry, grasped her chest with her hands, and was dead. The mediastinum posticum was found on dissection filled with an immense quantity of blood, derived from the aorta; the walls of the left ventricle were hypertrophied."

That this mode of rupture occurs only rarely, appears also from statistical reports. In Schmidt's *Jahrbücher*, 1861, p. 237, P. Niemeyer has collected a series of forty-nine cases of aneurism of internal arteries; twenty of these terminated in rupture, but rupture into the connective tissue of the mediastinum is not mentioned. In the volume of the year-books published this year, the author has drawn up a second series of not less than 100 fresh cases. Fifty-seven times fatal rupture ensued, and according to the table two of these took place into the mediastinum (Nos. 32 and 38). But if we examine these two cases more closely, we shall find that the first (taken from the *Gazette des Hôpitaux*, 1859, No. 96) was only incorrectly included. The second (*Medical Times and Gazette*, March, 1861, p. 251,) is briefly as follows:—

"A powerfully-made man, aged 62, who had never been under medical treatment, had fallen suddenly in the street and died soon after. On dissection the ascending aorta was found to be dilated and highly atheromatous; the transverse aorta was dilated into a large globular swelling, about the size of a large orange; the descending aorta was also atheromatous. The aneurism had burst into the mediastinum posticum through an opening as large as the tip of the finger. A sanguineous tumour had here formed, which had secondarily perforated the right pleura, in which was found more than two pounds of coagulated blood. The heart was displaced downwards and to the left side."

These few remarks are the result of research upon the subject in the writings of very many authors; but they of course lay no claim to any completeness. Thus much seems to be decided, that rupture into the connective tissue is an extremely rare termination to aneurisms of the thoracic aorta. In interesting contrast to this, such a result is very general in aneurisms of the abdominal aorta. In a recently published work (*Ueber das Aneurysma der Bauch-Aorta*, Berlin, 1865, p. 48) Lebert shows, that the discharge of an aneurism into the retro-peritoneal connective tissue is very common, and that in sixty-nine cases with rupture it occurred not fewer than eleven times, but so that only in fifteen cases was an extensive and rapidly fatal extravasation produced. In aneurisms of external arteries the same process may occur, but as it seems, only rarely (Nélaton, *Elémens de pathologie*, t. i., p. 453). We then no longer feel any defined tumour, but a diffuse swelling of the limb and sometimes fluctuation, producing the greatest resemblance to an extensive and deep phlegmon, with which such a tumour has been confounded. Vidal and Broca (*Des Anéurysmes*, 1856, p. 67) speak of the same possibility, the first named (*Traité de pathologie ext.* 1, p. 647) adding as a favouring element, *that the aneurism is only small.*

Reserving to myself to revert to some points in what I have already quoted, I shall now report the case which has been the starting point of the present communication.

Jane Sörensen, aged 34, married, admitted on the 4th October, 1865, into Frederiks Hospital. She was confined once many years since, and had subsequently menstruated regularly. The patient, who lived under ur-

happy domestic circumstances, had been ill for more than six months, suffering constantly from oppression in the epigastrium, especially after meals, from pain between the scapulæ and in the right side of the chest, symptoms which had been treated as hysterical. Latterly her state had become worse, vomiting having supervened, she therefore sought admission to hospital. Two hours before she came in, immediately after eating some porridge, she was seized with a feeling of weight in the stomach and nausea. To encourage vomiting she thrust her finger into her throat; retching came on and she felt a shock internally, as if something had burst. This sensation she referred to the lower end of the sternum, somewhat to the right of the bone. Violent pain and a sense of suffocation came on, and a physician who was called in advised her immediate removal to hospital.

She was admitted shortly before three o'clock, after the symptoms had lasted about two hours. She had strength enough to walk with the aid of a couple of women from the visiting-room to ward No. 3, where she was located. When I had occasion to see her shortly after, she sat raised up in the bed and could not bear to lie down. She was thin, her countenance was anxious and slightly cyanotic, her neck was bent slightly backward, the front of her throat was much swollen, especially at each side of the windpipe, which was itself pushed considerably forward, being convex from above downwards. To the touch the tumour was elastic and was without crepitation. The attendant in the visiting-room stated, without inquiry on my part, that she was able distinctly to observe the increase of the tumour during the patient's short stay with her. The radial pulse was very small, particularly the right, and quick, the external jugular veins were swollen, the hands and feet were cool, and were slightly cyanotic. In the throat nothing morbid could be discovered. The examination of the thoracic organs exhibited nothing whatever abnormal. The heart was not enlarged, its sounds were pure. The lungs yielded everywhere, both anteriorly and posteriorly, a clear sound on percussion; when the patient drew a deep breath the anterior parts were well filled, the posterior and inferior parts were less perfectly expanded. Behind the sternum and beneath the left clavicle inspiration was remarkably rough. One of the inferior dorsal vertebræ was tender on pressure. Swallowing was quite impossible, as the attempt forthwith produced violent dyspnœa.

So far the symptoms were constant; but otherwise they exhibited a very peculiar intermission, while for some minutes the patient sat rather quietly in the bed, only rocking a little forwards and backwards, and complaining of pain in the epigastrium, in the back and in the right side of the chest, but so that both her voice, although it had rather a strange sound, and her breathing, were almost perfectly free, she drew herself the next moment violently together, distorted her face spasmodically, grasped at whatever was within her reach, roared for want of air and with pain, finally, got retching with vomiting of colourless, frothy mucus, and when a short cessation of the vomiting occurred, called for help that she might not be suffocated. Her consciousness continued perfect until she was shortly afterwards seized with convulsions, in which she died. On examination soon after death in the horizontal position we thought we could feel considerable distention in the upper part of the abdomen; the posterior wall of the œsophagus was also felt strongly pushed forward.

Imperfect as the history of the foregoing case was, for the information above detailed was in part obtained after the death of the patient, it was sufficient to establish satisfactorily that the woman had long suffered from some morbid state, connected with pain, in the lower part of the thorax, and that the dangerous symptoms which had recently occurred were due to rupture of the affected part. That the lesion was situated neither in the lungs nor in the heart, we thought might be decidedly inferred from ehe xamination which had been made, and from its completely negative result, and we were therefore compelled to assume that the affection had its seat either in the œsophagus or in one of the larger bloodvessels. Rupture of the œsophagus is an exceedingly rare case, which has, however, sometimes been witnessed after previous disease of the organ, especially during the exertion of vomiting. The earlier symptoms might easily have had the œsophagus for their starting point, and if the tumour in the neck had exhibited any sign of containing air, this diagnosis would have had the greatest probability in its favour, as it is well known that no medium extends so rapidly in the connective tissue as air. But the absence of this one characteristic symptom destroyed the possibility of this assumption, and we were obliged to seek some other explanation. The idea of an aneurism of the descending aorta would then most naturally present itself; for although the preceding symptoms had not been very characteristic, they were not decidedly inconsistent with this diagnosis, bearing in mind the vague and obscure form, which this affection presents, on account of the deep situation of the vessel, before it has attained a considerable development. But I admit, that the intermission in the symptoms, and especially the swelling in the neck steadily increasing within a very short time, was a cause of no slight perplexity. It was, in fact, probable that the last-mentioned phenomenon might be due to extravasation of blood in the connective tissue, because, as we have just stated, we were obliged on account of the character of the swelling to exclude the assumption of air as the cause; but why should we connect a hæmorrhage in the cervical region with a rupture, which evidently took place deep in the thorax? On this point dissection alone could inform us.

The *dissection* was performed by Lector Reisz, the day after the death of the patient. Cadaveric rigidity was present. There was no emaciation. The neck was rather swollen, especially towards the sides. When the *abdomen* was opened, three or four small dark red, tolerably firm coagula were found lying free on the anterior and posterior surfaces of the omentum. In the omentum itself slight effusions of blood were met with, and several vessels were seen very highly congested. The spleen was tolerably large, pale, firm. The liver was natural, the gall bladder contained a large amount of dark bile. The kidneys were pale. The left lung was not adherent to the *thorax*, and its tissue was healthy. On the contrary, the right lung was attached by a couple of cord-like adhesions. The lung was highly congested; along its anterior margin, where the surface was of a strongly marked white colour, some dilatation of the air-cells was visible, in the lower lobe there was considerable serous infiltration (*vide infra*). In the pericardium a moderate quantity of clear serous fluid was found. The pericardium was smooth. The heart contained a small quantity of fluid blood, the valves were sound, as was the muscular structure.

The *thoracic aorta* presented throughout arterio-sclerotic changes with thickening of its walls and numerous elevated white fibrous spots of firm consistence. The walls of the carotids were in their normal condition, except that the inner coat was in a state of fatty degeneration. The arteria innominata was healthy, as were the jugular veins. Immediately above the diaphragm there was found on the aorta an aneurismatic dilatation of the size of a goose-egg, proceeding from the anterior circumference of the vessel. Into the aneurism led an opening rather larger than a four skilling piece,* with tolerably defined edges. The wall of the aneurism appeared in some places thickened, in others much attenuated; on the right half it was covered with a removable, thin layer of coagulum-like formation, and farthest to the right, adjoining the connective tissue in the posterior mediastinum, close to the inferior margin of the right lung, which had been adherent to the aneurism, was found a rupture of the tumour. This had produced extravasation of blood into the mediastinal connective tissue, and thence up the neck

* A coin of about the value of a penny.—Translator.

to its deeper layer of connective tissue. While the extravasation of blood in the mediastinum itself formed only a narrow tract, it was found to a considerable extent in the connective tissue behind the gullet, where there were coagula of several ounces weight.

The *œsophagus* was in its upper half perfectly natural, in the lower part, which lay to the right of the tumour, it was somewhat compressed by the thickness of the surrounding extravasation of blood. In the *stomach* there were found, in vertical continuation of the axis of the œsophagus, a couple of ruptures of the mucous membrane of about three inches in length, without surrounding ecchymosis. These ruptures must be assumed to have proceeded from the fact, that the parts of its coat lying beneath the mucous membrane in the fundus and on the posterior surface of the stomach, were infiltrated with a large mass of coagulated blood. This, which therefore lay between the serous and the mucous membranes, was so considerable that the posterior wall of the stomach was rendered convex in its anterior aspect. A smaller coagulum was found between the layers of the lesser omentum. All the coagula were of a dark red colour. The extravasation of blood consequently extended from the base of the skull to down behind the stomach.

The abdominal aorta presented only in a slight degree the arterio-sclerotic changes. The brain and its arteries exhibited no abnormity. The vessels of the pia mater and arachnoid were slightly congested. The walls of the uterus were tolerably thick; the ovaries were shrunk; nevertheless the right ovary contained a tolerably large cyst.

The dissection explains the nature of what took place. An aneurism of the lower part of the thoracic aorta sprang from the anterior portion of the vessel, but in its development followed the direction of the latter to the right side. This accounts for the situation of the pain in opposition to the general statement as to its occurrence in the left side of the chest in accordance with the direction of the artery (Valleix, *Guide du médicin pr.*, t. iii., p. 370). The aneurism had not attained any great size, and the organ with which, from its situation, it might have been expected most readily to come into collision, was able, by its great mobility, to avoid the collision and its consequences. The deposition of coagulum was only inconsiderable and imperfect, along with which the bursting of the tumour in an early stage was favoured by the attenuation of its walls in many points, while the effort at vomiting was sufficient to determine the rupture. The rupture took place into the lax and abundant connective tissue between the two layers of pleura, and the blood was hence able, without meeting any essential obstruction, to work its way onward through the whole mediastinum, and in the neck to the retro-pharyngeal connective tissue, and to both sides along the carotids. The blood, too, sank downwards; it probably followed the œsophagus down to the posterior surface of the stomach, possibly also it accompanied the aorta through the diaphragm down to the cæliac artery, and afterwards the branch of this, the arteria coronaria ventriculi sinistra, whose course from the epigastrium along the lesser curvature of the stomach, between the layers of the lesser omentum, coincides, as will be remembered, with the situation of the coagulum behind the stomach and in the omentum. Vidal's remark, already quoted, respecting the small size of the aneurism being favourable to its diffusion in the connective tissue, will here necessarily be brought to mind. The cause of this probably lies in the slight compression experienced by the meshes of the tissue, which latter were consequently not in a condition to oppose any obstacle to the effusion of blood. Nor will the corroboration of Zehetmayer's opinion as to the relation between the situation of the aneurism at the right side, and the course above described, escape us.

The previous examples of rupture of aneurisms into the mediastinal connective tissue quoted above, present only very slight similarity to the foregoing case. The mass of blood gushing out at once has been so considerable, and death has occurred so instantaneously, that time has not been left for the dispersion of the effusion of blood over a great extent.* But from aneurisms of the abdominal aorta (Lebert, *l. c.*, p. 47) we know, on the contrary, the very great extent to which the effused blood may in many cases spread.

If we next put the question, whether the post-mortem examination has supplied us with a contribution towards the explanation of the peculiar intermission in the symptoms, the answer must be undecided. We are not disinclined to believe that the ordinary discharge of fresh masses of blood through the rupture was the cause of the constantly recurring exacerbations and finally of death; nor would we quite exclude the possibility that the pressure of the coagulum of blood on the stomach may have been active in producing the attacks, which, as will be remembered, constantly ended with retching and throwing up mucus; but while we propose these modes of explanation as possibilities we will add only, that remission is a common character of a great number of diseases, and especially of many chronic affections of the chest, which are attended with pain and dyspnœa, so that it is properly only the acute course, the abrupt transition and the defined boundary between paroxysms and relaxation, which give our case its peculiar character.

Proceedings of Societies.

HARVEIAN SOCIETY OF LONDON.—May 3.

Dr. WALKER (V.P.) in the Chair.

A PAPER was read by Mr. HAYNES WALTON on

DETACHMENT OF THE RETINA: ITS CAUSES AND TREATMENT.

Detachment of the retina from the choroid might result from an accident, such as a blow on the eyeball or about the orbit. But for the most part it cannot be traced to an injury. It was the physical effect of fluid effusions of various natures, chiefly, however, serous, or of firm solid deposits, or malignant disease. It was the class of cases produced only by the pouring out of serum, dropsy under the retina, that he should consider. This was of common occurrence, and one of the greatest mechanical changes that occurred in the eye, and yet, withal, was one without any external or objective symptoms. It was only by an ophthalmoscopic examination that the true nature of the case could be made out. These symptoms, as detailed by him, are undulating folds of the retina, or bulging of the retina in a tense form, the colour of the membrane varying from a light bluish or greyish tint to a dead white, which is characteristic of old detachment. The recognition of the retinal vessels removed doubt of the diagnosis; that the detachment might be partial, destroying sight to a limited degree, or general, totally annihilating vision; that the tendency of the affection was always to get worse, so that a worse class of cases could not occur. There was no opportunity for the natural reparative power. It was his conviction, however, that there was scope for treatment, and opportunity for success, and that this consisted in general and local measures; but the treatment should be commenced early, or little benefit could be expected. He deprecated the idea that a mere operative proceeding could be curative, dwelt on the pathology of the affection, and showed that it was the result of morbid action taking place within the eye of an inflammatory nature, and mostly of an asthenic form. The retina and the choroid being but slightly connected, there was but little or no resistance to extravasation, which quickly

* On the other hand we are not without examples of collections of pus in the mediastinum, proceeding from rupture of empyemas into this layer of connective tissue, forming depôts in the neck, as occurred in our case. (Conf. L. Salomonsen's paper in the *Hospitals-tidende* for 1858.)

gravitated from one part to another. The separation of the retina after an accident he explained in the same way, first inflammation and then exudation between the retina and choroid. It was characteristic of the affection to proceed painlessly, and without any other symptom but that of impaired vision, the peculiarities of which were carefully pointed out. A remarkable case was given in illustration of his views. A patient was brought to him with detached retina in one eye of old standing, and inflammation of the retina of the other eyeball, producing among its effects haziness of the vitreous humour, so that the fundus of the eye could not be seen. After general treatment the vitreous humour cleared, the shreds and floating particles in it gradually disappearing, and then partial detachment of the retina was discovered. With all the morbid action in the eye there was not the slightest trace of disease in any of the external tissues. This was just the kind of case Mr. Walton said he was looking for. In the one eye conditions had been developed that left, as one at least of its effects, a separated retina; in the other was to be seen that intensity of internal action which, in all probability, was a parallel of what had taken place in the first, which in the end separated the retina. He operated on both eyes and evacuated the sub-retinal fluid. He found it necessary to operate a second time on the eye recently affected at the interval of a month, having up to that period still continued the general treatment, which consisted of small doses of mercury, with hyosciamus and a mixture of iodide of potassium with cinchona. The result was, in the eye with the acute disease the restoration of useful vision; in that which had been attacked two years ago no benefit ensued. Mr. Walton gave a detailed account of the method of operating, which was by puncturing the sclerotica and leaving the retina untouched, the fluid escaping between the sclerotica and conjunctiva. He assigned several reasons for preferring this to puncturing the retina. In the mass of the cases thus treated no benefit ensued, as the case was chronic; but in recent cases he had no doubt that the treatment had been successful in preserving useful vision.

Dr. C. Drysdale said that it appeared that the disease in question was caused by inflammation, and for this inflammation Mr. Walton advised treatment by mercury. Now, this was a question that belonged to the whole of medical science, and not alone to ophthalmic medicine, for if mercury would cure inflammation in the eye, of course it would do so elsewhere. But some of the most eminent physicians of the day—for example, Dr. Hughes Bennett, Dr. Walshe, and others—said that mercury was never of any service in any internal inflammation, such as pericarditis, peritonitis, pleurisy, &c. Then, descending to speculators. Hugh Carmichael of Dublin, Williams of Boston, Zachariah Laurence, Hughes Bennett, and other gentlemen, had published many cases of syphilitic and other forms of iritis which had got quite well without any mercury. He (Dr. Drysdale) had treated several cases of syphilitic iritis quite successfully without mercury. In fact, Mr. Acton had gone even so far as to say that it seemed as if iritis were sometimes caused in syphilitic patients by giving them mercury. Boeck was much averse to mercury in iritis, which he treated very simply, merely with a drop of atropine solution occasionally into the eye. He (Dr. D.) thought that the ophthalmic surgeons would soon be the only part of the profession who distinctly refused to surrender their belief in the absolute necessity of mercury in inflammations.

Mr. Walton said that the necessity for the administration of mercury in inflammations of the eye was one of the facts he was most convinced of. It was not necessary to salivate, but gr. ii. of mercury and chalk should be given frequently. Turpentine was useless in iritis. The cases cited by Dr. Drysdale were, he must think, cases where the diagnosis had not been correctly made; iritis was an inflammation of the whole eye. Atropine did not act upon the retina when the inflammation was high, but only when it began to subside. With regard to authorities, all those with whom he was accustomed to consult, as Mr. Bowman, Mr. Critchett, and Mr. Dixon, gave mercury in iritis.

Mr. Berkeley Hill asked whether the cases referred to by Mr. Walton were simple separation of the choroid, or had he seen them in cases of syphilis? He was glad to hear Mr. Walton say that mercury was useful in iritis, as this always was his conviction.

Mr. Walton said he could not answer the question.

Dr. Stewart pointed out that this was a question especially interesting in its medico-legal aspects.

Dr. Cock said that the question of the administration of mercury in inflammations depended upon opinion and diagnosis a great deal. As a general rule, he thought it not useful in inflammation of the pericardium of the lungs; but there were few physicians, he thought, who would not give it in pleurisy. Why did we give remedies at all? Because we wished for results.

A paper was read by Mr. Berkeley Hill on

A CASE OF CHRONIC EMPYEMA, WITH FISTULOUS OPENINGS, TREATED BY REPEATED CUPPINGS, DRAINAGE, AND A REGULAR EVACUATION OF THE PUS.

A sailor, aged 29, of good natural constitution, was admitted into University College Hospital in August, 1864, with left pleurisy, with effusion, and great dyspnœa. He was tapped, and some pints of pus were discharged, and the hole at first closed. This relieved him a great deal; the chest collapsed, but in a few weeks the pus again accumulated; the pus oozed from the puncture; he was tapped at intervals varying from four weeks to three months, and on the last occasion an india-rubber drainage-tube was passed through the chest-walls and maintained a constant evacuation. He was, whilst wearing the tube, sent for a month to the sea-side, and returned so far convalescent as to be discharged. He worked as bargeman for two months, but the dyspnœa returned, and he re-entered the hospital again July 28, 1865. A drainage-tube was then inserted, but the fluid could only be partly cleared out by this method. Attempts were made to cleanse out the cavity, which now contained very offensive pus, and in September the tube was withdrawn, as it caused great irritation. Dr. Jenner requested Mr. Hill to endeavour to devise some method by which the pleural cavity could be evacuated as rapidly as the matter was formed. At this time a stream of foul stinking pus trickled from three sinuses in the fifth and sixth interspaces, gushing out when the patient coughed. He expectorated several ounces of pus daily. It was suggested that an attempt should be made to compress the chest-wall by an external apparatus, and Mr. Coxeter fitted up an apparatus with a spring, which pushed inwards the inner ribs; but the patient could not bear this. On the 30th of December a gum-elastic catheter was passed, and a few ounces of pus drawn off, and next day a straight pewter catheter was inserted for three and a half inches, through which thirty-four ounces of putrid matter exuded. This catheter was left in four hours, and relieved him greatly. For the next three days 31 ounces, 21 ounces, and 21 ounces were withdrawn; on the 6th, 16 ounces were withdrawn, quite inodorous. The appetite was excellent, and the temperature fell from 100° to the normal heat. Until the 11th the tube, passed daily, drew off 12 to 16 ounces of pus. He was then able to rise; his chest measuring 16¼ inches on the diseased side, and 18½ on the sound side, having been 19½ on the diseased side before vacating the pus. The percussive note on the diseased side was only partially resonant in the infra-clavicular regions, amphoric at the nipple. Finding it impossible to prevent air entering while the instrument was drawing off the fluid, a valve was constructed, which when submerged in water completely prevented the return either of air or pus into the thorax. The amphoric resonance was then removed.

January 15th: The daily evacuation was 6-7 ounces.

17th: He had gained seven pounds in weight; chest, right side, 18½; left, 16, on January 22nd.

February 4th: After evacuating some pus the left side measured 17 inches. The heart's apex was now 1½ inches left of the sternum, and respiration was heard distinctly over the whole of the left lung.

18th: The patient declared himself to be as well as he ever was in his life, and asked to be discharged. He went to Eastbourne for three weeks, and returned stout and well, still drawing off an ounce or so of pus every morning. Discharged with instructions to draw off the fluid daily.

April 29th: He called at the hospital to say that he was in excellent health, still drawing off ʒi. daily. In purulent collection in the pleura, then, the man's condition of cure consisted, Mr. Hill said, in the complete and regular evacuation of the pus contained.

Several authors also had shown that little permanent benefit could be expected, unless the opening were made permanent. The case of Dr. Wendelstadt was referred to, who, after an attack of empyema, for thirteen years withdrew daily by means of a catheter a small quantity of pus, and remained in excellent health. Iodine injections had been advised in like cases; but in this case the plan of letting well alone had been adopted. It is impossible to prevent air getting into the chest; but if in small quantities, it only does harm if the fluid be allowed to collect. The readiness with which expansion began in the lung showed that permanent collapse and consolidation took place very slowly, as the man was nearly two years with more or less fluid in his chest and the left lung compressed against his spine, yet it soon began to expand and had regained some of its natural volume when the man left hospital. He concluded, then, that when paracentesis was performed in empyema, means should be taken to drain the cavity continuously, and then the fluid should be drawn off as it was formed. Caustic injections might be employed.

Mr. Haynes Walton said that in several cases where he had performed paracentesis thoracis for Dr. Hamilton Roe, he had made use of an apparatus resembling a stomach-pump inverted. This completely prevented the entrance of air into the pleural cavity. He had made use of the same apparatus in evacuating a lumbar abscess, without, however, succeeding so well, from some cause he could not account for.

Dr. Drysdale said it was clear, from the happy termination of Mr. Hill's case, that if empyema were tapped, the fluid should be daily evacuated. Much could be said for and against the practice of tapping the chest. In the first place, the great majority of cases of empyema proved fatal when they were tapped; but, then, if not tapped, the patient's life was often not worth having, and only a long struggle. M. Trousseau's work on "Clinical Medicine" had produced quite a revival of the operation of thoracentesis, both in empyema and in pleurisy with serous effusion; indeed, some persons seemed always to perform tapping in pleurisy with effusion. He believed that in some cases of large effusion, especially if double, life might be saved or prolonged by the operation. Not long ago he had counselled the operation in the case of a gentleman with large pleuritic effusion into the right pleural cavity threatening imminent death. The suggestion was not adopted, the patient recovered; but the lung was so much affected that he gradually declined in health, and died of phthisis after considerable suffering. Most cases, however, of pleurisy with effusion did well, if let alone, and it was only the exceptional cases that led to such bad results. As a general rule, then, he thought thoracentesis should not be employed in empyema, and only in pleuritic effusion when very large and threatening dissolution, or when the strength was much reduced by the loss of the lung's action. As to keeping out the air, this was indeed a difficult matter, as far as he had seen.

Dr. Cock said that effusion might take place so rapidly as to threaten death by suffocation, in which case thoracentesis was indicated. Effusions, however, in the last stages of phthisis should not, however, be meddled with in his opinion. In cases of chronic effusion, too, in the chest, it would be well to avoid operation. The chief indication for operation he conceived to lie in the presence of effusion in both lungs and the danger of rapid dissolution.

Dr. Morton said that an American physician had practised the operation of paracentesis thoracis to a great extent. Dr. Fuller, however, had published some cases which seemed to be unfavourable to the practice. Beyond a certain point there was difficulty in making the pus flow. He thought the operation ought not to be performed unless we feared imminent death unless the fluid were evacuated.

Mr. Berkeley Hill was glad to hear that Mr. Walton had succeeded so well with the apparatus he had used for preventing the entering of air into the chest. As to the operation itself, it was a most simple one, and exempt from any danger in itself. The entrance of the air had always been the occurrence most dreaded. Patients with large effusion died of syncope in most cases, not from suffocation, he believed.

ROYAL DUBLIN SOCIETY.

Evening Scientific Meeting, May 28.

ON LABORERS' DWELLINGS:

SUCCESSES AND FAILURES OF EFFORTS TO IMPROVE THEM BY MEANS OF INSPECTION, LOANS, AND PUBLIC COMPANIES; AND THE EXPEDIENCY OF EXTENDING TO IRELAND THE COMPULSORY PRINCIPLE IN THEIR ERECTION AND MAINTENANCE.

By E. D. MAPOTHER, M.D.,

PROFESSOR OF HYGIENE, ROYAL COLLEGE OF SURGEONS, IRELAND.

Since I placed this paper on the Society's list many unexpected demands have been made on my time, and in this way I account for many imperfections which I fear you will perceive in its arrangements and fulness. The subject of the dwellings of the labouring classes presents itself in so many aspects, and there are so many professional gentlemen and landed proprietors present whom I am anxious to engage in the discussion, it will be best brought before you by my making my own observations as brief as possible.

The dwellings of the poor in cities, towns, and rural districts in Ireland, are ill-constructed, dilapidated, overcrowded, and unwholesome. Let me attempt the description of one or two in each of these situations—Gill Square is a blind court opening by a narrow archway, under one of the houses in Cole Alley, Meath-street, in this city. In it there are nine three-story houses, built on three of the sides of a square of about fifty feet; the roofs are broken, the walls present a most unsafe and tumbledown aspect, the windows are boarded up for more than half their space. Every room is to the utmost overcrowded with beings whose dirty, ill-clad, and spiritless aspects it is saddening to behold. There is but one yard for all, and in this, till last year, there was a hovel about ten feet high and eight square, in which three adults were huddled. Here, however, time has wrought improvement, for there now remains but a heap of rubbish. If I had time, or if it were my province to depict the moral features of the denizens, they would appear of even a more degraded character than the buildings, and of no place could the words of Kingsley be more truly descriptive:—

> "I turned into an alley 'neath the wall—
> And stepped from earth to hell. The light of heaven,
> The common air was narrow, gross and dun—
> The tiles did drop from the eaves; the unhinged doors
> Tottered o'er inky pools, where reeked and curdled,
> The offal of a life; the gaunt-haunched swine
> Growled at their christened playmates o'er the scraps.
> Shrill mothers cursed; wan children wailed; sharp coughs
> Rang thro' the crazy chambers; hungry eyes
> Glared dumb reproach."

In a neighbouring house in Cole Alley some years ago, twenty people were found lying in one room, of whom five

were ill with fever, and Mr. N. Robinson has ascertained that in the 171 rooms of this alley there exists an average of over five persons.

56, Bow-lane, West, I have described in a recent report to the corporation as follows:—Hall and stairs covered with three inches of crusted filth; first flight so ricketty as to be unsafe; second without a bannister; floor of second landing broken into two holes about a square foot each; dangerous to life and limb; ceilings of both top floors broken and let in rain; no lower sash in window of back room, so that it had to be covered with a petticoat nailed over it; such state would produce colds and rheumatism; filthy privy, and back yard without a sewer—prolific causes of diarrhœa.

Poverty of the owners is not the cause of the dilapidation of these abodes, for the persons who set them, like many of their class, have raised themselves to comparative affluence by profits thus gained from the poor.

There is much of this kind of property owned by respectable persons who never enter it, but leave it to be managed by the "deputy" or agent who is not usually of an improving spirit. In proportion to space such tenement houses are highly rented, far more so than the gentleman's house.

In Cork things are no better, as we learn from recent reports of the Sanitary Committee. "The overcrowding of the wretched tenements in which they live, each house containing several families, ranging in the aggregate, in some instances, from thirty to sixty human beings, male and female, in each house, for which large rents are exacted by the landlords, who will not spend one penny in the cleansing or improvement of their houses, unless coerced by force of the law to do so. Your committee have learned that a practice prevails amongst poor families occupying rooms in these houses to underlet a portion of their rooms to nightly lodgers—an evil which it appears to your committee might be met by the enforcement of the Lodging House Act." Such were the worst parts of London, undrained, dilapidated, and thinned by pestilence every few years before the fire of 1666, which therefore cannot be regarded from every point of view as a calamity.

The labourers' cottages in such small towns as Chapelizod, Navan, Carrack-on-Suir, or Ennis, are usually built in lanes, and are often placed back to back, excluding all chance of thorough airing, or the provision of sanitary accommodation; they consist of a single room or a living room and a sleeping place of about twelve feet square and eight feet high, which offers for the breathing of the five inmates (the average) and the vagrant, who is almost invariably accommodated with a night's lodging, about 192 feet of space, 1000 being the average in public institutions. This would not be so hurtful if there were any means of renewing the air within it, but from the absence of a chimney in the sleeping room, which is usual, the small size and immovable state of the windows, no ventilation occurs. In such an overcrowded state there can be no decent separation of the sexes. When a death from contagious disease occurs in such an abode, the retention of the body within it is fraught with fearful evils, and since the abolition of the Vestry Act there were no funds for interment, and if the relatives were unable to provide them they had to beg the amount from the neighbours. Sir Hervey Bruce has, however, obtained an Act this session which empowers poor-law guardians to bear the expenses of interment.

Neither in such a room can ablution of the whole body be accomplished, and I have frequently found persons (especially females) suffering from skin diseases and other maladies, who for many years had never washed any part of their bodies but the face, neck, and hands.

Evictions and the demolition of cabins in the rural districts have driven agricultural labourers into the small towns, and as new abodes in the place of those removed would be subject to taxation, they have not been erected. Besides the fearful overcrowding thus induced, the labourers have to expend their strength in walking long distances to their work. The remedy is that which followed in England last session, upon a masterly demonstration of its necessity by Dr. Hunter, of the Medical Department of the Privy Council—namely, union rating, for which a Bill has been introduced by the Members for Dungarvan and Limerick.

The mud hovel of the Southern and Western peasant is too well known by the sketches of English tourists to need any description here. Planted anywhere, regardless of situation or soil, the low walls, the black, half-rotten thatch, the want of any proper flue or of windows (for the hole filled with an immovable and partly glazed sash cannot be so regarded), the clay floor, which becomes soaked with the pigs' food or more dangerous filth, and the adjacent manure heap, are all highly promotive of disease. From the want of a back door, thorough airing can never be effected.

The admission of domestic animals, the pig especially, has done much to propagate measles and other parasitic diseases, which are afterwards injurious to man when their flesh is used.

Mr. Godwin of the *Builder*, has often quoted the description of the way in which the inmates are disposed, as observed by a medical friend of mine:—"Generally the pigs dwell beneath the beds, the human tenants in them, and the poultry over head; the people can enjoy the prospect of bacon and chickens, which, however, they never taste."

If there be an inner room it is close and stifling, and so ill-lit that when the doctor pays his visit in the daytime a candle is required to permit him to see his patient.

There are in Ireland, according to the last census, 89,374 mud or sod hovels of one room only, and 489,668 mud houses with more than one room, giving an increase in Connaught of 5168 of the latter class since 1841. The average number of persons occupying each of these dwellings is in towns 4·53 and in the rural districts 5·24.

Now, the remedy for this deplorable state does not lie in the labourer's hands, however great his willingness to pay for better accommodation, but with the landlord when he recognizes the duties which appertain to his property. Many diseases are produced, promoted, or rendered more fatal among the poor, and if contagious, spread to the rich by such conditions as I have sketched.

(*a.*) Fever.—The man who is depressed by the want of fresh air is more liable to catch contagious disease, and in an overcrowded ill-aired room it must spread to others when one is striken down. During the epidemic of the first quarter of this century the practice when fever seized a cottager was to build off the part of the room in which he lay, and to introduce through the window any food or medicine he required. A more disastrous consequence of the ignorance among the people of the laws of health perhaps never occurred. One and a half millions of cases were reported in the epidemic of 1818. The fever rate of Irish towns is constantly and fearfully higher than that of English towns, owing to defective house accommodation and the reception of vagrants who spread the contagion.

(*b.*) Diarrhœa must always prevail, and typhoid fever and cholera when introduced must spread, if there be no efficient means for the removal of refuse, and if it be allowed to soak around the dwellings and poison the wells and the atmosphere. Gastric fever is a usual pest of the cottager's children and is produced in the same way.

(*c.*) Convulsions carry off so many infants in Irish towns as to greatly raise their mortality, and this disease is the effect of impure air acting on the susceptible nervous system of infancy.

(*d.*) Consumption and other forms of scrofula are, without doubt, promoted by want of pure fresh air, and are becoming lamentably fatal in many of our northern towns.

(*e.*) Accidental deaths occur likewise by overcrowding; thus during the last ten years, in Liverpool, 828 deaths of infants have been caused by overlying.

The other physical and the moral evils which result from

the wretched condition of the habitations of our poor, I shall not now touch on, but they are subjects preëminently important for the philanthropist and the statesman. The evils which neglected dwellings impress on our countrymen are carried with them when they emigrate to British and American cities, in which the term "Irish" applied to a neighbourhood is the synonym for "wretched and filthy;" and galling to our national pride, as the expression is, no candid man can deny that there is some truth in it. It becomes the duty of every man to lend his aid in removing the causes which lead to such universally recognized degradation.

The means which legislation has heretofore provided for the improvement of the dwellings of the humbler classes have been inspection and the advancement of Government loans.

Inspection in towns in Ireland is only allowed in nightly lodging-houses duly registered, and only when the population exceeds 3,000, and the town has been placed under Commissioners by the adoption of the Improvement Act of 1854. In England exemption is only granted for those below 200, and in Scotland below 700. Overcrowding is thus irrepressible in hundreds of towns which fall below that population, and in Parsonstown, Arklow, Kilrush, Portlaw, Roscrea, Macroom, and Boyle, which, although above it, because they have not adopted any Improvement Act. As an example of a town which is overcrowded by the reception of vagrants at night, I may mention one very near us—namely, Swords. As few of the towns which have adopted the Act of 1854 employ any inspector, it follows that nightly lodging-houses are unregulated in Ireland, except in a few of the larger cities.

Power to inspect the tenemented dwellings of the poor in the same way as common lodging-houses has been advocated by the ablest writers, and first and most forcibly by the Rev. Charles Kingsley, but Dublin is the only city in these kingdoms to which it has been granted.

Such powers were conferred last year under the Dublin Improvement Act, and are now anxiously sought for by London and other English cities, through their health officers and representatives. Under the Improvement Act of 1847, bye-laws were already in force regarding the following matters over nightly lodging-houses:—Registration; inspection; number of lodgers; separation of male and female lodgers; airing and cleansing; notice of infectious disease and disinfection; water supply and domestic accommodation; exclusion of swine and other animals; and the keeping of a copy of the regulations in each room.

Ninety-five such houses were registered and regularly inspected, and one single fact will prove with what advantage; an average of one case of fever yearly occurred in the whole of them, whereas nearly every tenement house produced a case.

Such considerations induced the Corporation to seek power over tenements set weekly at rents under 3s., and the Lord Lieutenant sanctioned bye-laws respecting the condition of roof, walls, windows, house-drain, and other sanitary requisites, and imposing penalties on the owner for neglect in these respects, and on the occupier for any offence in injuring or abusing such accommodations. The owners of some of these houses, which number about 9000 of the entire houses in the city, at once organized themselves into a body with the grandiloquent and scarcely intelligible title of "The Antipolitical Ratepayers Protective Association," whose object was to protect themselves from the outlay necessary to render the houses fit for human habitation. By representations that the dwellings of the poor were in excellent order, that the Corporation were about to apply the bye-laws for the regulation of furnished nightly lodging-houses to tenement dwellings, by memorializing that body, and threatening many of its members with opposition at the next election, and by appeals to the police magistrates, they have as yet to a certain degree impeded us, notwithstanding the deplorable state of houses, such as I have exemplified, in Gill-square and Bow-lane. On Wednesday last, however (the question having been argued by most eminent counsel), the magistrates decided in favour of the Sanitary Committee, and fined the Secretary of the Tenement Owners Society for not having registered a house kept by him. So determined are their efforts to oppose us in carrying out the sanitary bye-laws that they have lodged an appeal to the Queen's Bench. They complain that the term "common lodging-house" is an opprobrious epithet to apply to houses set in tenements. The difficulties of keeping a registry of 9000 houses with changing owners are so great, that I trust some future act may declare registration unnecessary for "tenement houses," as distinguished from "common lodging houses," in which such a system is required.

The bye-laws came into action on the 15th day of September, and the sanitary sergeants forthwith proceeded to enforce them. Those neighbourhoods which from experience were known to be most filthy and unhealthy were first visited, a copy of the bye-laws was posted in each house, and a familiar explanation of their provisions was given to each occupier of a tenement in it. In many instances the improvements which the sanitary sergeants suggested were carried out; in others they were resisted, and the owners were accordingly summoned. The police magistrates, however, adjudged that registration of each of these houses as a public lodging-house was necessary before conviction for any sanitary deficiency could be obtained. The registration of these houses, which number about 9000, has caused considerable delay, and occupied the time of the staff for the first four months. I should mention that the visits of the officers were always most gratefully received by the poor tenants, and the allegation of the house-owners as to their being intrusions on their privacy and liberty were quite unfounded. During the eight months the act has been in operation 8974 houses have been visited, 92,707 sanitary defects discovered, and the larger proportion of them corrected.

It is most gratifying to know that in the amended sanitary legislation which the Government have promised this session the power of regulating tenement houses will be extended to all other Irish towns as well as the power to prevent overcrowding as at present possessed by English acts. The act for the inspection and regulation of lodging-houses in England, obtained by Lord Shaftesbury, was followed in 1851 by the act to encourage the establishment of lodging-houses for the labouring classes, which provided that in towns of 10,000 inhabitants the local authority might borrow money from the Loan Commissioners for the purpose of building wholesome dwellings for the labouring classes. The desire to improve the condition of the operative classes in English towns is so general that I was surprised and disappointed to find that the act has been only taken advantage of in one instance during the fifteen years it has existed. In that instance (Huddersfield) the success has been remarkable. In 1864 it provided for 40,928 nightly inmates at a profit of £90 14s. 1d., and in thirty years the establishment will be the property of the Town Council, principal and interest having been paid. This act being thus a dead letter, the "Labouring Classes Dwellings Act" (just passed through the efforts of Mr. Childers) extends the granting of loans for this purpose to public companies and to individuals, who can offer fit security at 4 per cent., and repayable over forty years. A similar bill for Ireland, introduced by Mr. Childers and the Attorney-General, has obtained a third reading, and it possesses a valuable additional clause, providing that buildings, ruinous or dilapidated because of defect of title, may be sold in the Landed Estates Court.

Such acts are perfect as permissive enactments, but for reasons I will just now mention I fear that, as in the case of the Act of 1851, the supineness of municipal bodies and landed proprietors will to a great extent render them nugatory.

In 1855 Sir W. Somerville and Mr. G. A. Hamilton ob-

tained an act which much facilitated the improvement of labourers' dwellings by granting the power to the landlord to recover possession under the Summary Jurisdiction Act of any tenement or cottage of a labourer, which, having been previously provided with every sanitary appliance had fallen into dilapidation. The same member, after some unsuccessful efforts, procured the enactment of the statute sanctioning the granting of loans on most favourable terms to landed proprietors for the erection of agricultural labourers' dwellings, and the Commissioners of Public Works, to whom the management of the statute was entrusted, published regulations and specifications for the work. They also offered plans for the buildings, to which, however, the proprietors were not bound to adhere. No loan was to be granted for repair of old houses, the sum was to range between £200 and £1000 for any one person, and no larger sum than £60 was granted for each cottage, one-fourth that sum being added by the landlord, who was also obliged to provide for each dwelling a properly-drained privy, ashpit with puddled walls, and yard. Most glowing anticipations were entertained as to its effects in improving the wretched habitations of our peasantry, but I regret to say that they have been realized to a very inconsiderable extent. More than half the time of the act has run (for it is to cease in 1870), yet, according to the last report of the Commissioners (1865) but nine loans, amounting to £4,900, has been sanctioned for dwellings completed. If £60, the usual loan, be divided into this, it may be supposed that about 80 cottages have been erected. Considering that there were in 1861 at least 200,000 cottages requiring to be rebuilt, and that the overcrowded state of labourers' dwellings is so notorious, it is much to be deplored that landed proprietors have not taken advantage of this admirable enactment in a degree at all adequate to the wants of their tenants. From the same report it appears that eighteen loans, amounting to £6,290 were sanctioned, but not proceeded with, and that sixteen, amounting to £8,800, had been about half completed.

A stroll over the Hill of Howth will practically convince any one of the advantages of the act; in few parts of Connaught could more wretched hovels be discovered than existed here some years ago. Now, their places are taken by several neat and wholesome dwellings for the labourers, which are set at highly remunerative rents. The cottages are kept in excellent order, and the same gratifying report may be made of many others of those erected under the act.

Many counties, for example, Galway, Mayo, Leitrim, and Roscommon, or nine-tenths of the western province, which most sadly require improved dwellings, have never had a loan granted, no application, I presume, having been made by the owners of the soil.

In the working of the Act there is a serious difficulty, which, I trust, may be removed by future legislation. I can best explain it by an example. A landed proprietor in the south having a large tract of unimproved land, let it to good tenants in small holdings, and granted long leases. His property has been vastly improved and his tenants aided in the safest way. Instead of being rewarded, however, by the benefits of this act, he is ineligible from receiving loans under it by the fact of having given leases, and further, the tenants are incapacitated by the smallness of their holdings from seeking the responsibility of a loan of £200, the least to be advanced under the Commissioners regulations. Scotland has enjoyed a similar act, which has been largely taken advantage of by land owners there. Until Mr. Childer's Act of this Session landed proprietors in England had not similar privileges.

Throughout this country there are a few large landed proprietors who have interested themselves in the improvement of their labourers' dwellings before this Act had been passed for Ireland, and the pretty and healthful cottages at Loughcrew, Clermont-park, Enniskerry, and Santry, occur to me in illustration. The Royal Agricultural Society has aided the good work by offering several gold and silver medals for the erection of the greatest number of newly-built labourers' cottages, or of improved cottages, in each province, or county, or district of its local branches. There is also the Leinster challenge cup for the person who, during the year, shall have erected the greatest number of improved labourers' cottages in any part of Ireland. Stimulated by these rewards some hundreds of cottages have been built and put in competition, as appears from the yearly reports of the Society.

With regard to the plans on which these dwellings should be constructed, I will not, of course, attempt to enter into details, but I exhibit these models from the Agricultural Museum of our Society representing some which have been erected, and these elevations and plans for a pair of labourers cottages have been drawn by my brother, Mr. Dillon Mapother, C.E., of Louisville, U.S. They are adaptable for a small or large family by extension of the partitions, and as all ornament is omitted, the expense would range between £60 and £75 each, every sanitary requisite being provided.

These other plans are being carried out on the premises of Messrs. Walpole and Webb, and at Bray under the direction of Mr. C. Geoghegan, architect, and are intended to accommodate four families in each building.

There are also on the table several valuable plans which have been kindly lent to me by Mr. Barry, Commissioner of Fisheries, who has laboured longer and more energetically on the subject than any one with whom I am acquainted. A friend has informed me that cottages are made for a very small sum in France, by moulding in wooden shapes the scrapings from the streets, but I fear that, like the mud cabins, they would not allow permeation of air. In London and other great cities the greatest advantages with respect to health, prosperity, and morality, have followed the erection of improved lodging-houses and family dwellings for the working classes. They have been in many instances highly remunerative, even up to 14 per cent. on the outlay. In other cases where the noble benevolence of Mr. Peabody and others justified a greater expenditure than could be recouped in rents, the return has been as low as 3 per cent. Perhaps the Cromwell, Tower, Cobden, and Stanley buildings of the Industrial Tenement Company, which accommodate 200 families on the open staircase principle, may be taken as a medium. The profit from these has ranged from 6½ to 9 per cent.

Much has been done in London towards providing fit dwellings for the humbler classes; but so great is the aggregation of people reared in the country, and so vast the demolition by railway and other works, that overcrowding is most excessive and typhus is yearly increasing. Mr. Thomas Hughes was, therefore, justified in moving this week on Committee on Railway Clauses Bill that compensation should be given to tenement holders where more than fourteen houses in a parish have been removed, and that the company should provide wholesome dwellings in place of those removed, and should have compulsory power of taking sites for the purpose. He is favourable to the system of providing dwellings out of the city, the railways to provide cheap trains. This principle has been largely adopted in France, and, as far as it has been tried in London, it has succeeded. In Irish cities the condensation of population is not so great as to need this. In that most comprehensive and delightfully written book, "The Homes of the Working Classes," by Mr. Hall, there are most interesting descriptions of Saltaire, Akroydon, the familistery at Guise, and the cités Ouvrières of Mulhouse, where most admirable villages have been constructed for manufacturers workmen.

In Edinburgh, 16 buildings accommodating 847 families have been erected, and they have all been pecuniarily successful.

In this city something in this direction is at last about to be done; the Industrial Tenements Company (limited) has just been established with a most influential directory, who have entered into the movement in a spirit of commercial enterprise, which alone can make the project remunerative, and on a scale adequate to the wants of our

labouring population. From their prospectus I make the following extracts:—

"This Company has been formed for the purpose of remedying an evil that exists in the city of Dublin, and of providing for the poor and labouring classes tenements in every respect superior to their present unhealthy and miserable dwellings.

"The Company propose to acquire, by purchase or lease in the city of Dublin, old but substantial houses, which, owing to the decline of the locality in which they stand, can now be purchased or obtained on lease for long terms of years on advantageous terms, and by an economic outlay fit up these houses in tenements, providing each set with all sanitary requirements, thereby ensuring to the labouring man the elements of health, cleanliness, and comfort.

"The Company also contemplate erecting improved dwellings on the principle adopted with such signal success in London, Edinburgh, and all the leading cities of Europe.

"There are at present 9000 houses let in tenements throughout the city of Dublin, in very few of which (if any) is the sanitary condition of the occupant cared for, and in nearly all of which the common decencies of life are lost sight of, whilst in most cases the rents paid for these tenements are exorbitant for the accommodation afforded.

"From the working of the improved dwelling companies in London, it has been found that the artisan and labouring classes are most punctual in the payment of their rents, and that every vacant tenement is eagerly sought after.

"The Company have ascertained that there are most suitable lots of houses in the city of Dublin that can be obtained on advantageous terms.

"The preliminary expenses are confined to the actual outlay incidental to the formation of the Company, no promotion money or any payment of a like nature being sanctioned by the articles of Association.

"The promoters have been induced to divide the capital into £10 shares, in the hope of inviting the artisan to invest his savings in the undertaking, and thus give him an additional incentive to promote the prosperity of the Company."

The financial success of improved dwellings erected in this city by Mr. Thomas Vance, Dr. Evory Kennedy, and Mr. Lindsay, has been remarkable, and there are always many eager applicants for tenements when vacant, which facts augur well for the success of the company.

The most important measure in regard to the subject ever introduced is that which Messrs. McCullagh Torrens, Locke, and Kinnaird brought in on the 20th of February. It is entitled, "a Bill to Provide better Dwellings for Artisans and Labourers," and applies to any borough or district in England to which the Public Health Act has been granted, or any place in the metropolis governed by a vestry. It provides that upon application of twenty ratepayers of any town, parish, or district, or by resolution of the local authority whenever the death-rate for three successive years shall have been over 3 in the 100, the Home Secretary shall send an inspecting architect to inquire into the sanitary state of any street, the number of persons living in it, the space and accommodation afforded, and the steps necessary to obtain sufficient healthful houses for the inhabitants. His report shall be laid before the local authority, published within fourteen days, and unless within a month the local authority shall prove to the Home Secretary that the improvements are not needed, he shall order them to be executed within a reasonable time. The dwellings to be constructed in lieu of those condemned shall be built with every sanitary accommodation, and so as to afford 350 cubic feet of space for every occupant. For these buildings the Loan Commissioners may advance money on the security of the rates at three and a half per cent., to be repaid within thirty years by equal yearly instalments. The local authority is to have power to take land or sites for buildings, giving compensation to the owners, and is to manage the improved dwellings. From this latter responsibility they will be relieved after three years by a clause which Mr. Torrens has undertaken to insert. I think some clause empowering the authorities in very condensed populations to convert the sites of the condemned houses into open spaces is very desirable, the displaced inmates to be provided for in suburban districts connected with a railway at penny fares.

The compulsory principle on the occurrence of a fearful death-rate is the peculiar and valuable feature of this Bill, and without it no considerable amount of improvement will be achieved in the dwellings of the industrial classes. This is conclusively shown by the facts, I have before mentioned—namely, that the Loan Act in England has in fifteen years procured the building of one house, and the Irish Loan Act has in six years been instrumental in the building of some eighty cottages. As the former failure and the want of sanitary improvements in Irish towns is attributable to the apathy and mistaken parsimony of local authorities, I rejoice that in the "Labouring Classes Dwellings Ireland Act," it is provided that loans may be also granted to public companies and estated individuals. So ill understood and so uncared for is the condition of the humbler classes in towns, that when that mild and permissive measure was passing through committee it was characterized as "a monstrous bill" by an Irish county member. Mr. Torrens' bill has been referred to an admirably chosen Select Committee who have not as yet reported. Meanwhile thirty-seven bodies have petitioned in favour of it, and two against. The Dublin Corporation and the Irish Medical Association, have petitioned for its extension to Ireland.

A joint Committee of the Society of Arts and the Social Science Association has prepared a bill entitled, "The Improvement of Dwellings for Labourers' and Artisans Act, 1866," which Mr. Charles Buxton is to introduce. It gives compulsory powers to Corporations to take land and build dwellings, the Home Secretary sanctioning the steps and the advance of loans for the purpose. It contains the usual selfish clause, "This Act shall not extend to Scotland or Ireland." It seems to me but to complicate attempts at legislation, for Mr. Torrens' Bill better provides for the same objects.

The metropolis, Liverpool, Birmingham, and other large English towns possess local Acts for the complete regulation of their buildings, and the smaller towns are similarly provided for under the bye-laws of the Local Government Act, 1858. Under these powers no house can be built unless its walls be of certain thickness proportional to height, unless sufficient space be allotted for a yard, unless the lower storey be efficiently drained, unless the roofs and chimneys be properly and safely constructed, and unless every habitable room be of a certain height. These provisions are placed under the supervision of the District Surveyor. Such a Bill for Dublin, on a very comprehensive scale, was prepared in 1863 with the aid of our Borough Engineer, but was never introduced. That it is required, a single example out of hundreds of ill-constructed, unimprovable buildings will show.

In Stephen's-place, which leads from Upper to Lower Mount-street, the houses are built back to back, without any thorough airing, yard, or privy. Filth must be therefore cast on the roadway. The clergymen and inhabitants of that aristocratic neighbourhood have justly complained, but the remedy is not easy. The placing of a water-closet, which the poor would soon disarrange is not safe in an unaired house, and as the houses are owned by different persons, the Corporation can scarcely require that one shall be converted into a privy for the use of the occupiers of all the others, as we have done where one person owns several cottages. In other houses without yards or accommodation, filth has been accumulated to a vast extent in the cellars or back kitchen.

The Local Government Act is most useful with regard to new buildings, but does not interfere with those already erected, no matter how unwholesome, so that this addition would be desirable if the Act is extended to Ireland.

In Glasgow many of the courts and houses are very ill constructed, and so overcrowded are they as to allow but the average of three square yards to each person. A bill, however, for improvement, with compulsory power, has passed unopposed through Committee, by which the rate-

payers consent to tax themselves at 6d. in the £1 for five years, and 3d. for the ensuing ten years. It is provided that the improvements shall not go on so fast as to render houseless the present occupants, but that reconstruction shall go on *pari passu* with demolition. In Liverpool, under the Sanitary Amendment Act, 226 houses in 189 courts were removed or altered during last year. As many other great sanitary improvements have been achieved, the only circumstances which seem to account for the still excessive death-rate of that city is the extreme condensation of its population. There should be also some efficient controlling authority for the laying out of towns and streets. While the rectangular form, with due regard to meteorological circumstances, so common in American cities, is most healthful, our towns, as will be seen from these index maps, consist of angular streets of such devious courses as to appear rather the result of chance than design, and blind courts, which are most insalubrious. As yet scarcely any town in Ireland can boast of a wide street planted with trees.

In France the dwellings of the operative classes, as well as all other sanitary matters, are directed by a special branch of the state, named "Commission de Salubrité Publique," and a most effective machinery is organized to see that all houses are built on proper plans, and are preserved in good order.

Some very conclusive arguments have been put forward that Public Health Committees of the Privy Councils of these kingdoms should be charged with the control of town authorities, as the Poor-law Boards are with that of the local guardians. As precautions are often neglected during freedom from epidemics, inspection is then needed to a greater degree than even they are among us. But in many places it is only when the selfish fear of contagion creates a panic, or when the pestilence has already invaded, that active measures are taken, and in the latter case their usefulness is very doubtful.

I will sum up in a very few words what I hope for as necessary to improve the dwellings of the poor, and thereby raise immensely the standard of public health:—

1st. The constitution of a central controlling authority for local government and sanitary improvement.

2nd. The enactment of a comprehensive building code; the passing of local acts being expensive is often avoided.

3rd. That our sanitary laws should be compulsory in cases of flagrant neglect; the permission to act is now very generally construed as permission not to act.

4th. A generally diffused desire on the part of employers and land owners to provide for the healthful wants of their dependents, and this will grow according as our nation prospers, and according as the masses are educated in the knowledge of the laws which regulate the well-being of their own bodies.

That the subject I have thus so imperfectly submitted to you is closely connected with our prosperity, cannot be more forcibly expressed than in the words of the Devon Commissioners, which are painted in large letters over the entrance of our Agricultural Museum: "While the dwellings of the general body of the people are surrrounded by the elements of disease, and are damp, cold, dirty, and comfortless within, so long will the country be destitute of even the semblance of general prosperity."

An interesting discussion followed, in which the Chairman, Dr. E. Kennedy, Mr. Daly of the Dublin Building Society, Mr. Jephson, Mr. Thomas Begg of London (who has been the ablest advocate of the subject in England), Mr. Dillon Mapother, and Dr. Steele took part.

THE Medico-Chirurgical Society of Edinburgh held its ninth meeting of this its forty-fifth Session in its Hall, 117, George-street, on Monday, the 14th of May, 1866, at eight o'clock p.m. Dr. J. A. Spencer read a paper "On the Mode of Action of Strychnia," and thereafter Dr. Strethill Wright exhibited an interesting series of the diffusion figures of liquids by means of the oxy-hydrogen microscope.

RUPTURE OF UTERUS; GASTROTOMY SUCCESSFULLY PERFORMED.

DR. E. MILES WILLETT relates a case of rupture of the uterus for which gastrotomy was successfully performed. The patient after having previously given birth to two still-born children, was seized with her third labour, March 20, 1865. It showed nothing remarkable in its progress until twelve hours after its commencement, when Dr. Frayser, the attending physician, called in Dr. Willett to assist him. They then found the patient somewhat restless and disturbed in mind. She had vomited freely, and was throwing up bile when we entered the room, but had not had a labour pain for half an hour. The blood in the vagina, the recession of the head, the absence of labour pains, and the irregular surface of the abdomen, through the walls of which could be distinctly felt an elbow, made the diagnosis of rupture of the uterus absolutely certain, although the attendants did not think that she had suffered much, and could not remember any particular agonizing pain. After consultation, the performance of gastrotomy was decided on, but the operation could not be commenced, owing to a difficulty in obtaining the consent of the friends of the patient, until two hours and a half after the rupture occurred. Assisted by Drs. Frayser and Grant, he made an incision in the median line, through the skin and cellular tissue, from below the umbilicus to within an inch of the pubes; but as this would not give sufficient room, it was extended upwards and to the left of the umbilicus. The peritoneum was then opened, and with a probe-pointed bistoury, guided by the finger as a director, the incision was completed. It was found that the child and placenta had been expelled by the uterus into the cavity of the abdomen, the child's head rested on the brim of the pelvis, and the uterus had contracted sufficiently to prevent exhausting hæmorrhage. After removing them, the blood and amniotic fluid was sponged out as well as could be done, the edges of the wound were drawn together with interrupted sutures and adhesive plaster, the body-bandage adjusted, and cold applications ordered. During all this time the patient was fully under the influence of chloroform. The pulse was 96, and sufficiently full before the operation; one hour afterwards it increased to 110. During the night she took six drachms of elixir of opium. No untoward symptoms retarded the recovery.—*Memphis Medical and Surgical Journal.*

ICE IN CHOLERA.

A CORRESPONDENT of the (Calcutta) *Englishman* gives an account of the successful treatment of a case of cholera, apparently in an advanced stage, by the application of ice to the spine, as recommended by Dr. Chapman. The writer says:—"On Sunday, the 25th Feb., about 10·30 a.m., my servants requested me to go and see a man who, they said, was dying of cholera, and to give him some medicine. I proceeded to the place, where I found a man lying on the ground in the greatest agony, with the usual symptoms of cholera—vomiting, &c. He was much emaciated, and to me appeared rapidly sinking. I had no medicine in the house. I ordered one of my servants to go round among the neighbours and try to get some medicine, but in this I was unsuccessful. I recollected, however, having read in the *Times* an article bearing the signature of John Chapman, M.D., 25, Somerset-street, Portman-square (of which I had taken a note), in which the writer advocated the use of a bag of ice down the spine. Feeling that if I did no good, I could, under the circumstances of the case, do no harm, I made up my mind to try whether ice would do any good. I now proceed to give you an account of what I did, and as to what the results were. 10·30 a.m.: The man, a Mussulman, a hackery-wallah, arrived with his own and other hackeries from Calcutta. He had been for two or more hours purging and vomiting violently; voice scarcely audible; pulse imperceptible; hands, arms, legs, and feet quite cold. He was throwing his legs about and twisting

his body in great agony; he complained much of thirst. I gave him water with a little carbonate of soda in it. He appeared to be sinking fast. 11·0: I procured some ice from a neighbour. Having no gutta-percha bag, I took the leg of a pair of flannel trousers and made a long bag to reach from between the shoulder-blade to the bottom of the spine, of a width of three inches; into this I put broken ice, and applied it to the spine. After I had applied the ice the purging and vomiting ceased, and by 11·20 the spasms were much diminished. 11·30: The patient was much easier. On questioning him he said in a very low voice that he felt easier. A little before twelve I found that his pulse was perceptibly stronger, and that his arms and legs, which were previously as cold as stones, began to be slightly warm. The flannel in which the ice was put was now saturated with water, and as Dr. Chapman said the cold was to be a dry not a wet cold, one of my natives suggested the use of a bottle, on which I got a preserved-fruit bottle into which I put the ice, and had the bottle held against the spine. 12·30 p.m.: No more vomiting, &c., the arms and legs getting warmer; no pain, very great thirst; I let the man drink as much as he liked. From this time till 1·30 I kept the bottle of ice on his back, when, finding that his hands, arms, legs, and body were becoming hot as if he had fever, I removed the bottle of ice, and as I was about to leave my house for tiffin with a neighbour I told my khansamah if fever came on to put in the place of the ice-bottle a bottle of hot water. 4·30: I returned to the man. He was fast asleep, and a more deadly object I never saw. At 5·30 he awoke and asked for food. I gave him some thick conjee with sugar and brandy. 7·30 a.m., Monday, 26th: The man is sitting up; convalescent, but weak. He wants to take his bullocks and hackery away. The above are the facts of the case."—*Medical Times and Gazette*, April 28, 1866, quoted from the *Homeward Mail*.

THE USE AND ABUSE OF POULTICES.

In his lectures recently delivered at the College of Physicians, Dr. Richardson made the following remarks on the subject of poultices:—

The application of moist heat in the form of poultice to suppurating parts requires, I think, remodeling, in order that it may be placed on a true scientific basis. I am afraid that the common recommendation, "You must put on a poultice," is too often among us all an easy way of doing something about which we are not quite sure, and concerning which it were too much trouble to think long. From what I have recently observed, I fear that mischief is often done by a poultice, which might well be avoided. The people have always a view, that a poultice is applied to "draw," as they say—a term in truth which, though very unsophisticated, is in a sense a good term, for it means what it says. The question for us is, whether it be sound practice to carry out as a general rule the "drawing" process, either by fomentation or by poultice.

When a part is disposed to suppurate, the first step in the series of changes is an increased flow of blood through the capillary surface, followed by obstruction, and thereupon by an excess of sensible heat derived from the friction that is set up. Then follows transudation of liquor sanguinis into the connective tissue, and its transformation, under the influence of heat, into what is called purulent fluid. When to the part in this state we apply moist heat we quicken suppuration, mainly by upholding the temperature: at the same time we secure the transference of water from the moist surface into the fluids of the inflamed part, by which tension of tissues is produced, and in the end yielding of tissue at the weakest point.

When the suppurating surface is circumscribed, the rapid induction of the process may be attended with little injury; but when the surface is large and when the exuded fluid is thrown into loose structures where it can burrow readily, the practice, I think, cannot be good to extend the mischief. Hence, in the the treatment of carbuncle and phlegmonous erysipelas it cannot, I opine, be sound practice in the early stage to apply moist heat. Experience also, not less than principle, warrants this conclusion. In cases of carbuncle especially, I have of late altogether avoided the application of moist heat in the early stages; and I feel assured, with good results.

But when, in the course of local disease, suppuration is actively established, and is naturally circumscribed; when the increased temperature of the part has fallen to or below the natural temperatvre, then the value of moist heat comes on with full force; then the tension which is exerted determines the escape of fluid at the weakest point of the surrounding tissue, and when the fluid escapes or is liberated by the knife, the escape for a long period is aided by the application of moist heat.

The continued application of moist heat for a long time after the escape of purulent fluid is again, I conceive, indifferent practice. It sustains discharge; it sets up unhealthy decomposition of fluids; it produces a thickened soddened condition of skin, most favourable to the production of sinus; and it retards recovery. When a surface is freely open, and soppurating, dry and not moist heat is the remedy. We are in want in these cases of a simple invention; we require something which we can apply as readily as a poultice, which shall keep up the temperature of the part, and at the same time take up moisture, and gently desiccate, without injuring the tissues.

ARSENIC IN HÆMORRHOIDS.

Last summer a friend suffering with "hay-asthma," called upon me for a prescription. He likewise was a martyr to hæmorrhoids, and had been for years; in vain he had submitted to the ligature, to nitric acid, to incision and to excision—each of these relieved for a time, and then the trouble returned. Fowler's solution was prescribed for him, with reference solely to the asthma. At the expiration of a week, there was no improvement in the difficulty for which the arsenic was administered, but there was a remarkable change for the better in the hæmorrhoids, and a further continuance of the remedy relieved him entirely. Since that time occasional relapses have occurred, but they yielded quite well in a few days to eight drops of Fowler's solution three times a day. It is now upwards of thirty years since Sir Charles Locock pointed out the value of arsenic in the treatment of *atonic menorrhagia*; and quite recently Dr. Handfield Jones ("Functional Nervous Disorders") explains the results by the influence arsenic exerts in producing contraction of the bloodvessels. Doubtless this is the way too in which it acts upon the enlarged hæmorrhoidal vessels, although its application in the treatment of such diseased state is to me entirely novel, and the discovery purely accidental. That it does good I do not doubt for a moment; but that it should be resorted to neglecting the condition of the intestinal canal with reference to proper secretion and evacuation, would only tend to discredit by failure what I believe will be proved to be a valuable application of an important remedy.—*Dr. T. Parvin, Cincinnati Journal of Medicine.*

The Medical Congress of France for 1866 meets at Strasbourg, It opens August 27th, and will last six days. Foreign medical men will be admitted members (without subscription) on application to the Secretary, Dr. Hecht, 42, Rue des Grandes-Arcades, Strasbourg. The following is the programme of subjects for discussion decided on by the Committee:—1. The Mode of Propagation of Cholera; 2. The Treatment of Constitutional Syphilis; 3. Ovariotomy and the Extirpation of Fibrous Tumours of the Womb; 4. Histology in its relation to Pathology and Clinical Medicine; 5. Anæsthesia in Surgery. Whoever desires, by writing or verbally, to take part in the discussion of these special subjects, must give notice to the Secretary eight days at least before the opening of the Congress.

Reviews.

ON THE USE OF THE SPHYGMOGRAPH IN THE INVESTIGATION OF DISEASE. By Balthazar W. Foster, M.D., Professor of Clinical Medicine in the Queen's College, Birmingham.

Dr. Foster, in this *brochure*, read, in the first instance, as a communication to the Midland Medical Society, records an interesting and very valuable series of experiments on the characteristics of the pulse in various diseases, and has illustrated very forcibly the changes in amplitude, tension, and rapidity of the pulse observed by him under more reliable conditions than usually exist. We have been accustomed to depend altogether on the *tactus eruditus* for our diagnosis from the pulse, and to content ourselves with the observation of the two or three most manifest changes in the circulation; but Dr. Foster's observations show that there are many other elements in the pulse which are never noticed by the finger, and yet can be clearly shown by the sphygmograph. The instrument is not new to our readers, who may have seen an illustration and description of it in our columns some months ago, and who have had Dr. Anstie's essay on the subject before them; but it has been in some respect modified by Dr. Foster, and we, therefore, append his illustrations and his description of the instrument as employed by him:—

"The accompanying woodcut (Fig. 1), copied from Marey,

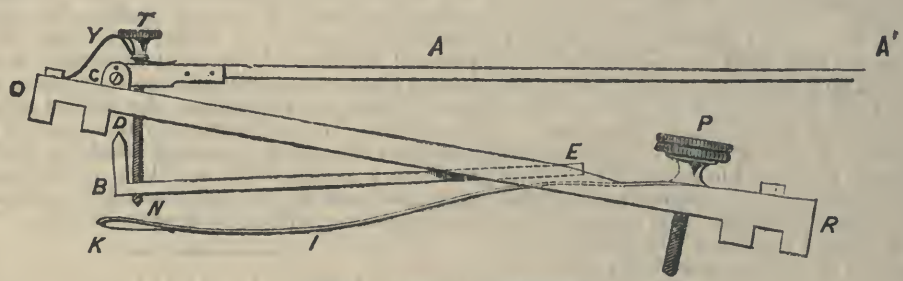


Fig. 1.—Marey's Sphygmograph.

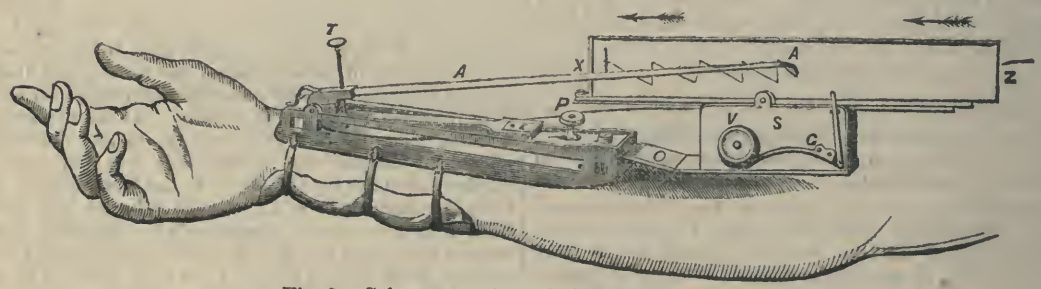


Fig. 2.—Sphygmograph applied to the Arm.

shows us in the interior of the frame (Q R) the essential part of the instrument, which consists of a flexible steel spring (I), covered on its under surface at its free extremity with a convex plate of ivory (K). This ivory plate rests upon the artery to be examined, and, by virtue of the elasticity of the spring (I), exerts a certain pressure upon it. Each pulsation of the vessel raises the spring slightly at K, and the multiplication of this movement is obtained by means of a very light lever (A), which moves upon a pivot (C). The elevation of the spring is transmitted to the lever, very near to its centre of movement, by means of a bar of metal (B E), which moves round the point (E); this bar terminates in a vertical plate (B D), and is pierced by a screw (T). When the screw acts upon the spring, the connexion is established between the spring and the bar, and the movements of the spring are transmitted to the bar, and through its vertical plate to the lever. In order to insure the transmission of the movement, the plate (B N) must be in contact with the under surface of the lever; by means of the screw (T) we can arrange this, and regulate the interval between the point of the plate (B D) and the under surface of the lever. In order that the lever should not be projected too much upwards by sudden movement, and also that it should overcome any slight friction experienced in the paper at its terminal point (A), a small spring (Y) rests upon its fixed extremity, and presides over its descent. The screw (P) enables us to regulate the amount of pressure exercised upon the artery by the spring (I). The woodcut (Fig. 2), modified from Marey, shows the instrument placed upon the arm over the radial artery in the position for use. The lever (A) is here seen to carry at its free extremity a little pen, which, filled with ink, registers its movements upon the paper which covers the plate (X Z); this plate is moved at an uniform rate in the direction indicated by the arrows, by means of watchwork placed beneath in the case (S). Ten seconds are occupied by the passage of the plate. The button (V) enables us to wind up the watchwork; and the small regulator (G) starts the plate, or stops its motion, as desired. The application of the instrument I have found much facilitated by the use of elastic bands, instead of a silk lace, as recommended by Marey. These bands embrace the arm, and are hooked on to the small projecting points on the metal framework, as seen in the diagram. The addition of a pad* to the under surface of the arm renders the instrument more easy to the patient, and prevents any pressure from the bands."

Dr. Foster illustrates, firstly, the natural pulse movement; then the changes from loss of arterial elasticity in old age; and, lastly, the effect of increased or diminished force and frequency in various diseases. In Dr. Foster's hands the instrument seems to have registered with uniform accuracy, and we believe it will be found a valuable aid to the careful observer, who cannot have a more useful introduction to its use than Dr. Foster's *brochure*.

* I am indebted to my clinical clerk, Mr. Waters, for the suggestion of the pad.

THE ALKALINE PERMANGANATES AND THEIR MEDICINAL USES. By John Muter, late Assistant Demonstrator in Chemistry, Andersonian University Glasgow. London: John Churchill. Pp. 48.

This pamphlet is devoted to an exposition of the advantages claimed for the liq. permanganates potassæ, better known as Condy's fluid. It is hardly necessary to remind our readers that this solution owes its especial virtues as a disinfectant and as an internal medicine to the very remarkable instability of its combination with oxygen, which it evolves in the nascent state with the greatest readiness, and therefore effects every object which oxygen itself can serve. The value of its functions as a disinfectant is well known, and they are largely utilised in surgery for the neutralisation of effluvia and the correction of offensive breath. The permanganate of potash has been admitted into the British Pharmacopœia as an internal medicine with the following claims to general use:—

"1. They can be taken in doses of from half a grain to two grains (equal to from one to two drachms of the officinal liq. potass. permangan.), often repeated, and continued during a lengthened period, without inconvenience.

"2. They diminish the frequency of the pulse, and to that extent aid the function of respiration. This effect is apparently owing to their supplying the system with oxygen, of which they contain so large a proportion.

"3. Acting chemically, they perform the part of purifiers of the blood, consuming morbid matters generated in the system itself or communicated from without, and thus second the renovating action of respiration. They likewise cleanse, by oxidation, the *primæ viæ* and the *ingesta*, and act as antidotes to morbid and putrescent excrementitious matters.

"4. By reason of the facility with which they are decomposed and their base set free, the alkaline and earthy permanganates operate as antacids and alkalizers of the fluids of the body.

"5. As compounds of manganese, they produce the ordinary constitutional effects of this substance, which have conferred on it considerable reputation in the treatment of jaundice, hypochondriasis, torpid liver, and certain forms of dyspepsia.

"6. To whatever cause assignable, the alkaline permanganates must be admitted to possess the property of mitigating in a remarkable manner the thirst which is so severely felt in diabetes and most febrile diseases."

The qualities which are so much to be desired in the permangantes as oxidising agents make them incompatible with many forms of prescription, and Mr. Muter advises their exhibition as follows:—

"Few compounds are so susceptible of decomposition by organic and certain other substances as the salts of permanganic acid. On this account it is necessary to be very guarded in prescribing them in combination. The following are the principal substances used in medicine with which the permanganates are incompatible:—

"All organic bodies, tinctures, extracts, decoctions, infusions, medicated waters, syrups, confections, wines, unmedicated as well as medicated, hydrochloric acid, tartaric, citric, benzoic, gallic, and other organic acids (acetic excepted) and their salts, glycerine, the alkaloids and their combinations, iodine and iodides, arsenites and all metallic salts whose bases are capable of being converted into peroxides. The compatible substances are these:—Mineral acids (hydrochloric excepted), acetic acid, alkalies (including ammonia), clean alcohol, alkaline earths and their carbonates, almost all alkaline salts (borates and phosphates included), except tartrates and citrates, purified charcoal, and all metallic salts whose bases are not susceptible of peroxidation, such as nitrate of silver, sulphate of zinc, &c. In every instance in which the permanganates are prescribed in combination, it is important that the administration of the medicine should take place with as little delay as possible, since many substances which are compatible with them for prescription will, after a certain lapse of time, effect their decomposition. In this category stand alcohol, ammonia, acetate of ammonia," &c.

The author's statement, though of course *ex parte*, is supported from beginning to end by such reliable authorities as Bence Jones, Ozanan, Hillier, Basham, and others, whose recommendation is a guarantee of the truth of his statements, and will secure attention from the profession for the statements which the pamphlet embodies.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, MAY 30, 1866.

THE MEDICAL COUNCIL AND THE AMENDED MEDICAL BILL.

We last week presented to our readers the Draft Amended Medical Bill as it was received by the General Medical Council from the hands of the Home Secretary, Sir George Grey. As it came into our possession only as we were going to press, we had no opportunity of offering any observations as to its provisions, and we contented ourselves with merely recommending it to the support of the Profession. Since that time it has been submitted to a Special Committee of the Medical Council, and has been discussed by the Medical Council itself, the result being that some alterations have been suggested for adoption by that body, and it is hoped that they will be acquiesced in by the Government.

It may be observed generally that the Bill of the Government agrees in nearly all respects with that recommended last year by the Medical Council, and its contents are therefore satisfactory, but there are one or two points which have excited very lively discussion in the Council, and on which there will probably be some difference of opinion between the Council and the Government. The love of quackery and the inherent desire on the part of our Legislators for its protection would appear to crop out here and there in any and every measure designed for the regulation of the Medical Profession, and the Council has done well to scan the Amended Bill with the closest scrutiny lest, perchance, the new measure should merely perpetuate the defects and shortcomings of the former one.

It will readily be understood that the great struggle to be made by the Council and by the Profession is for the alteration of the notorious fortieth clause, which, as it stands in the existing Act, has afforded no protection whatever to the legitimate practitioner against the ignorant and unprincipled pretender. Now the Government proposes to substitute for this clause the following, which, for the sake of its thorough comprehension, we again print:—

"If any person practising medicine or surgery, or engaged in the cure or treatment of diseases or injuries, not being registered under the Medical Acts, takes or uses any of the designations enumerated in Schedule (A) to the 'Medical Act, 1858,' as amended by Schedule (B) to this Act, or by any other of the Medical Acts, or the designation of physician, surgeon, doctor of medicine, or apothecary, or any other designation used by or used to dis-

tinguish duly qualified practitioners of medicine or surgery, or any class thereof, or the designation of professor of medicine or of professor of surgery, he shall for every such offence be liable on summary conviction to a penalty not exceeding *twenty pounds*."

This is a great improvement on the former clause, which prohibited only the assumption of certain medical titles, but the new clause prohibits the assumption of medical titles *by persons practising medicine*, and not registered under the Medical Act. But still it will be seen that persons are only prohibited, under the penalty, from assuming certain titles, including *Doctor of Medicine*, but they are not prohibited from using the title of Doctor, and the Council, in its Report on the Bill, very properly objects that the substitution of the words Doctor of Medicine for Doctor (as proposed in the amended Bill of the Council), will very materially weaken the clause; because if this substitution be retained, many unqualified persons will continue to practise medicine as they do at present, calling themselves "Doctors," but not "Doctors of Medicine," and thus evading the penalties. The rejoinder to this objection that a person calling himself Doctor might assert that he was a Doctor of Divinity, or Philosophy, or Law, and ought not therefore to be liable to punishment, is readily met by the argument that only those will be liable to be fined, who, in the language of the Bill, are "practising medicine under the title of Doctor," and the Council is therefore advised to represent this matter very specially to the Home Office.

There is another point in the Government Bill which is calculated to excite some misgiving—namely, that there appears to be an unnecessary anxiety to open the Register to foreign degrees and diplomas. Now there can be no doubt that many foreign degrees are very creditable to their possessors, and ought to be registered, but on the other hand, there are many which are quite worthless, and it is a very difficult matter to decide upon their relative value. Again, it is possible, that if undue facilities for registration were offered in the British Register, many persons who had been compelled to quit their own land in consequence of their misconduct, would take refuge here in large numbers and thus bring discredit on the Medical Profession in this country.

BLACK DEATH—CHOLERA—CEREBRO-SPINAL ARACHNITIS.

If we depart from our ordinary practice, and specially call the attention of our readers to our Hospital Reports as we now beg to do, it is because of their unusual and pressing importance.

In a recent report the experience and views of Dr. Lyons were laid before the profession, with regard to what was termed "black death;" and it is because extracts or professed quotations from that report were introduced into some of the daily papers, that we think attention should be directed to the subject afresh.

There is no occasion for any popular panic in this matter; and our professional readers should, wherever necessary, use their influence with the public to dissipate any such idea. The facts, as they have come under the observation of Dr. Lyons and others, were of course sufficiently startling to cause a minute and immediate inquiry into them; but when the pathological researches of that gentleman and others (which we hope shortly to lay before the profession) are read as they should be, it will be seen that there is no ground whatever for expecting the whole community to turn black in the face and die almost suddenly; and our younger brethren should not be in any hurry to give a bad name to some of our common acute diseases which may, in some respects, present to them an aspect differing from the orthodox and wordy descriptions of book-makers.

So much for a panic on one question, yet another remains.

One of the most extraordinary cases on record occurred within the last few days under the care of Professor Banks, in Sir Patrick Dun's Hospital. The particulars will be found in this day's Hospital Reports, and we shall not here refer to them further than to draw the moral. An inexperienced physician might have mistaken this case for cholera, which, in some respects, it resembled; might have hastily expressed such opinion to others, and so set all the newspapers frightening the entire community. It fortunately happened, however, that the patient fell into the hands of a physician of experience who remembered the epidemic of cerebro-spinal arachnitis which visited Ireland in 1846; and who also remembered the epidemic cholera which more than once in the present generation visited this country. Nothing more strongly tends to show the value of educated experience than all this, applied as we see it in the case to which we refer; and when we add that the post-mortem examination was conducted by Dr. Bennett, an anatomist of high repute, and that his report confirmed the necessity of prudence and caution in pronouncing hastily on cases of the kind, we need no further argument to prove, that where a startling and fatal case of a very rare kind occurs, it is most desirable that direct pathological proof of an opinion which may carry with it grave public results should be given to the profession.

Notes on Current Topics.

SCOTTISH UNIVERSITY REPRESENTATION.

From a notice in another part of our columns it will be seen that the Royal College of Surgeons of Edinburgh have resolved to petition Parliament in favour of the allocation of two members, instead of one, to the Scottish Universities. This is but a reasonable request, whether we consider the numerical importance of the constituency to be represented (considerably above 4000, and exceeding in numbers the combined constituency of the University of London and the Queen's University in Ireland, each of which are to have one representative), or the national character of the Universities to be represented. It is enough

to raise the ghost of the late Lord Eglinton, and make the Scottish Lion even more rampant than usual, to have all the Universities of Scotland shoved off with only one member, while the national Universities of England, Oxford, and Cambridge, and that of Ireland, the Dublin University, have each two. We understand that the Royal College of Physicians of Edinburgh are also to petition in this matter, and we hope that this good example shall be followed, and that speedily, by every body of learned men throughout the kingdom.

THE EDINBURGH VETERINARY SCHOOL.

The late Professor Dick, whose lamented decease we so recently chronicled, has evinced the great and abiding interest he took in that school which he founded, and of which he was for long the sole teacher, and always the principal ornament, by leaving in trust to the magistrates of the city of Edinburgh the buildings erected by himself to be employed in all time coming as a School of Veterinary Science. For this purpose he has also bequeathed to the same parties the valuable museum of Veterinary Pathology accumulated in the course of more than half a century of an active professional life, and he has left the bulk of an ample fortune to endow this school, and thus secure its permanency for the instruction and benefit of future generations. By his own unaided energy, his indomitable perseverance, and his force of character, Professor Dick founded and made this School what it now is, one of the most famous seminaries of the Veterinary art in the world, whose pupils are scattered over the habitable globe, and who are everywhere received with that respect which is due to those who skilfully practise an honourable profession. We in our day can scarcely form an estimate of the enormous influence for good which Professor Dick has exercised upon the education and the status of the Veterinary profession, and those of us who, of late years, have perhaps been a little inclined to regard him as somewhat behind the age in scientific acquirements, might well hesitate to express that opinion when we thought of the vast change produced by the untiring energy of one man in the course of fifty years. Rome transformed from brick to marble at the bidding of an emperor, is nothing to the spectacle of an educated profession reared from the mire of quackish ignorance by the exertions of one humble unit of the people. It is true that the Highland and Agricultural Society of Scotland, foreseeing the great benefit to be derived by the agricultural profession from a well-educated veterinary profession, at a very early period resolved to grant diplomas of ability to practise the Veterinary art to those of Professor Dick's pupils who were found qualified to possess them after an examination made by the most distinguished practitioners of the Veterinary art, aided in regard to the scientific departments by some of the ablest members of the Edinburgh Medical School; but had it not been for Professor Dick there would have been no pupils to examine, and it is perhaps not too much to say that we would possibly even yet be dependent on foreign sources for our supply of veterinary skill. How great the loss that would have thus accrued to Scotland may in some measure be guessed, when we see the advanced position she has taken in regard to the treatment of the cattle plague, and reflect on what that position would have been had Professor Dick and his school never existed. As yet we do not know, and can hardly estimate how much we owe to that one man; and yet, in the face of all this, in the face of the fact that the diploma of the Highland and Agricultural Society has been accepted as a legal qualification both by Government and by all other bodies requiring such a diploma, and in the face of the fact that the possessors of this diploma have never been found wanting when called upon, there is now before Parliament a Bill to restrict the legal title of Veterinary Surgeon to the possessors of the diploma of a London College. Why should we not also have a Bill to restrict the legal title of Surgeon or Physician to the possessors of a London diploma? But that will come by and by, and if we do not resist this commencement of centralization, we shall presently have one central college, with peripatetic deputations to examine our medical as well as our veterinary students. It is specially necessary, forsooth, "that an improved *status* be given to Veterinary Surgeons" at this present time. So it may be in England, when the fearful mortality from rinderpest betrays anything but exceptional scientific knowledge or skill; but in Forfar and Kincardine, in Aberdeen and Ayr, the pupils of Professor Dick have shown by their skill in the treatment and their success in the stamping out of rinderpest, that no London diploma is needed to increase their skill, nor could its possession improve their *status*.

We understand that the Royal Colleges of Physicians and Surgeons of Edinburgh, and the Highland and Agricultural Society of Scotland, propose to take conjoint action, not to oppose this Bill, to which there is no objection, so far as England is concerned, but to secure that similar privileges be granted to diplomas issued by a Scottish College of Veterinary Surgeons yet to be constituted, whose diplomas shall take the place of those hitherto issued by the Highland and Agricultural Society. This is certainly a step in the right direction, and had our Medical Council evinced any capability of regulating the affairs of our own profession, we should have proposed that they should have also had the regulation of the curriculum of study, and of the examinations for the diploma of this subordinate but hardly less important branch of it. As it is William Dick has not lived in vain. His life was spent in founding a School of Veterinary Surgery, and his grave is but the trench in which to lay the first stone of that building destined to raise that School to a College.

THE VISITATION OF EXAMINATIONS.

It is already known that the Medical Council, in accordance with powers vested in it by the Medical Act, has commenced a system of visitation of the examinations conducted by the qualifying bodies in medicine and surgery, and some of the results are now printed. The machinery by which this object has been carried out is at present very imperfect; but still the reports furnished by the visitors are very interesting, and we shall publish them as soon as our space will permit. Those who are acquainted with the *personnel* of the members of the Medical Council will perhaps in some instances be inclined to ask themselves why certain persons have been appointed to supervise certain examinations, and what their peculiar capacities were for the performance of such a duty; but on the whole we believe that the selection has been judicious, and certainly has always been fair. It has been very broadly hinted by a contemporary that some of the reports in reference to certain of the examining bodies in London contained such severe strictures on the proceedings that

the documents would be withheld; but such is undoubtedly not the case, for the reports are all printed and apparently in full, and they speak generally in favour of the mode in which the examinations are conducted. In some cases, however, some very judicious suggestions are offered, in which we entirely coincide, and to which we shall direct attention at a very early period.

GREEK AS A NECESSARY ELEMENT IN MEDICAL EDUCATION.

We rejoice to announce that, after very considerable opposition, it has been determined in the Medical Council that the Greek language shall form one of the compulsory subjects in the preliminary examination in Arts of all medical students after the year 1869. The resolution embodying this important change was vehemently opposed by most of the representatives in the Council of the Scotch Universities and Colleges, in which institutions, as is well known, not only has the Greek language never been compulsory in the case of medical students, but preliminary education has been enforced only in very late years, and since the passing of the Medical Act. If the introduction of the Greek language as a branch of preliminary education for medical students had been a mere modern innovation there might have been some reason for the opposition manifested, but in fact many of the medical examining bodies have long required it of medical candidates, and a few who have lately made it optional instead of compulsory have done so only in consequence of the laxity of the Medical Council. It was very truly observed that a youth who is unable, between this time and 1869, to master the elements of the Greek language, is unfit to enter the medical profession; and if this resolution on the part of the Council should have the effect of making the profession more select, the result will be a matter of congratulation rather than of regret.

The length to which our special report of the proceedings of the General Medical Council extends, and its vast importance to the profession, must excuse us for the postponement of many important communications which stand ready for publication. For the same reason we are obliged to postpone a part of our own comments on the proceedings, and on other important questions, which, we trust, will not be of less interest as a supplement to the reports.

Correspondence.

☞ We are not to be assumed to agree with the views of our Correspondents whose communications we insert for the purpose of affording opportunity for the enunciation of all shades of opinion in things medical. Our revision of letters is, therefore, confined to the removal of statements or expressions which we consider unsuitable or irrelevant to the subject in hand.

QUACKERY.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—It is not astonishing that medical practitioners are complaining on account of the very extended and shameful quackery which has invaded the greater towns of the united kingdom. The principal cause of such a state of things is, that the legislation of therapeutical and pharmaceutical science has not yet reached the same point of severe control which exists on the Continent. It is disgusting and disgraceful for any person, more especially for scientific medical men, to read the odious advertisements, scandalous pamphlets and bills, which are placarded and distributed on the streets.

In conversing with a medical man I was told that this was a free country, and nothing could be done for the present to eradicate such an abuse. As a foreigner, I know perfectly well how to appreciate the blessings of the liberty of this country; but it is my conviction that in every thing which concerns the health of the public there ought to be a most strict control upon quacks and cheese-chemists, who, for the sake of money, sell poison.

When Jacob Bell instituted the Pharmaceutical Society in England, he says, in one of his Repertories: "We have many chemists, but too many cheese-chemists."

These kind of shops, and the shops of quacks all filled with coloured water bottles, are called by the ignorant people "Doctors' Shops;" they are the destruction of many a young man when he has fallen into their snare; money and health are gone for ever. If the law of the country is not able to root up such an abuse, the pen will be able at least to initiate those that are ignorant that they may understand what quackery signifies; every person will abhor reading the malicious expressions of pamphlets and bills on the streets.

There is one who, in a greater style takes up in his advertisements the name of an eminent medical man in Paris with whom I have been acquainted for more than twenty-years, a scientific and skillful man, who never would have written such mean expressions which that high-styled quack has the boldness to make use of in all the papers of this town.

Considering their previous qualities, the reader will comprehend the boldness which these men profess in undertaking to cure people of all dangerous diseases, or rather to rob them of money and health.

Quacks are, in general, without any education; one has been a servant in a disorderly house; one a traveller for selling needles; another a chevalier d'industrie; and another a pupil of a quack with an anatomical museum, and many other ruffians who are clever enough to make dupes and victims.

Some of the quacks have a diploma as M.D. from an University in the United States, which they obtain without having been there from an American agent, who charges them for such a document from £4 to £6, and such an M.D. can scarcely write his name.

To clear the philosophical medical science from these scandalous subjects. and to save the innocent and ignorant from the snare of quacks, we will in a short time lay before the public a pamphlet which will contain all details concerning quackery, for the purpose of entirely eradicating their odious machination.—Yours truly, H. Kolzensky.

Late Governmental Physician in Russia.

39 Upper-Dorset-street.

POOR-LAW MEDICAL REFORM AND VACCINATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I shall feel obliged by your giving insertion to the annexed letter, addressed to the Poor-law Board, but to which I have not as yet received a reply. I have been in correspondence with members of the Select Committee on Vaccination, and have forwarded my opinion on the Government Bill to the Committee. Mr. Bruce, the Chairman, has written to a Member of Parliament as follows:—"Should the Committee on the Vaccination Bill decide upon taking evidence, I will not fail to bear in mind your desire that Mr. Griffin should be examined."

Since the last list of subscriptions was published I have

received the following:—Eaton, F., Grantham, 10s.; Hulme, J. D., Blaby, 5s.; Garlick, F. S., Halifax, £1; Crowther, T. Halifax, 10s.; Nowell, W., Halifax, 10s.; Mackinder, D., Gainsborough, 5s.—I am, &c., RICHARD GRIFFIN.

12, Royal terrace, Weymouth, 21st May, 1866.

12, Royal-terrace, Weymouth, 17th May, 1866.

MY LORDS AND GENTLEMEN,—On the 3rd February last I forwarded to your honourable Board the draft of a proposed Bill "for the better Regulation of Medical Relief to the Poorer Classes in England and Wales," which was acknowledged in these words—"I am to inform you that the provisions contained in the Bill shall receive the consideration of this Board." My object in now writing is to ask you to do the Poor-law Medical Officers the favour to receive a deputation from them, in order that they may urge upon your honourable Board the desirableness of sanctioning some, at least, of the propositions named by them in their proposed Bill, and that you will recommend them to Parliament for adoption, either as a distinct Bill, or as part of the intended Poor-law Continuance Bill. Any day after next Saturday week that the Board may fix to receive a deputation will give time for me to communicate the fact to the Poor-law Medical Officers through the medium of the medical journals, provided the reply be received on or before next Tuesday, otherwise I must ask for the postponement of the deputation until the following week.—I have the honour to be, my Lords and Gentlemen, your obedient servant, RICHARD GRIFFIN, Chairman,
Poor-law Medical Reform Association.

The Poor-law Board.

UNDERCHARGING FOR MEDICAL SERVICES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Some time ago we had occasion to address you in reference to the grievance of "Undercharging" for medical services, which prevailed largely in this district. You will remember we stated that some of our members stooped so low as to charge sixpence for a visit or advice, or drive eight miles to do the duties of an accoucheur for three or at most four half-crowns.

We assure you, Sir, we would have felt gratified had it been in our power to say that our letter and your able comments had borne good fruits, but we have every reason for believing that sixpenny fees are as rampant as ever with the parties for whose special benefit our letter was written. Since the date of our last communication we have learned a good many facts, all tending to prove that in social position our profession in this district cannot get much lower. The following significant fact may astonish some of your London readers:—In our town we have five practitioners, and not one is assessed an income; in other words, the largest sum derived from actual practice by any surgeon is something less than £100 per annum. We have at present in our midst a surgeon whose practice includes a radius of at least fifteen miles—a man who is scarcely ever off the road, and yet we find him in the Appeal Court, claiming and obtaining exemption from taxation; satisfactorily proving, as he did, that for his never-ending duties his remuneration was something like £80 per annum. We think we hear you conclude that such a deplorable state of affairs is attributable, not to the community, but to the practitioner. In this we entirely concur, and such is the conclusion of the majority of the very classes he flatters himself he is favouring. It is, in fact, the result of the abominable sixpenny rate of charging. We have no reason for supposing that our community is below average as regards worldly substance, and we feel certain that in that respect they are at least equal to the districts on either side, where the medical men hold positions and appearances in every way compatible with the honour of our profession. We can say, for our own part, that it is very rare for a patient to grudge our charges, and we ask either a fair thing, or if a case of true charity nothing. We consider a medical man would be cruel indeed who would refuse his assistance in a really charitable case, even though he entertained no prospect of ever receiving any remuneration; at the same time we do not admit this an excuse for a man to perform medical duties to all classes of society for a fee that at the least would be paid to a hired labourer. Such a style of carrying out practice, we believe, tends as powerfully to lower the profession as the vilest form of quackery. We assure you, Sir, it is not our nature to be always making grievances, but the above is such a preposterous evil, and the results are so disastrous to our profession, that we would consider we had fallen short of our duty did we stop railing against it until matters are put on a proper footing. We know we have the profession on our side, and, as far as we can judge, a large share of the community, who can feel the force of the proverb, "A man should be just before he be generous." We only ask a fair remuneration for our trouble, so that we may be able to maintain a position becoming the profession of medicine, and feel no dread of the Bankruptcy Court.—We are, Sir, yours truly,

MEDICUS ET CHIRURGUS.

THE EXAMINATION FOR MEMBERSHIP OF THE ROYAL COLLEGE OF SURGEONS, IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—There has been a little sense and a great deal of nonsense written lately about the examination for membership of the Royal College of Surgeons, Dublin; but there seems to me to be one subject connected with it which is very little noticed—*i.e.*, the conduct of the students. I believe that the students pass far too much of their time in what Sir D. Corrigan, in his admirable introductory the other day, calls "sight-seeing." They hear of some grand surgical operation which is to take place at one of the hospitals—there they flock, and count the number of minutes that the operation lasts; but when the "show bizniss," as Mr. Artemus Ward says, is over, how many wait to see the wound dressed, or how few return to see how the patient is going on? Yet this, as they will afterwards find, is a most important part of the case. Perhaps they hear of some interesting medical case; they go and take a look at it—but do they examine the patient for themselves, or read it up so as to know it again? The same way in midwifery; they run to see the forceps applied, or the craniotomy forceps used. Could they make a decent attempt to do either for themselves—aye, even third year's men—if you place them in a country cabin, without any assistant but some old hag, who threatens to "swear agin you?" No. They stroll into the dissecting-room, pity some poor "muff" who is dirtying his hands to pick information out of his subject, make noises suitable for the top gallery of the Queen's during lecture hours, talk of the "Head Centre," *go to grind without any preparation*, spend the evening in amusement, and fancy that they have done a hard day's work, when in reality they have learned nothing of the slightest practical use to them. It's all humbug for these men to say that the examination consists only of cruxes which they can learn no place but at grind, whereas they never attempted to learn anywhere else; and if they do manage to struggle through, they come out swearing that there is nothing like leather, especially if they have been "nibbled" into taking a private hour. Grinding is all very well, but practical knowledge is much better, and I assert that if the candidate keeps his senses about him, understanding each question before he rushes at it, and by his conduct and answers convinces the court that he is a practical man, he will pass like a blaze of whins, no matter if he is ignorant of all the cruxes ever invented. *The examination is a fair one*, and if it ever falls into disrepute, the students may thank themselves for it in a great degree. Bah! Let the students learn any way they like, but let them not present themselves for letters testimonial until

they know and understand the grand profession they have wilfully engaged in; let them devote their days to work and their nights to sleep; let them avoid "the shades" to get a knowledge of midwifery; let them learn anatomy by using the scalpel; let them study disease while they can do so without being responsible for the treatment—and then when they do go in, they will find that grinders' tips contribute very little to a happy result.

I am now practising in the country, miles from any brother chip, and if I was depending on the cruxes I did learn at grind for any success I may have in practice, I would be as much mistaken as Doran was about the ass. Far be it from me to apply these remarks to all the students, as I know that there are many among them who, with industry and hard work, are yet to become bright ornaments of our glorious profession, and these are the very men who neither grumble nor make out grievances.—Believe me to be, my dear Sir, your humble servant, WHIPCORD.

THE MEMORIAL OF THE IRISH MEDICAL ASSOCIATION.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRUCLAR.

MY DEAR SIR,—As the letter I had the honour to address to the General Council of Education and Registration, inclosing, as Chairman of the medical meeting held on the 28th of December last at the Limerick Junction, a resolution passed unanimously by the meeting has been under discussion and commented on in the proceedings of the Medical Council. I enclose you a copy of the letter, and request you will publish it in the next number of THE MEDICAL PRESS AND CIRCULAR, in order that it may be in the hands of the members of the Medical Association and of the profession generally in Ireland prior to the annual meeting of the Association on the 4th of June, when I trust the proceedings of the Medical Council will be *fairly*, *firmly*, and *moderately* discussed.—I am, dear Sir, yours very faithfully,

THOMAS L. MACKESY, M.D.,
President Irish Medical Assocation.

Saturday, May 26, 1866.

IRISH MEDICAL ASSOCIATION.

Royal College of Surgeons in Ireland, Feb. 12, 1866.

SIR,—As President of the Irish Medical Association and Chairman of a meeting of the Medical Profession in Ireland, I enclose a copy of a resolution passed unanimously.

The meeting, called on a requisition signed by about 270 Physicians and Surgeons, was held at the Limerick Junction on 28th December last, and was numerously attended.

Together with the resolution to which I wish to draw the attention of the Medical Council, I beg to enclose a copy of my address on the occasion, and to request you will submit both papers to the General Council of Medical Education and Registration of the United Kingdom.

In a letter I have recently received from an influential member of the Medical Council, the writer, in referring to my address, says:—"You have fallen into a mistake on the first page in complaining that the Council had not drawn up and enforced on the different medical bodies empowered under their respective charters, &c. &c., uniform system, &c. &c. The Medical Council has no power to enforce any course of study or examination. They tried it with the University of Edinburgh, in the second year of their existence, and were beaten. The several Corporations may do as they like, and in the present state of free trade and under selling one another for the profits of diplomas, I see no hope of any amendment.

Under such circumstances, I trust the General Council will no longer delay in making application to Parliament for an amended bill, granting to the Council full power to enforce a uniform system of preliminary and medical education on all medical bodies chartered and empowered to grant diplomas or licences in medicine and surgery. I believe the Council would be supported in this application by every medical practitioner in the United Kingdom who has at heart the true interest of the public and the honour of our profession, as the present state of free trade and underselling for the profit of diplomas is injurious to the community at large, and lowering to the *status* and character of medicine and surgery. Medical registration can be of no advantage if it does not guarantee that the legally registered physician and surgeon has been regularly educated and fully competent to discharge the responsible duties of his profession.—I have the honour to be, Sir, your most obedient servant, THOMAS L. MACKESY, M.D., Chairman.

To Dr. F. Hawkins, Registrar.

THE COUNCIL OF THE COLLEGE OF SURGEONS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In common with other Fellows in my neighbourhood, I was rejoiced to see that Dr. Mapother was seeking a seat on the Council. While his exertions during his connexion with the educational department of the College for the last twelve years has rendered him one of tho most popular teachers in this country, his writings have gained him even a larger reputation. His energy would render him a most useful member of the Council, and, if I mistake not, he will be one of its most punctual members.

The profession owes him much for his advocacy of public health matters and the comprehensive Act on the subject, which the Government has promised, was obtained by his showing them its pressing necessity throughout Ireland.

With regard to the admission of candidates for Fellowship without examination (a subject on which I have previously addressed you), I feel sure he would give it his most vigorous opposition. I was also gratified to learn that a provincial surgeon of eminence (Dr. Johnson of Kilkenny) was also a candidate for a seat, and if he has made arrangements so that he will be enabled to attend a fair proportion of its meetings, his presence in the governing body will be of signal advantage.

I will conclude by expressing an earnest hope that the system of voting by proxy will be soon adopted by the College, so as allow Fellows residing at a distance to take part in the elections.—I am, &c. &c.,

H. R. HADDEN, M.D., F.R.C.S.

Clonakilty, May 26, 1866.

ROYAL COLLEGE OF SURGEONS, EDINBURGH AND UNIVERSITY REPRESENTATION.

AT a meeting of this College, held yesterday, it was unanimously resolved to forward the following petition to Mr. Mr. McLaren for presentation in the House of Commons:—

"That your petitioners have learned with satisfaction that a bill has been introduced into Parliament whereby it is proposed to confer Parliamentary representation upon the Universities of Scotland.

"The Scottish Universities, which are four in number, have existed from very early times, and have always deservedly enjoyed the confidence of the public, as being the means of disseminating among them an education of the highest character. They possess a constituency considerably exceeding 4000, while the combined constituency of the University of London and the Queen's University in Ireland does not nearly reach that number; and to each of these Universities your petitioners rejoice to observe it is intended to give a representative.

"Your petitioners, in consideration of these circumstances, and that Oxford and Cambridge—the national Universities of England—and Dublin University, in Ireland, have each the privilege of returning two members to Parliament, would respectfully submit that the allocation of only one member for all the Scottish Universities is an inadequate representation for Scotland.

"Your petitioners believe that the allotment of two members instead of only one would be a much more equitable distribution, which would be hailed with greatly more satisfaction by the various Universities, and would also tend to enlarge the constituencies by the stimulus it would give to students taking honours in these Universities.

"For these and other reasons, your petitioners humbly beg that your Honourable House will take the premises into favourable consideration, and will be pleased to assign two representatives to the Scottish Universities.

"And your petitioners will ever pray.

"Signed, in name and by authority of the Royal College, by "JAMES DUNSMURE, M.D., President."

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION, 1866.

We published last week a copy of the Draft Amended Medical Bill sent from the Home Office to the Medical Council. The following is the Report of the Committee on the Bill:—

REPORT OF COMMITTEE ON THE DRAFT BILL OF THE HOME OFFICE FOR THE AMENDMENT OF THE MEDICAL ACTS.

The Committee beg leave to bring up their Report as it was finally adjusted by the Committee of the whole Council at their meeting of yesterday.

The Committee having fully considered the Bill and compared it with that which was drafted during the last Session of the General Medical Council, beg leave to submit the following Report:—

The Bill of the Home Office embraces substantially the Bill of the Council, with, however, some important additions and alterations which require specific notice.

The Preamble.—The Council's Draft Bill commenced with the following preamble: "Whereas the 'Medical Act, 1858,' has been found ineffectual to enable persons requiring medical aid to ascertain who are qualified practitioners," &c. This preamble the Home Office Draft leaves out.

The Committee are of opinion, that if there be no valid reasons against its being retained, it would be desirable that it should be restored as part of the proposed Bill.

2. The Registration Clauses.—The object of the Clause as to Registration, proposed in the Council's Draft Bill, was to facilitate the duty of the Registrars in keeping their Registers correct; to enable persons who, having ceased to practise, may desire it to have their names erased from the Register; to render it imperative on the Registrar to address to any registered medical practitioner (instead of one letter within six months, as in the "Medical Act, 1858,") two letters within six months, at an interval of three months, inquiring as to change of residence, before erasing his name from the Register, and to prevent any person whose name has been once erased from the Register from being re-registered without the instruction of the General or Branch Councils.

In the Home Office Bill this Clause has been substantially adopted, though the phraseology has been somewhat varied, and the clause has been subdivided for convenience into eight Clauses, The Home Office Bill contains, however, two additions requiring mention—viz.:

1. The Council's Draft Bill provided, that when the name of any person shall have been erased from the Register by the General Council or any Branch Council, it shall not again be registered in any Register, except by direction of the Council which directed the erasure. The Home Office Bill adds the words, "or by order of a Court of competent jurisdiction." The Committee see no objection to this addition.

2. The Council in their Clause. has provided that the Registrar should address to any registered medical practitioner *two* letters within six months, at intervals of three months, inquiring as to whether he had ceased to practise, or had changed his residence, before erasing his name from the Register. The Home Office Clause diminishes still further the chance of any mistake, by providing that the letters to be addressed by the Registrar shall be *registered* letters; and that the second letter shall be addressed within fourteen days after the expiration of the first three months.

3. New Clauses as to Registration of Foreign and Colonial Practitioners.—The Home Office Bill embraces three new Clauses (XI., XII., XIII.), which provides for the registration of foreign and colonial practitioners, under certain conditions, these conditions being (1.) That only those foreign and colonial diplomas and degrees shall be registered which have received the sanction of the General Medical Council, and shall be included in a new Schedule entitled Schedule (B), which the General Council have been requested by the Home Office to prepare. (2.) That the provisions contained in Section XX., XXI., XXII. of the "Medical Act, 1858," shall apply to all qualifications contained in the Schedules to the proposed Bill; that is to say, that the Council, if they do not consider the course of study and examinations to be gone through in order to obtain any such qualifications sufficient, shall be entitled to represent the same to the Privy Council, who shall have power to suspend the right of registration. (3.) That no qualification, whether British, Foreign, or Colonial, other than those included in Schedules (A) and (B) in the proposed Bill, shall be entitled to registration unless by order of the Privy Council, on the representation of the General Medical Council. (4.) That no person shall be registered upon any Foreign or Colonial diploma or degree who has not resided in the United Kingdom for a period of not less than twelve months immediately previous to making his application for registration.

The Council are aware, that though there was power in the Council to register, if they saw fit, persons holding only foreign or colonial diplomas and degrees—provided they had obtained them previously to the passing of the "Medical Act, 1858,"—yet that they had no power to register any such diplomas and degrees obtained after the passing of that Act. The Committee consider it fair and right that some provision should be made for the registration of foreign and colonial diplomas and degrees (especially if registration be rendered indispensable for practice under recognized medical titles), as it would be a harsh measure to deny the privilege of registration in this country to persons who may come from abroad or from the colonies holding foreign or colonial diplomas or degrees, provided these qualify for practice in the countries where they have been granted, and are deemed deserving of recognition by the General Medical Council, as implying Education and examination not inferior to the minimum required in the case of qualifications granted in the United Kingdom.

In the Home Office Bill a new Schedule (B) is proposed to be introduced, for the purpose of including those foreign and colonial degrees and diplomas which are to qualify for registration. The duty of preparing this Schedule has, as already stated, been committed to the Council by the Home Office.

Whilst the Committee have done their utmost to meet the wishes of the Government in framing a Schedule (B), they have found the difficulty of the task to be so great that they consider it preferable to make a provision in Clause XII. of the proposed Bill, by virtue of which it shall be lawful for the General Medical Council annually to prepare and submit to the Privy Council, for approval, a list of those foreign and colonial qualifications which, from time to time, the General Medical Council may consider worthy of recognition—this list to be published in the *London Gazette*.

4. Registration of the Degree of Bachelor of Surgery.—The Committee see no reason that the degree of Bachelor of Surgery, conferred by any University in the United Kingdom, which now is, or hereafter shall be, legally entitled to confer the same, should not be included in Schedule (A).

5. The Penalty Clause.—This important clause, as framed by the General Council last year, has been substantially adopted in the Home Office Bill. There is only one important point requiring notice—viz: that instead of the word "Doctor," as in the Council's Draft Bill, the words "Doctor of Medicine" have been used in the Home Office Draft Bill. The Committee believe that the effect of this alteration is materially to weaken the clause; as, if it be retained, unqualified persons will continue as now to

practise Medicine, calling themselves "Doctors," but not "Doctors of Medicine," and will thus evade the penalties. It might be said that by using the word "Doctor" only you include all Doctors, whether of Philosophy, Law, &c. The answer to this is, that it is only those who, not being registered, are "practising medicine under the title of Doctor," who are affected by the Clause. The Committee would advise the Council to represent this matter very specially to the Home Office.

The Committee believe that the Home Office Bill, with the amendments suggested by them to be adopted by the Council, would prove a desirable amendment of the Medical Act, one calculated to benefit the medical profession, and the public, for whose protection from unqualified practitioners it makes more efficient provision. They therefore trust that the Council will adopt it, and will, before the conclusion of the present Session, send a deputation to the Home Office to state the views of the Council regarding the Bill; and further, to urge on the Government the expediency of the Bill being introduced as a Government measure." ANDREW WOOD, Chairman.

The Committee have carefully gone over, with Mr. Ouvry, the Draft Bill, with the alterations adopted by the Committee of the whole Council. They beg leave to make the following suggestions in reference to the Bill as it now stands:—

"1. The Committee recommend, that as Clause XI., as originally adopted by the Council, is inconsistent with Clauses XI. and XII., as subsequently agreed to by the Committee of the whole Council, the first mentioned Clause XI. be omitted from the Draft Bill.

"2. The Committee recommend, with a view of simplifying the language of the Clause adopted in place of Clause XI. by the Committee of the whole Council, that these words should be erased—viz.: 'of such qualifications as shall from time to time appear to the General Medical Council as proper to be included in the list;' and that the words 'General Medical Council' should be substituted for 'such Council.'

"3. The Committee recommend, that in lieu of the third division of Clause XI. of the Home Office Draft Bill, it be provided in Clause XIII. that Sections XXIX. and XXXIX. of the 'Medical Act of 1858' be added, so as to bring persons registered under foreign and colonial qualifications under the same liability of removal from the Register, for offences, as those registered under Schedule (A) to the Medical Act."

The Committee then submit for consideration of the Council a copy of the Bill with the Amendments above suggested.

The following are the reasons of the General Medical Council for suggested alterations in the Draft Bill to amend the Acts relating to Practitioners in Medicine and Surgery:—

"PREAMBLE.—In the Draft Bill prepared by the Home Office the Preamble suggested by the Council has been omitted. The Council would submit, that it is desirable to state the grounds on which fresh legislation is thought necessary, and, therefore, that the Preamble, either in the form suggested by the Council, or in any more apt words, should be adopted.

"CLAUSE X.—The Clause, as framed by the Home Office, is considered open to objection, inasmuch as it would give to the Registrar power to erase from the Register the names of gentlemen who have ceased to practise, although such gentlemen may wish to retain their names on the Register. This is not desired; the main object of the Clause is to enable the Registrar to remove the names of persons who have really ceased to practise and whose addresses are not known. This will be effected by the proposed mode of sending letters, and the Council therefore have suggested a slight alteration in the Clause in accordance with this view.

"CLAUSES XI. & XII.—The Council have ventured to suggest a modification of these Clauses. The main feature of the alteration is the doing away with the proposed Schedule (B) to the Act. The Council has done its utmost to meet the wishes of the Government in framing such Schedule, but they have found the difficulty of the task to be so great, that they have ventured to propose that the list of bodies, whose diplomas shall confer a qualification, shall be inserted in a list to be annually prepared by the General Medical Council and submitted to the Privy Council. By this means the General Medical Council will have the opportunity, from time to time, of making inquiries as to the status of the several foreign and colonial bodies, the nature and extent of their studies, and the quality of their examination, so as to judge whether they are worthy of recognition in the proposed list.

"It has appeared to the Council that the third provision of Clause XI., which authorizes the Registrar to refuse to register any person who shall have been guilty of an offence which would prohibit him from practising in his own country, is open to objection on several grounds: 1st. It would cast a judicial responsibility on the Registrars, which, by the 29th Section of the 'Medical Act, 1858,' is given only to the General Council. 2nd. The terms of the Clauses might be considered to cover offences which, although they might disqualify the practitioner from practising in his own country, would not be considered as an objection to his practising in this country, offences, for instance, of a political nature, or otherwise, not involving moral guilt. On these grounds the Council considers it safer to leave foreign practitioners in the same position as the practitioners of the United Kingdom, by making them amenable to the Sections XXIX. and XXXIX., of the 'Medical Act, 1858.'

"CLAUSE XIII.—The Council proposes to amend this Section, so as to bring Clauses XXIX. and XXXIX. of the 'Medical Act, 1858,' within its operation.

"The Council is aware that the proposed addition to this Clause does not fully meet a difficulty which the Draft Bill prepared by the Home Office was intended to meet, inasmuch as there is no power to remove from the Register the name of any colonial or foreign practitioner who may, in his own country, have been convicted of any crime or offence.

"The Council has failed to perceive any means in which this difficulty can be effectually met, owing partly to the difficulty of obtaining evidence of any such conviction, and the further difficulty of defining the class of offences which ought to exclude from the Register.

"The Council would be very glad if the advisers of the Government could suggest a clause adapted to the case.

"CLAUSE XIV.—The Council consider it would be expedient not to limit this Clause to the London University, but to extend it to any University in the United Kingdom which now is, or hereafter shall be, legally entitled to confer the degree of Bachelor of Surgery.

"CLAUSE XVI.—The Council proposes to amend this Clause by striking out the reference to the proposed Schedule (B) to the Act, and by striking out the words 'of medicine' after the word 'Doctor.' It is to be observed that the taking of the title of 'Doctor of Medicine' is prohibited by the earlier part of the Clause, inasmuch as it is one of the designations enumerated in Schedule (A) to the 'Medical Act, 1858.' Its subsequent introduction, therefore, is wholly unnecessary, whereas the introduction of the title 'Doctor' simply is all important to the efficiency of the operation of the Clause. The title 'Doctor' is the one most commonly assumed by unqualified persons practising medicine; and if such practice be allowed to continue, it is obvious that any unqualified person, by assuming that designation, might evade the penalty of the Clause. If it be said, by using the word 'Doctor' only in the Clause, all doctors, whether of philosophy, law, &c., are included, the answer is that the Clause applies only to those who, not being registered, are practising medicine under the title of Doctor. The Council beg to submit a print of the Bill amended in accordance with the above suggestions."

SIR,—The Draft Bill framed by the Home Office for the

Amendment of the Medical Acts has been very carefully considered by the General Medical Council, and, at the request of the Council, I have the honour to transmit herewith a print of the Bill framed by the Home Office, with such amendments therein as appear to the Council advisable.

I have also the honour to transmit a statement of the reasons which have induced the Council to suggest the amendments; and I am to ask that you will, at your earliest convenience, be pleased to receive a deputation from the Council, to consider the amendments in question.—I have the honour to be, Sir, your most obedient, humble servant.

The Right Hon. Sir George Grey, Bart., &c. &c.,
Home Office.

THURSDAY, MAY 24TH.

Dr. ANDREW WOOD, as Chairman of the Committee on Medical Acts Amendment Bill, brought up the Report of that Committee, and suggested, that as several verbal alterations had been made, each Clause should, for the more effectual mode of placing it before the Council, be read and considered *seriatim*.

Dr. STORRAR ruled that the Report must of necessity be read in its complete form.

With reference to Clause XII. of the Amended Bill,

Dr. PAGET said it was a very serious matter they had in hand, their solicitor (Mr. Ouvry) had propounded the law to them in the case of registering applicants who had diplomas of foreign or colonial universities, colleges, or any licensing bodies. He conceived that if the bill passed in its present form it would be a manifest injustice to British subjects: that the Council should be able in case of misdemeanour or misconduct in a professional sense, to bring this Act to bear upon, and to prosecute them for, it might be, a minor offence; whilst any man who, through a much graver one—political, social, or moral—was compelled to fly his country, might come over here, produce a foreign diploma, obtained we know not how, if he merely had resided in the United Kingdom twelve months, we dared not refuse to register him, because there was no clause in our Medical Act whereby we might first determine what the offence was with which in his own country he was charged—it might be of the vilest description—on which we might ground our refusal. This would, he repeated, be very unjust to the British subject, and would be lowering the standard of the profession by opening our doors to any foreign adventurer, telling him if he came to England we would give him the licence to practise—denied to our own brethren—would, in fact, sanction men who ought to be scouted by every professedly respectable practitioner.

Mr. CÆSAR HAWKINS then said, with the permission of the President, he would read a resolution he had framed, which he hoped would meet the requirements of the case. It was as follows:—

"That a new Clause be drawn up, or some words added by Mr. Ouvry, to a Clause like Clause 29 of the Act of 1858, which shall apply to persons registered under Clause 12 of the Draft Act on Foreign or Colonial qualifications, for crimes and offences committed in their own countries, of the same nature as those referred to in Clause 29 of the Act (1858), when committed in England, Scotland, or Ireland, by persons registered under the Act of 1858."

This was seconded by Dr. PAGET.

The motion was negatived.

Dr. ANDREW WOOD then proposed, seconded by Dr. PARKES, "That the Report as amended be adopted."

Amendment moved by Sir DOMINIC CORRIGAN, seconded by Mr. RUMSEY:—

"That the Secretary of State be requested to take the necessary steps to procure the issuing of a Royal Commission to inquire into the working of the Medical Acts, and to examine the Members of the Medical Council, and such other persons as they may see fit, with the view of framing a report that may lay the ground for a Medical Bill that will ensure the better education of candidates for the practice of the medical profession, and better protection for the rights of qualified practitioners than the present Medical Acts afford."

Sir D. CORRIGAN observed that he was indebted to the President for the very clear and succinct way in which he explained the full scope of the proposed Bill—viz., that the whole value to be gained by the Bill was the hope that "Doctor" simply would be substituted by the Government for "Doctor of Medicine," and that the question was whether it would not be well to forego all opposition to the objectionable parts of the Bill to gain this great boon. If he had in the slightest degree misrepresented the President's view he would feel obliged for correction. If otherwise, he might assume that he had correctly interpreted the President's explanation of the proposed Bill. [The President assented.] He had now no hesitation in saying that it was a mischievous Bill, injurious to the profession and likely to be badly received by the public, and to lower both the profession and the Council in the eyes of the public. It professed to be a Bill for the protection of the profession, yet it actually repealed the most important and protective clause of the Medical Act of 1858. In the Act of 1858, cl. 34, provides that "the words 'legally quallfied Medical Practitioner' or 'duly qualified Medical Practitioner,' or any words importing, or person recognized by law as a medical practitioner or member of the medical profession, when used in any Act of Parliament, shall be construed to mean a person *registered under this Act*." But Clause 10 of proposed Bill, enacts, that "a person whose name has been erased from the register with his consent, on the ground of his having ceased to practise, *shall not be liable* to any penalty under this section by reason of his being engaged gratuitously in the cure or treatment of any disease or injury." Now, mark the effect of this clause. A man obtains a diploma from some foreign College or University, it may be from some one of the thousand Universities of America, Germany, Italy, &c.—he gets his name on the register, then removes it, settles any where in the United Kingdom, and under this new Bill continues authorized to practise under this new proposed clause, free from all pains and penalties, from all control, may be guilty of "infamous" conduct in the language of the Act of 1858, and yet neither law nor General Council can interfere with him unless it can be proved that he has been paid for his attendance in the particular case in which an action may be attempted. Who is to be prosecutor in this action? Not the Medical Council, for it has already over and over again declined to prosecute. How is the payment to be proved? Only by the patient. Is that evidence likely to be had, or if the defendant deny the payment, which is to be believed? The ungrateful patient or the persecuted defendant as the counsel will put it. And this is called a Bill for the protection of "duly qualified practitioners." Again, it is proposed in the new Bill that the Council shall have power to admit to registry the graduates of all foreign Colleges and Universities they may see fit, publishing an annual list of such. Of the extent of abuse to which this might be carried we may readily judge. Much has been said of the great value of the "Visitation of Examinations," of its great necessity to insure that our licensing bodies conduct their examinations efficiently; but this proposed Bill empowers the Council to admit foreign graduates from all parts of the world without having the power to visit their examinations, and without the means of carrying out "a visitation," even if the laws of other countries permitted it. In fact, it would place the diplomas of foreign countries in character and in advantage over our own. The law of 1858 permitted, and perhaps properly, that foreign graduates practising in the United Kingdom previously to the passing of that act should be registered. That was a fair protection for vested rights; but the act properly provided that there should be no registry of foreign diplomas after that date, thus obliging any foreign graduate after that date to pass an examination before one of our nineteen licensing bodies before being entitled to register. The proposed repeal of this protective and salutary law is called a Bill for the

protection of our own "duly qualified practitioners," and this is what the profession is now to get in return for £62,000 which they have paid into the funds of this Council. Were the Bill unobjectionable in every respect, it would be most injudicious to proceed with in the manner proposed. The Secretary of State has declined to take charge of the Bill to introduce it as a Government measure, and has told you in his letter on our minutes of 17th inst., "to find some one to take charge of it." Suppose the Council act on that advice, as they seem disposed to do, in what a humiliating position is it placed, obliged to court the patronage of every member on one side, with homœopaths and quacks of all kinds on the other side, like competing jobbing companies, the Government standing by indifferent. Will our President, or any member of our Council, put himself in such a humiliating position in the lobby of the House of Commons, with hat in hand, and

"'Bated breath and whispering humbleness,"

to solicit votes? Better never go in for a Bill, but be content with the present, bad as it is, than run the chances that must occur of a Bill thus introduced coming out, as it most probably would, worse than our present Act. The two great wants are, as mentioned in the resolutions of the Medical Association of Ireland, and in Dr. Mackesy's letter, and embodied in the amendment now before us—"The better education of candidates for the practice of the medical profession, and better protection for the rights of qualified practitioners than the present Medical Acts afford." How far better protection is afforded by the proposed Bill has already been noticed. But suppose the Bill did ensure better protection or more stringent rules against unqualified practitioners, will the Legislature or the public for a moment countenance a Bill that asks for increased protection, for more stringent monopoly, as they would designate it, but takes no step whatever in this amended Bill for better education. They will naturally and not unreasonably say, "First show that you have improved education so as that all the candidates passed and if your several licensing bodies are fairly educated, then ask for increased protection, and you shall have it." Now suppose, as will be sure to happen, that some member stands up and reads this paragraph from the last report of the Navy Board, as to the education of the graduates or licentiates from our several licensing bodies who have come before them as candidates for medical service in the navy:—"The majority of those rejected were utterly ignorant of the Latin language, two failed altogether in anatomy and surgery, and two were so ignorant of materia medica that it *would have been dangerous to have passed them as qualified.*" . . . . . We are sorry to have to add that many of the manuscripts sent in the candidates have given evidence of such an ignorance of orthography and of the most ordinary rules of English grammar and composition as could hardly have been credited in members of a liberal profession." (*Vide* minutes of General Medical Council of Friday, May 18), and say to the House—"The men thus tested and pronounced ignorant of every knowledge requisite for the practice of medicine are at this moment practising, or are authorized to practise in private, and to take charge of our poor in public appointments, under the licenses of the Corporations whose representatives constitute the Medical Council, and with this evidence of their carelessness or corruption, they ask for increased protection. Those who are thus described by the Navy Board must have many like them throughout the country, and, as it now appears, unregistered practitioners cannot be worse than such registered men, it becomes a matter of indifference to us whether we are to be in the hands of registered or unregistered men. If the Council have not the power to enforce a better education and examination, then their first duty was to seek for it. If they have the power, then their fault is aggravated, and if the reports of 1865 from the Navy Board be referred to, it will be found that in place of improving the state of education in candidates passed by several of our licensing bodies is worse in 1866 than it was in 1865. Sir D. expressed his own belief that the Council had no power, and quoted the following extract from a communication of his to Dr. Mackesy, Chairman of the Medical Association, quoted by Dr. Mackesy in a letter to the Medical Association, which letter was refused insertion on the minutes:—

"You have fallen into a mistake in the first page, in complaining that the Council had not drawn up and enforced on the different medical bodies empowered under their respective charters, &c., a uniform system, &c. &c. The Medical Council has no power to enforce any course of study or examination. They tried it with the University of Edinburgh in the second year of their existence, and were beaten. The several Corporations may do as they like, and in the present state of free trade and underselling one another for the profit of diplomas, I see no hope of any amendment."

Sir Dominic continued—And they continue to do as they like. In the proceedings of the Scottish Branch Council of 12th January, 1866, it is stated that in all Scotland only sixty-eight students were entitled to registration, the whole of the medical students who, in November, 1865, had commenced their professional studies in the Universities of Glasgow and Aberdeen, and a number of the students in the Edinburgh University, having been permitted to commence their professional studies without passing or completing their preliminary examination. And this is followed by a declaration from the University of Glasgow, that "it has been thought inexpedient to adopt the plan of registration recommended by the General Medical Council, as in that University medical students are permitted, in certain cases, to enter upon their professional studies without passing an examination in general education. This is the present state of medical education. The London University has distinctly and positively told the General Medical Council it will not be bound by its decisions. Other bodies have treated its directions with silence, signifying something akin to contempt.

Sir Dominic proceeded to summarize his reasons for proposing the Royal Commission. That the Council is in this dilemma: that it has the power, or it has not, to enforce sufficient education; that if it has, it has not exerted that power for ensuring it, and that for eight years, year after year, the licensing bodies all represented on the Council are permitted to send out licentiates or graduates totally incompetent for the practice of their profession. That if it have not, it should, in a proposed bill apply for the two joint objects required—viz., "better education" for the sake of the public, and "better protection" for the members of the profession. That, by applying for a Royal Commission, the Council will place itself in the honourable position of desiring to conceal nothing; of explaining all the defects of the present acts; of showing that the Council is desirous of attaining the two objects desired; of freely acknowledging its own shortcomings, if any, and with the assistance of the knowledge of the profession from without, laying before that Royal Commission such an amount of information as will lay the foundation for a bill as perfect as it can be made, and which, with such a foundation, Government will not hesitate to adopt.

He concluded by observing:—But suppose the Government say we will neither take charge of the present bill nor accede to your request to issue a Royal Commission, as proposed in the amendment, then the Council comes out blameless. Its duty will then be to do the best it can with its present Act, and to all future charges brought against it as to education or protection, it can reply—We asked the Government to inquire and to assist us, and they refused.

Mr. Rumsey, in seconding the amendment, said he had long had the subject of medical education under reflection, and although he supported the amendment he did not think

it met the requirements in many particulars; he, nevertheless, was favourably disposed to a Royal Commission being appointed; it was a step in the right direction, and might eventually be productive of much good. He quoted an extract from a letter written by a very great authority to another equally learned in the profession, but whose names he would not mention, "that he but shared in the common opinion—with reference to the proceedings of the Council—that if the General Medical Council were to adjourn for very much longer periods than they do the loss to the profession would indeed be very small."

The PRESIDENT thought if Mr. Rumsey gave the names of the authorities from which he quoted it might give additional weight, in which suggestion Dr. Andrew Wood concurred, as such a slur upon the character of the Council ought not to be made unless substantiated by the authority of the writer.

Mr. RUMSEY said he could not do that, but he was happy to say he did not endorse this opinion, but merely quoted the paragraph in question that the Council might know what opinion was formed outside their pale, and act accordingly. He considered much good had been done by the Council, but there were points, and many of them so complicated, that no legislation could possibly remedy. The question was, whether the machinery in the Royal Commission so devised was adequate to the requirements of the profession. He thought not, but would express his satisfaction at the advance proposed to be made, though it was but a small measure.

Mr. HARGRAVE said he could not support Sir Dominic Corrigan's amendment for a Royal Commission, considering that he was either utterly inattentive to the working of the Medical Act or ignored its results. Two or three times during this meeting he alluded to the character of the Naval Surgeons in a most marked manner, specifying their ignorance of Latin, English, anatomy, surgery, and materia medica. The fact is, it is the dross of the medical students who now seek for admission into that service; no candidate well educated, of a good family and gentle blood, and two or three and twenty years of age, will enter it, or submit to the overbearing character of the captains; and the medical service in the navy is fast returning to the times of Roderick Random. Good medical candidates will not present themselves for the navy till the captains change their bearing and conduct to their medical officers. He further observed that the Government would grant no Royal Commission, as the Council failed in its duty in carrying out the provisions of the Medical Act, particularly Clauses XX. and XXI., which granted to the Council full powers of appeal to the Privy Council. The Medical Council was deficient in action and independence in not long since having availed itself of their valuable privilege to control recusant parties. He well recollected when first he had a seat in the Council there was a motion brought forward bearing on the College of Surgeons of England, which had declined to accede to some of the recommendations, to appeal to the Privy Council. The motion was lost by the casting vote of the then President, Sir Dominic voting with the party to which the President gave his two votes. He (Mr. Hargrave) visited the examination for the Master in Surgery in the University of Dublin last December, and was much gratified to be able to judge for himself, as he had heard so many conflicting and contradictory opinions as to the manner in which it was conducted. His visitation afforded him no little satisfaction and experience. The report of his visitation is now before the Council, and will speak for itself. In conclusion, he believed that no Royal Commission would be granted, as the Medical Bill gives the Council full powers, by appeal to the Privy Council, to remedy any shortcomings, whether of Universities, Colleges, or individuals, and thus bring the profession into harmonious working order.

Dr. ACLAND said, when a member of the Council made such a proposition and enforced it with such a speech as they had heard from Sir Dominic Corrigan, he confessed that, considering the great length of time constantly given to discussions in that room, it would be most unseemly that they should hurry over this question. It was the last weapon he would put into the possession of Sir Dominic Corrigan of going out of the Council, and saying, that when he seriously brought forward a motion of this kind, they declined to entertain it, and finally shelved it altogether; and he would ask every member of the Council, whether they might not—had it not been for the course adopted by Sir Dominic in full right—he did not doubt the right, but the reason of it—whether the three days spent upon this Act might not have been spared if Sir Dominic had had the straightforwardness to inform them beforehand that if was his intention after three days' deliberation to pull them up to a dead-stand by bringing forward his proposition. The Council would pardon him for frankly expressing his opinion, that the constitution of that body was extremely difficult to work, and as an executive almost impossible; but as they did not make the executive, the question was, whether they did each, according to his capacity, the utmost they could to make it work. He believed every individual member could honestly answer this question, that to the best of their abilities, they had consistently performed the parts assigned them; and with regard to the statement handed abroad, that they were each determined to put forward and defend his own particular interest, he would simply deny it (hear, hear). He could say, in reference to the University of Oxford, which he had the honour of representing, that nothing would sooner cause him to forfeit the confidence of his friends than if they believed he advocated their interests only to the prejudice of the public good. What was more insulting to their character as Englishmen, than that they should have it reported all over the country that the moving principle of the Council was self and self only. He should be very happy to see a Royal Commission appointed, although he did not consider it necessary or proper that the Council should ask for it. He would repeat that he had not the slightest objection to it, and if it could help them out of their difficulties, and enable them to do the duty imposed upon them any better, he for one should heartily welcome it. There were several things he considered prejudicial to the proper working of the Council. One thing was, and which he objected to in the first instance, that of the introduction of reporters by which their deliberations, being made public, were fettered. Another point was, that they had undertaken to settle the most delicate and intricate details of education in the short space of four or five days, amidst the pressure of other business. In his judgment it would be far easier to do it by a committee of three or four sitting during the interval between the sessions, who should bring up their report to the General Council. There was one thing he would like to remind Sir Dominic Corrigan of, and that was in regard to a statement he had been pleased to make, that the Council had done nothing. On the one hand, he told them they had no powers, and on the other, that the powers they had were not exercised. What had they done? A great deal. Had not the Pharmacopœia been completed? Had not an immense deal been done for education? Did Sir Dominic imagine all was to be done in a moment, because he chose to pull the strings and agitate? He repeated that Sir Dominic Corrigan had advanced what members of the Council knew to be untrue, and it was not right to throw broadcast over the country such allegations. He should like to be told what body had set itself determinedly to protect abuses and to keep them up? If such a body were represented there, let Sir Dominic say which it was, and let its representative answer whether or not it was the case. With regard to education, professional and non-professional, it was his belief that there had been since the passing of the Medical Act a sincere endeavour to pull up the education of the students, and to qualify every man according to what was practically possible. The Council had done as much as any body constituted in so heterogeneous a manner could have done in the same time.

Of course they would be chargeable if they did not take steps to make the wheels run smoothly, and this he considered would be accomplished by such important business being prepared during the interval of the sessions by standing Executive Committees. He greatly admired the ability of Sir D. Corrigan, who, if he failed in getting this Royal Commission, he hoped to find side by side with the rest of the Council, and with his great powers endeavouring harmoniously to exercise the powers they possessed in a calm and judicious manner, not talking, as he had done, about coalition, and other violent measures; but with a feeling of trust and confidence in his colleagues, and in the good intentions of the several bodies they were called upon to represent, seriously and truly under great difficulties to work the machinery they possessed (loud cheers).

Dr. STOKES stated that from an experience of forty years, first as President of the Dublin University, and, latterly, in the Royal College of Surgeons of Ireland, he thought nothing was more remarkable than the great advancement in education in the Irish Colleges. Since the year the question was first mooted in the Council, great attention was paid to professional studies, and students of the present day were very far in advance of what they were seven years ago. This was not his opinion only, but that of many who were in the best position to judge of the truth of his assertion. He could not, therefore, admit that medical education had retrograded.

Dr. ANDREW WOOD said—Dr. Acland, in his very able speech, remarked that he was opposed, in the first instance, to the admission of reporters at their deliberations. He (Dr. Wood), however, rejoiced that they were then present, and that the remarks made by that gentleman would go forth to the world as a type of that manliness of purpose and feeling, that straightforwardness to do their very utmost for the advancement of medical education, and the promotion of the interests of the profession, with which he was sure every Member in the Council was actuated, though they might not all be able to express it so elegantly as Dr. Acland had done. He, for one, felt the strictures often cast upon them by Sir Dominic Corrigan and other gentlemen, both in Council and out of it, were quite unfounded; and Sir Dominic never seemed to fancy he had done his duty until he pointed out a flaw in their proceedings, a wound, or a disease, as it were, and then sat down complacently, leaving them to seek and apply the remedy. Was this helping forward the deliberations of the Council, did such conduct as this, of which they were all cognizant, promote the harmony of their meetings? Nay, it had the very reverse effect, and Sir Dominic appeared to rejoice in having created the difficulties and then refused to help them out.

The amendment of Sir Dominic Corrigan having been lost by 19 to 3, Mr. Wood's motion was then put and carried by 16 to 6.—The meeting then adjourned.

FRIDAY, MAY 25TH.

The minutes of the preceding day having been read by the Registrar (Dr. Hawkins), the adjourned consideration of the report of the Committee on the subjects of education was resumed. A long discussion arose, in which Dr. Acland, Professor Syme, Sir Dominic Corrigan, Dr. Paget, Dr. Stokes, Dr. Christison, Mr. Cæsar Hawkins, Dr. Sharpey, Dr. Apjohn, Mr. Cooper, Dr. Storrar, and Dr. Alderson took part, as to whether natural philosophy, including mechanics, hydrostatics, and pneumatics, should not be transferred from the optional to the compulsory subjects; and it was finally moved by Dr. STOKES, seconded by Dr. STORRAR, and agreed to:—

"That Natural Philosophy, including Mechanics, Hydrostatics, and Pneumatics, be adopted as one of the Optional Subjects."

After several minor clauses in the report had been considered and passed, it was

Moved by Dr. STOKES; and seconded by Dr. STORRAR:

"That the concluding paragraph of the Report be adopted—viz.:

"The Education Committee having considered the letter and resolution of the Irish Medical Association forwarded by Dr. Mackesy, and referred to them, recommend that the resolution be entered on the minutes. The Committee further recommend the forwarding this resolution of the Council to Dr. Mackesy."

Amendment, moved by Dr. EMBLETON; and seconded by Dr. ALEXANDER WOOD.

"That the concluding paragraph of the report be not adopted; but that the Registrar be requested to acknowledge the receipt of Dr. Mackesy's letter, and the resolution of the Irish Medical Association, and to inform him that the subject of them has received the full consideration of the Council."

The amendment was carried, and having been put as a substantive motion, was agreed to.

The next subject on the programme for consideration was the report of the Pharmacopœia Committee.

Dr. CHRISTISON moved the adoption of this report.

Dr. QUAIN begged to second the same.

Dr. AQUILLA SMITH objected to one or two points in the report. It needed, in his opinion, some little modification.

Dr. SHARPEY also concurred with Dr. Smith. The latter clause in the report, as follows:—"The Committee beg to inform the Council that they have not hitherto found it necessary to make use of any portion of the funds placed at their disposal by order of the Council"—might be misconstrued, as they had quite sufficient funds in hand to pay any of the gentlemen who had given their time and attention to this important matter.

Dr. APJOHN rose and said, as the oldest member of the Committee, he had a few remarks to make. Dr. Apjohn, however, seemed to be suffering from a very severe hoarseness, and as his speech, which was not concluded on Friday, on its resumption on Saturday was still inaudible to our reporter, we are unable to give it to our readers. From what, however, could be gathered, he seemed to maintain that the *old Pharmacopœia* was still considered preferable to the new one, and adduced many facts to prove the assumption—that many of the most influential bodies in the United Kingdom still adhered to and dispensed from the old Pharmacopœia. He moved the following resolution, seconded by Dr. SMITH:—

"That it be an instruction to the Pharmacopœia Committee to give for each therapeutic compound of definite constitution occurring in the forthcoming edition of the Pharmacopœia two formulæ—the first being *that in ordinary use at present*; the second being the one constructed in accordance with the more recent views of what are called 'Unitary Systems.'"

Dr. ANDREW WOOD said on looking over the old Pharmacopœia, he could not see how it was possible that either the student in chemistry or the chemist could adhere to the old Pharmacopœia, the old notation was anything but satisfactory, and he would suggest that the student should have both the old and the new form put into his hands, he would then see what differences there existed between them and form his judgment accordingly. He hoped the Council would, with a view to the advancement of scientific purposes, adopt the combination of both systems.

Dr. CHRISTISON said he was Chairman of the Pharmacopœia Committee, and from what had come under his notice in Scotland, the British Pharmacopœia had been everywhere hailed with pleasure. In Ireland also, he conceived from what he had seen and heard, it was very satisfactorily looked upon. It was only in England where it had been otherwise received, he knew there had been a good deal of opposition to the measure, and he knew there was a growing inclination to think very small of the doings of the Pharmacopœia Committee, but he maintained this opposition merely came from that body of practitioners who preferred the old system, because by these changes, which the Committee deem absolutely necessary for the perfection of the Pharmacopœia, these practitioners would be losers in a pecuniary point of view. The Committee of course were sorry for this.

He, however, believed the new Pharmacopœia would be generally acceptable. He was well aware the student did not base his knowledge in chemistry and pharmacy on the Pharmacopœia only, but he was not aware any chemist or practitioner ever used the chemical notations put forward by Dr. Apjohn; in fact he was almost certain they were never used at all. How could the Pharmacopœia Committee come to any other conclusion than the one they had. Why overload the Pharmacopœia with superfluous results of scientific experiments, why this proposition to introduce into its pages matter which would never be of any use either to the student or the chemist? He (Dr. Christison) sincerely hoped the Council had come to but one view on the subject, and that it would encourage the Committee by supporting the adoption of the report of the Pharmacopœia Committee.

The resolution of Dr. Apjohn having been put to the vote was carried by a large majority.

Several objections were raised against the adoption of one or two clauses in the report, and the debate on this important subject was adjourned.

REPORT OF THE DIRECTOR-GENERAL OF THE NAVY MEDICAL DEPARTMENT.

The following are the communications from the Director-General of the Medical Department of the Navy were read, with returns of the examinations of candidates, at the Medical Council.

Admiralty, W.C., Feb. 21st, 1866.

SIR,—With reference to your letter of the 27th of May, 1864, I have the honour to forward, for the information of the General Council of Medical Education and Registration of the United Kingdom, a report from the Board of Examiners on the examinations of candidates for medical commissions in the Royal Navy during the year 1865.

I have the honour to be, Sir,
Your very humble servant,
A. BRYSON, Director-General.

Dr. F. Hawkins,
Registrar of the General Council of Medical Education and Registration of the United Kingdom,
32, Soho-square, W.

Admiralty, Somerset House, Feb. 14th, 1866.

SIR,—We have the honour to acquaint you, for the information of the General Council of Medical Education and Registration of the United Kingdom, that—

1. During the year 1865 twenty-one candidates presented themselves for examination for commmissions as assistant-surgeons in the Royal Navy.

2. Of these four had been previously examined and rejected; and one underwent two examinations during the twelve months, having been unsuccessful on the first occasion.

3. Of the total number of candidates who presented themselves, twelve were successful and were admitted into her Majesty's service, and nine, having failed to satisfy us as to their professional knowledge, were rejected.

4. Of the twelve successful candidates, five passed good examinations, two moderately good examinations, and five indifferent examinations.

5. Of the five candidates who were twice examined, two passed good examinations on the second occasion, and three were again rejected.

6. The majority of those rejected were utterly ignorant of the Latin language, two failed altogether in anatomy and surgery, and two were so ignorant of materia medica that it would have been dangerous to have passed them as qualified.

7. The accompanying table supplies the information requested by the Medical Council with reference to the qualifications of the candidates, and the points on which they were chiefly deficient.

8. Appended to our letter to you of the 6th of March, 1865, reporting on the examination during the prevous year, was a list of the subjects on which the candidates had at different times been examined, and which we stated, when put in the interrogative form, gave a fair idea of the general character of the questions put to the candidates. As the nature and scope of the examinations in no respect differed during the year 1865, we do not consider it necessary to forward another list herewith.

9. In renewing our expressions of regret that so much ignorance of the Latin language should be displayed by a large proportion of the candidates who submit themselves for examination, we are sorry to have to add that many of the manuscripts sent in by the candidates have given evidence of such an ignorance of orthography and of the most ordinary rules of English grammar and composition as could hardly have been credited in members of a liberal profession.

We have the honour to be, Sir,
Your obedient servants,
E. HILDITCH, Inspector-General.
JOHN SALMON, Deputy Inspector-General.
WM. R. SMART, Deputy Inspector-General.
ALEX. E. MACKAY, M.D., Deputy Inspector-General.

Dr. Bryson, C.B., F.R.S., &c., Director-General, &c.

Statement of the Qualifications, according to Schedule A, of the different Candidates who were examined for Medical Commissions in the Royal Navy in 1865, with the Results of the Examinations.

No. 1.—Lic. R. Coll. Phys. Lond., Mem. R. Coll. Surg. Eng. Passed an indifferent examination.

No. 2.—Lic. R. Coll. Phys. Edin., Lic. R. Coll. Surg. Edin. Rejected, 2nd exam. Latin examination bad; Anatomy indifferent; Surgery bad.

No. 3.—Mem. R. Coll. Surg. Eng., Lic. Soc. Apoth. Lond. Passed, 2nd exam. A good examination in all branches.

No. 4.—Mem. R. Coll. Surg. Eng., Lic. Soc. Apoth. Lond. Rejected, 2nd exam. Surgery only fair; deficient in all other branches excepting Anatomy.

No. 5.—Lic. R. Coll. Surg. Irel. Passed an indifferent examination.

No. 6.—M.B.Univ. Aberd., Mast. Surg. Univ.Aberd. Passed an indifferent examination.

No. 7.—Lic. R. Coll. Surg. Irel. Rejected. Utterly ignorant of Latin; Manuscript bad.

No. 8.—Lic. F. Phys. Surg. Glasg., M.D. Univ. Glasg. Passed a moderately good examination.

No. 9.—M.D. Univ. Aberd., Mast. Surg.Univ. Aberd. Passed a good examination in all branches.

No. 10.—Lic. R. Coll. Phys. Edin., Lic. R. Coll. Surg. Irel. Passed a moderately good examination.

No. 11.—Mem. R. Coll. Surg. Eng., Lic. Soc. Apoth. Lond. Passed an indifferent examination.

No. 12.—Mem. R. Coll. Surg. Eng., Lic. Soc. Apoth. Lond. Rejected, 2nd exam. Utterly ignorant of Latin.

No. 13.—Lic. F. Phys. Surg. Glasg. Rejected. Utterly ignorant of Latin; Manuscript bad.

No. 14.—Mem. R. Coll. Surg. Eng., Lic. Apoth. Hall. Dubl. Passed a good examination in all branches.

No. 15.—Lic. K. & Q. C. Phys. Irel., Lic. R. Coll. Surg. Irel., Lic. Mid. K. & Q. C. Phys. Irel. Rejected. Deficient in Anatomy, Surgery, and Latin; Manuscript indifferent.

No. 16.—Lic. R Coll. Surg. Irel. Rejected. Utterly ignorant of Latin; Manuscript bad.

No. 17.—Mem. R. Coll. Surg. Eng. Rejected. 1st exam. Deficient in Chemistry, Materia Medica. Midwifery, and Botany. Passed, 2nd exam. A good examination in all branches excepting Surgery, which was fair.

No. 18.—Lic. R. Coll. Phys. Lond., Mem. R. Coll. Surg Eng., Lic. Soc. Apoth. Lond., M.D. Univ. St. And. Passed an indifferent examination.

No. 19.—Mem. R. Coll. Surg. Eng., M.B. Univ. Edin. Passed a good examination.

No. 20.—Mem. R. Coll. Surg. Eng. Rejected. Utterly ignorant of Latin.

No. 21.—Lic. R. Coll. Surg. Irel., Lic. Apoth. Hall. Dubl. Rejected. Deficient in Chemistry, Materia Medica, Midwifery, and Botany.

THE GREAT NORTHERN HOSPITAL has recently received the patronage and support of Earl Russell, K. G., the Earl of Dartmouth, the Earl of Zetland, the Duchess of Newcastle, the Duchess of Gordon, Lady Taunton, and Lady Charlotte Denison. Two legacies have just been paid—viz., £300 (the late George Wheelhouse, Esq.), and £50 (J. W. White, Esq.); also £84 per J. Carr Jackson, Esq., the proceeds of a ball at Willis's Rooms; also £21 per J. W. Nevitt, Dramatic Club." A vigorous effort is being made to extend the benefits of the hospital, and to double the number of the beds, which are constantly filled.

TO THE PRESIDENT AND MEMBERS OF THE GENERAL MEDICAL COUNCIL OF THE UNITED KINGDOM.

THE MEMORIAL OF THE COUNTY AND CITY OF CORK MEDICAL PROTECTIVE ASSOCIATION

RESPECTFULLY SHOWETH—

That your Memorialists look forward with deep interest to the measure which they understand is likely soon to be introduced into Parliament to amend the Medical Act of 1858.

That this Act must be looked upon as having, up to the present time, fallen short of what was expected from it, in its two principal objects,—viz. :—The protection of the public, and a really improved system of medical education.

That with respect to the first of these objects, it appears to your Memorialists that Registration must continue to be all but nugatory, unless the new legislation render it imperative on the Council to order, through duly authorized officers, the prosecution of all persons incurring the penalty specified in Clause XL. of the Medical Act; or that which may be substituted for it.

That the vastly more important object of securing a sound and adequate education for all candidates for medical and surgical qualifications, is not, in the apprehension of your Memorialists, likely to be attained whilst the powers of the Council continue to be limited, as they are at present. To be enabled efficiently to provide for the country a body of properly qualified practitioners, it appears to Memorialists that the Council should be empowered to prescribe and enforce such educational regulations as may be found requisite for the attainment of that important object.

That no education, Memorialists respectfully submit, can be considered sound and adequate, which does not include, as preliminary to entering on medical studies, properly so-called, such a course both literary and scientific, as will enable the student effectively to master the varied subjects of professional study with which he will have to grapple, and afterwards to take such a position amongst men of general information, as will be calculated to maintain for medical science the estimation in which it is desirable, for the good of mankind, that it should be held.

That the course for a degree in arts in the different Universities, should, in the opinion of your Memorialists, be essential preliminary to that for a degree in medicine, and that a course of education, embodying both classical studies and the various branches of physical science, should be indispensable before entrance on medical and surgical education of whatsoever character.

Wherefore, your Memorialists would respectfully suggest the expediency of the Council seeking for such a modification of Clause XLI. of The Medical Act, as will secure the prosecution of offenders against its provisions. But especially of seeking for the power to establish a uniform curriculum of studies, preliminary and professional, which shall be binding an all the educational bodies of the country.

And your Memorialists, &c.

Notices to Correspondents.

Medicus et Chirurgus.—The letter is inserted.

St. Bartholomew's Hospital.—The report is inserted.

The Harveian Society.—The notice is inserted.

"*Victim of Quackery.*"—The gentleman named is a duly qualified and registered practitioner.

Mr. Harry Lobb.—The papers have been received.

L.R.C.S.Edin., and L.A.C.Dublin.—The letter has been received.

Mr. Griffin.—The letter has been received.

GRIFFIN TESTIMONIAL FUND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—The following subscriptions have been further received on behalf of the above fund :—

W. B. Irving, Esq., Newark (2nd)	£0	1	0
Thomas Robinson, Esq., Alton (2nd)	0	5	0
Henry J. Matthew, Esq., Horsham	0	10	0
Amount previously announced	136	6	3
Received at *Lancet* office	13	11	6

Yours obediently,
ROBERT FOWLER, M.D.,
145, Bishopsgate-street, London. Treasurer and Hon. Sec.

ERRATUM.—In Dr. Murney's paper on "Paralysis," page 538, second column, line twenty from the top, for *incessantly*, read *incapacity*.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen having undergone the necessary examinations for the diploma, were admitted Members of the College at a meeting of the Court of Examiners on the 22nd inst. :—

Adams, Edward John, Charlton, Kent.
Archdall, Gordon, Bundoran, Co. Donegal.
Birch, George, Kingsland.
Carver, Charles Handasyde, Nottingham.
Fair, Campbell, Outerrard, Co. Galway.
Galton, John Charles, M.A. Oxon, Exeter.
Horsfall, B.A. Oxon, Leeds.
James, John Rees, Llanelly, Carmarthen.
Johnson, David, Magherafelt, Co. Derry.
Levy, Julius Lawrence, Westbourne-terrace.
Lloyd, Thomas Franklin, Finsbury-circus.
Morgan, Richard, Aberdare, South Wales.
Murray, Berkeley, Barbadoes.
Perry, Michael, Harwell, Berks.
Pughe, David Roberts, Aberdovey.
Sansome, Thomas, Birmingham.
Schott, G. Friedrich Julius, M.D. Gottingen, Frankfort-on-the-Maine.
Smee, Alfred Hutchinson, Finsbury-circus.
Stevens, George Jesse Barnabas, Southgate-road.

The following were admitted members on the 23rd inst :—

Evans, Julian Augustus Michael, Pinuer,
Mallock, Edward Cruikshank, M.D. M'Gill College, Montreal, Ottawa, Canada West.
Parker, Leander Van Ess, M.D. New York, Nova Scotia.

It is stated that seven candidates for the Membership, out of the twenty-eight who offered themselves for examination, failed to acquit themselves the satisfaction of the Court, and were consequently referred back to their hospital studies for six months.

At the meeting on the 23rd, the under-mentioned gentlemen passed their examinations for full Surgeons in the Royal Navy :—

Middleton, James, M.D. & L.R.C.S. Ed. (1860), Royal Hospital, Greenwich.
Pickthorne, George Russell, M.D. Aberdeen (1862), H.M.S. *Challenger*, Sheerness.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 17th inst. :—

Bush, John, Dearden, Newcastle-on-Tyne.
Evans, Arthur Griffith, Narberth, Pembrokeshire.
Gell, Thomas Silvester, Stafford.
Macaulay, James Campbell, Leicester.
Milward, James, Cardiff.
Newsam, Alderson, Totness, Devon.
Smith, Edward Robert, Duolcy.

The following gentleman also on the same day passed his first examination :—

Sanders, Richard Careless, London Hospital.

REMEDY FOR SEA SICKNESS.—In the absence of ice, try Richardson's æther vapour spray along spine. Ice is not always available.—L.R.C.S.I.

BIRTHS.

At Kilmoganny, county Kilkenny, the wife of W. B. Phelan, L.R.C.S., L.R.C.P., &c., Medical Officer Kilmoganny Dispensary, of a daughter, on the 19th of May.

DEATHS.

BRADSHAW.—On 6th April, at Sierra Leone, Francis Bradshaw, Esq., L.R.C.S.I., L.R.C.P.E. Dr. Bradshaw served as Assistant Colonial Surgeon at Sierra Leone for over four years, and at the time of his lamented death was Acting Colonial Surgeon. For several months fever of a malignant type was epidemic in the Colony, and Dr. Bradshaw, at the early age of 28, fell a victim to his zeal and assiduity in the discharge of his arduous duties.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING MAY 26TH, 1866

By J. H. STEWARD, Strand, and Cornhill, London.

May, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
21	30.014	61	47·05	60.05	47·05	E	—	—	Wind.
22	30·030	63·05	40	59	50	E	—	—	Wind.
23	30·014	71·05	43·05	60	49·05	NE	—	—	Pleasant.
24	29.095	59	44·05	51	45	E	—	—	Fine.
25	29·055	67	43·05	56	45·05	E	—	—	Fine.
26	29·065	—	43	56	52	NE	—	—	Pleasant.
—	—	—	—	—	—	—	—	—	—

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Hospital Reports.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

RHEUMATIC FEVER; ALKALINE TREATMENT; NO CARDIAC COMPLICATION.

Case 1.—J. L., a boy aged 12 years, was admitted into the Whitworth Hospital on the 25th of April, 1866. He had been a week ill before admission. When seen after admission he was in great pain, all the principal joints being engaged. He was ordered a combination of the three salts of potash—viz., bicarbonate of potash, ʒii.; acetate of potash, ʒi.; and ʒi. of nitrate of potash in the infusion of gentian. The joints were assiduously poulticed with a mash of chamomile flowers and poppy heads. Small doses of opium were given at frequent intervals to allay pain and promote sleep. This boy progressed most favourably, and defervescence took place with unusual rapidity, the swellings and pains in the joints subsided, and on the fifth day after admission he was quite convalescent. The heart was carefully examined each day, but no lesion of any kind became developed in it, and the patient was soon after discharged well.

Case 2.—W. R., male, aged 25, was admitted into the Whitworth Hospital on the 22nd of April. He had been ill for about a month prior to admission. When seen on the 23rd he complained of severe pains in the shoulders and elbow joints, and in succession all the principal joints and several of the minor ones of both hands became affected. Much pain was complained of, and the patient was sleepless. He was placed on a combination of the salts of potash, in the proportion of ʒiv. of the carbonate, and ʒii. each of the nitrate and the acetate of potash in a bitter infusion. The joints were carefully poulticed with chamomile flowers and poppy heads, and quarter grain doses of opium were administered at intervals until sleep was procured. Severe suffering was complained of from time to time in the shoulders and elbows, for which a liniment composed of equal parts of lin. aconiti and lin. belladonnæ was employed with great advantage. This case progressed favourably, gradual amendment took place in all the symptoms, and he left hospital on the 11th of May, after a sojourn of nineteen days, perfectly well, and with the heart completely intact.

Case 3.—J. R. This patient, a male, aged 32, had been admitted to the Hardwicke Hospital on the 2nd of March, labouring under typhus fever of a severe and aggravated type. He was an inmate of that institution for seven weeks. On the 20th of April he was transferred to the Whitworth with well-marked symptoms of rheumatic fever. He now lies side by side with his namesake, the patient last named, and the two cases presented numerous points of similarity. They were treated on identically the same plan, the combination of the three salts of potash, poultices of chamomile flowers and poppy heads to the joints, opium at intervals to allay pain and procure sleep, and the occasional use of the combination of the aconite and belladonna liniments when pain of a severe degree was complained of. Convalescence was established in both about the same time, and both left hospital at the same period, and in both there was an entire freedom from cardiac complication.

Case 4.—J. G., æt. 36, a man of powerful frame, of great muscular energy, and a very free liver, was admitted to hospital on the 16th April. He was found labouring under an unusually severe form of rheumatic fever. The knees, ankles, and the wrists especially were excessively painful, and he was restless and sleepless. Poultices of chamomile flowers and poppy heads were placed upon all the joints; he was put on the combination of ʒ ss. of carbonate of potash, ʒ ii. each of the nitrate and acetate of potash, in infusion of calumba, with opium in quarter-grain doses at intervals, to induce sleep and allay pain. Under this treatment he progressed favourably until the 21st, when symptoms of a very unusual character developed themselves. There was much cerebral excitement, with tremor, illusions, attempts to get out of bed, and much violence threatened to those around. This condition lasted for five days and resisted all treatment, when, despairing of his recovery, his wife insisted on removing him from hospital, and he was brought home. In two days subsequently, however, he was again admitted to hospital, with persistence of the condition just described, and the rheumatic affection in *statu quo*.

Under the influence of a thirty-grain dose of capsicum, which, it may be mentioned, had proved ineffectual on two occasions previously, he was now rapidly restored to consciousness: all tremor, illusions, and violence subsided, and there remained the uncomplicated but very severe rheumatic condition to be dealt with. He was again placed on the combination of potash salts above mentioned; the joints were carefully poulticed as before, and he now began to exhibit signs of rapid amendment. The heart was carefully explored from day to day, but notwithstanding the excessive development of the rheumatic condition exhibited in his system, the frequent exposure, which was entailed by the condition of violence and delirium into which he had fallen, and further by his removal from hospital, this organ completely resisted all contamination, and he left hospital perfectly convalescent, and with a sound heart, about thirty-three days after his first admission.

In commenting on these cases, Dr. Lyons observed that they were too few in number to admit of any absolute deductions being drawn from them. Having, however, in many other instances employed like means with like results in the treatment of this disease, he confidently recommends it as one well worthy of consideration. The patients were in all cases carefully fed on farinaceous aliment with milk. Wine was occasionally allowed when the symptoms of the case demanded it. Much ease is experienced from the application of the poultices of chamomile and poppy heads to the affected joints, the great secret being that they require to be applied hot and hot about every third hour, any chill to the joints being very injurious. In the combination of the salts of potash referred to will be found the alkali requisite to neutralize any excess of uric or other acid in the system, and in the diuretic salts is provided a stimulus to free elimination through the kidneys. The entire freedom from cardiac complication in the four cases cited is worthy of note.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

OPERATIONS PERFORMED IN THE MEATH HOSPITAL DURING THE MONTH OF MAY BY MR. COLLIS.

[Reported by ARTHUR WYNNE FOOT, M.D.]

MAY 1ST: For femoral hernia, on the right side, in a woman, 56 years of age. The hernia appeared for the first time on the 28th ult., since which time, until the date of operation, it continued strangulated. Gay's modification of Petit's operation was performed.

2nd: For complete dislocation of both bones of the right forearm backwards at the elbow, in a boy aged 15. The dislocation had occurred a month previously, and having been, in the first instance, treated by a bone-setter,

was now irreducible. Forcible flexion, under chloroform, was resorted to in order to restore motion in the joint, the forearm having been almost immovably fixed in a straight position. The operation was repeated with good effect on the 16th, and the present condition of the boy's arm is very good.

3rd: For femoral hernia on the right side of four years' existence, strangulated for six hours, in a man 48 years of age. Gay's modification of Petit's operation performed. He left hospital quite recovered on the 14th with a truss to prevent recurrence.

9th: For double harelip in a boy six and a half years of age; the intermaxillary bone was reduced and fastened in proper position by an iron wire. On the 6th of April this boy had been operated on for congenital fissure of the soft palate under chloroform; section of the muscles was performed, three points of horse-hair suture, one of fine silk, and one ligature of reserve of thread were used to approximate the vivified surfaces. All sutures were removed (except the anterior one of horse-hair) on the 28th, union being satisfactory. This case appears to be the first one of cleft palate operated upon at such an early age. The operation for harelip remains to be completed.

15th: For pannus of left eye in a man 31 years of age. Furnari's operation performed of circumcision and removal of circular ring of conjunctiva and enlarged vessels round cornea.

22nd: For depressed fracture of skull over the superior longitudinal sinus, much hæmorrhage, in a man aged 35. Removal of a half circle of bone in order to elevate the depressed fragment.

23rd: For necrosis of lower end of right femur, in a patient aged 12; disease of eighteen months' standing, the result of a fall from a donkey. Removal of a large sequestrum through an opening on the inner side of the thigh close to the joint.

29th: For vesico-vaginal fistula, aperture the size of No. 12 catheter, edges of the fistula split, four points of quilled suture and five of interrupted suture of horse-hair employed. Patient aged 31.

ST. VINCENT'S HOSPITAL.

TREATMENT OF LARGE ABSCSSES BY DRAINAGE.

Dr. O'FERRALL'S WARDS.

R. R., aged 19, by occupation a labourer, residing at Chapelizod, was admitted to St. Vincent's Hospital on the 17th April, 1866, under the care of Dr. O'Ferrall. It appeared that on the previous March 17, he fell on his hip, and at once went to an hospital where he was treated for the injury. Some days previous to leaving hospital he complained of severe pain in the left shoulder, to which was applied a liniment, and was discharged. Three days after leaving the Hospital referred to he souhgt admission into St. Vincent's Hospital. At the time of his admission he was observed to have a large tumour situated on the left scapula extending backwards beyond the vertebral border, and engaging both supra and infra-spinous fossæ; the prominence of the spine being completely obliterated, and extending below and without as far as the lower margin of the latissimus dorsi. There was great increase in the breadth of the shoulder with an ædematous hard swelling occupying the outer portion of the supra-clavicular fossa. At the time of my first visit (22nd April) it could be felt to fluctuate, and it appeared that the patient had rigors twice since his admission, and experienced pain of a more or less acute character.

On the 26th April Dr. O'Ferrall inserted a drainage tube at about the level of the spine of the scapula, carrying it downwards to a little below the angle, when it emerged, and through it a considerable quantity of healthy pus was discharged with great relief to the patient. The discharge gradually diminished.

The patient was treated with wine and bark, and when I last saw him on the 14th May, the tube had been withdrawn and the tumour had completely disappeared. At the same time it was noticed that the man's general health was much improved by his stay in the hospital. At no period was there an offensive odour from the pus. There was a slight movement of the tube made once each day to prevent the aperture becoming clogged, which necessarily gave him great pain when withdrawing the tube. Dr. O'Ferrall made use of a simple manœuvre—viz., firmly fixing the elastic tube between the forefinger and thumb of one hand, while withdrawing with the other hand the loose end; by this means the length of the tube is increased, while its calibre is diminished so as to enable the surgeon to draw it through its track without exciting the slightest pain; and if desirous of removing the tube, by suddenly letting go the end held between the finger and thumb, by its elasticity it passes with a sharp click through the track without giving the least pain.

Remarks.—Referring to the practice of drainage in large abscesses, Dr. O'Ferrall remarked that two facts of practical importance were illustrated by this case.

1st. That during the progress of treatment no offensive odour of any kind in the matter flowing through the tube could be detected. This he attributed to the perfect ventilation by the perforated tube and the constant escape of the pus as rapidly as it was formed, and before it would have time to undergo any change by decomposition.

2nd. The employment of a simple mode of withdrawing the tube without causing the pain which the least movement in the daily dressing of the part had previously occasioned. The tube is held at both extremities, and extended by traction so as to diminish its calibre to the smallest possible amount. One extremity is then suddenly let loose, and the tube is found to have escaped from the wound with a sharp click and without the production of pain.

NOTE ON THE REACTIONS OF PURE CHLORATE OF QUININE.

By CHARLES R. C. TICHBORNE, F.C.S.L., &c.

Having been requested by Dr. Lyons to prepare him some pure chlorate of quinine, the author sends the following note with the impression that it may be of use to those medical men who wish to try its efficacy as a new febrifuge. The writer thought it also more desirable to do so from the fact that hitherto this curious quinine salt has not been an article of commerce, and from the circumstance that what would apparently be the most simple and efficacious method of procuring it, produces a product which contains only a trace of the chlorate.

The salt can, however, be made in a state approaching absolute purity from chlorate of barium. The writer therefore gives the characters and tests by which the salt can be recognized.

Characters.—Chlorate of quinine presents the characteristics of the other chlorates, only in a less marked degree. When crystallized from a watery solution it forms small mushroom-shaped masses, which, on examination, are found to consist of filiform snowy-white crystals radiating from a centre. Crystallized from a spirituous solution, it resembles more the ordinary salts of quinine in appearance. Heated gently upon a spatula, it gradually melts, and after a little time goes off with a vivid combustion, which, if the salt is dry, sometimes amounts to an explosion. A carbonaceous residue is left. Treated with hydrochloric acid and gently warmed, it evolves chlorine copiously, which may be recognized by its smell. On adding ammonia in excess to this mixture an emerald green colour is developed. It is very soluble in boiling water, but rather insoluble in cold. When pure, it crystallizes with diffi-

culty from this solution, but much more readily if it contains traces of any of the ordinary salts of quinine.

Tests.—Chlorate of quinine when dissolved in water and acidulated with diluted nitric acid, should give no precipitate with chloride of barium, and none, or only a faint opalescence, with nitrate of silver. It should give no precipitate with diluted sulphuric acid, and as regards the quinine, should, on precipitation with ammonia, &c., correspond to the requirements given under the head of "Quiniæ Sulphas" in the British Pharmacopœia.

ON THE TREATMENT, AND ABOVE ALL, THE PROPHYLACTIC ARREST OF ASIATIC CHOLERA.

By HENRY MacCORMAC, M.D.

I HAD the management of Asiatic cholera in the Belfast Hospital for the treatment of that fell disease in 1832. I also saw and treated, very many cases of the malady both in 1848 and during 1854. I was singularly successful in 1832. By means of well-ordered arrangements, the cases were constantly under my own observation or that of very able and effective assistants. Opium and calomel were freely resorted to. Artificial warmth was maintained when requisite. Stimuli, alcoholic and otherwise, were judiciously exhibited. Counter-irritation, by means of sinapisms and otherwise, applied to the epigastrium, were found useful in checking vomiting. And cold water, only taking care to give it in small quantities at a time, sometimes iced, was freely, and I believe most advantageously made use of. In a few instances approaching collapse was arrested by the stimulus of emetics of sulphate of zinc. But, generally speaking, collapse as well as secondary fever, which latter only prevailed when the weather grew cold, was found terribly intractable. It is worthy of remark that although well-fed persons were found less liable to contract cholera, yet when they did contract it, and especially when they sank into collapse, recovered less readily, and were less amenable in respect of their disease to treatment, than, comparatively speaking, were hard-working, poor, ill-fed persons. Individuals of the latter stamp when they rallied from collapse and the circulation returned, almost always recovered. Whereas, well-fed persons, in opulent circumstances, even when the pulse and circulation, along with animal heat returned, very often died. When diuresis in addition to these, however, was established, very few perished. But similar facts in respect of deaths and recoveries, comparing the rich and the poor together, have been repeatedly observed, not only with respect to cholera, but also typhus fever and plague. Many more poor persons, to be sure, are carried off by these devastating maladies. Nevertheless, as a general rule, man for man, and with like treatment, the poor recover far more readily than do the rich. Cholera, however, is a truly precarious and disastrous malady, and it is almost infinitely better to arrest it at the beginning than to have to combat it afterwards. And, if there be a therapeutic fact more certain than another, it is that our success in the treatment of Asiatic cholera will, *cæteris paribus*, be in the exact ratio of the recency of the treatment.

The truth of this statement was abundantly exemplified in the results of house-to-house visitations. In Glasgow, for example, after a system of house-to-house visitation, during cholera periods, had been once fairly organised, the mortality was surprisingly small. Cases of premonitory diarrhœa, for example, that, if neglected, would have run on to intractable and perhaps fatal cholera, were arrested by means of an opium pill and an opiate draught, with a mortality actually not exceeding one in 1,400. Nothing could be more astonishing or more entirely satisfactory. Nevertheless, numbers perished owing to neglect. The preliminary purging was either not checked at all, or having been partially checked recurred again, and not being again checked, eventuated in the fully-formed and fatal disease. I proved the fact myself in very, very many instances. Going among the dying and the dead, I have asked those about—Do you purge?—Yes. Very well, open your mouth; whereupon I could throw into the mouth and command them then and there to swallow a good grain or so of opium twitched from a lump of soft opium, which I always carried in my pocket for the express purpose. At the same time, and from the same source, I would produce a bottle of laudanum or Battley, and give 20 or 30 drops of the solution in a little water, taking care to leave a like dose to be repeated at bedtime or sooner upon an emergency. I remember once being in a house where four poor women, pitiful to relate, were lying dead at one and the same time. The mortality, in many instances, was greatly enhanced, too, by the homicidal practice, which I am sorry to say was too much encouraged, of giving and even repeating draughts of castor oil. Iit was too bad.

During 1854, it was, that some alterations in the building taking place, and a communication subsisting with the infected town, the Belfast District Asylum for the Insane, to which I was and am visiting physician, was visited with cholera. It broke out with startling suddenness, and forty of the inmates very rapidly perished. Many of the inmates were very unfavourable subjects for the disease, and I began to fear for the whole establishment. Intimately convinced, however, of the infinite value of prevention, it occurred to me that if I could not only arrest, but anticipate the premonitory diarrhœa, I might also arrest the disease. I immediately had prepared some dilute sulphuric acid, of whose general efficacy in the treatment of choleraic diarrhœa I had had ample experience; without waiting for the preliminary diarrhœa, I say, I gave to every inmate in the establishment a daily dose of about a drachm of the dilute acid in peppermint water. The existing cases of the disease having run their course to death or recovery, *no other instance of the malady occurred;* and I had the unspeakable satisfaction, owing, as I am intimately convinced, to the prophylactic efficacy of the dilute acid, of witnessing the utter disappearance of the disease.

I would strongly recommend, and as strongly urge upon the attention of the profession, and indeed the general public, the advisability, coupled, however, in every case with every proper general sanitary precaution, of having recourse, with respect to the entire community, of the prophylactic efficacy of dilute sulphuric acid, and in the very manner in which I myself tested it. I firmly believe, ever and always neglecting no effective sanitary precaution, that it would make us virtually masters of the situation, and render the ravages of cholera, really and truly, a thing of the past.

Abstracts of the Scientific Societies.

ASIATIC.—May 7.—The Right Hon. Viscount Strangford in the chair.—Dadabhai Naorojee, Esq., was elected a Resident Member.—The paper was by Dr. J. Muir, "On the Interpretation of the Vedas." After citing at length the opinions of the representatives of the different schools of Vedic interpretation on the subject under discussion, Dr. Muir proceeded to show by a selection of instances from Yaska's Nirukta and from Sayana's commentary the unsatisfactory character of the assistance which those works afford for explaining many of the most difficult passages of the hymns, and the consequent necessity which exists, that all the other available resources of philology should be called into requisition to supply their deficiencies. His object more particularly was, to point out either, (1), that Yaska and Sayana are at variance with one another in regard to the sense of particular terms; or (2), that they have each given one or more alternative explanations of many words, and cannot therefore be supposed to have had in such cases any positive knowledge of the real signification; or (3), as regards Sayana, that he expounds numerous words differently in different places, and must therefore, in some of those instances at least, be held to have interpreted them wrongly. Though fully admitting that the Indian commentators have been of the utmost service in facilitat-

ing the comprehension of the Veda, the author stated it as the conclusion at which he had arrived, that there is no unusual or difficult word in the hymns in regard to which their authority should be received as final, unless it be supported by probability, by the context, or by paralled passages.

Royal Society of Literature.—May 2.—The Rev. M. E. C. Walcott in the chair.—Major-Gen. Tremenheere read a notice of a visit paid by him to the ruins of Ephesus during the spring of 1864, and described at some length the position and present state of some of the most remarkable monuments on that celebrated site. General Tremenheere stated that the whole plain over which these ruins are scattered is about three miles wide, and that the ancient aqueducts built by Caius Pollio, on which an inscription remains bearing his name, and the site of the ancient theatre, are well defined. Mr. Wood, our consul at Smyrna, was engaged on some excavations at Ephesus during the period of General Tremenheere's visit.—Mr. Walcott read a curious paper on the derivation of numerous English words occurring in miscellaneous mediæval works, founded in a great degree on Mr. J. Hunter's MS. Nominale, now in the MS. room of the British Museum. Mr. Walcott's paper included a classified list of the price of materials, fruits, and food; the names of fabrics, animals, and measures; remarkable derivations of surnames; with the early spelling of many common and obsolete words. Mr. Walcott added some interesting notes in illustration of the above matters from the wardrobe accounts, inventories and other documents in the Public Record Office.

Zoological.—May 8.—Dr. J. E. Gray, V.P., in the chair.—A communication was read from Mr. F. Pascoe, giving an account of a collection of Longicorn Coleoptera formed in the island of Penang, and on the adjoining main land. The total number of species in the collection was stated to be 208, of which no less than 118 were considered to be new to science.—Mr. J. Gould brought before the notice of the Society some interesting additions to the Avifauna of Australia, contained in a collection recently formed at Cape York by Mr. J. Jardine, late Commissioner of Crown Lands in that district. Some of these birds were of species new to science, others had not been previously known as existing in Australia.—Mr. A. G. Butler read a monograph of the Diurnal Lepidoptera of the genus Euplæa.—Mr. P. L. Sclater pointed out the characters of a new species of Accipiter from New Granada, proposed to be called *Accipiter ventralis*.—A communication was read from Dr. G. Hartlaub, giving an account of a new form of Passerine Birds from Madagascar, proposed to be called *Eroessa tenella*.—Dr. J. E. Gray read a notice of a new Bat from Angola, proposed to be called *Scotophilus Welwitschi*; also some notes on the skulls of the various forms of Delphinidæ represented in the collection of the British Museum.—Mr. Alfred Newton exhibited, from the collection of Mr. W. Borrer, a specimen of *Sylvia aquatica* of Lathani, recently killed in England.

Entomological.—May 7.—The Chairman exhibited a singular conical nidus of a spider, and also two cases of the larva of a species of Oiketicus, both from New South Wales.—Mr. Bond exhibited a remarkable female variety of *Cabera exanthemaria*, bred by the Rev. Mr. Horton, of Powick, near Worchester.—Mr. Stainton exhibited some beautiful drawings of the larvæ of a species of micro-lepidoptera, collected by him during a recent visit to the south of France.—Mr. Newman exhibited some dead larvæ of *Hepialus lupulinus*, remarkable as forming the pabulum of a fungus, probably a Sphæria, which completely occupied the interior of the animals, and sent out its mycilia in all directions through the skin.—Mr. E. L. Layard called the attention of the Society to the fearful ravages of a species of white ant in the island of St. Helena. The insect was introduced in timber about twenty years ago from the west coast of Africa, but only within the last ten years had its numbers become serious; he believed that unless some effective means could be found to check its ravages it would ere long be impossible to employ wood on the island for any purpose whatever; it was at present confined to James Town, which may truly be said to be devastated by it: the whole of the Cathedral is destroyed, the books of the public library are devoured, and it was noticed that the theological works were eaten first, which he (Mr. Layerd) attributed to their being less consulted than most others, and the insects therefore less disturbed in their work of destruction. Everything in the town made of wood was more or less injured; and in the Government stores it was found that the moist traces of these insects on the outside of tin cases caused very speedy corrosion of the metal, and enabled the insects to make their way in and devour the contents; damage to the extent of many thousand pounds had already been done, and any one who could suggest some effectual method of destroying this pest would confer a vast benefit on the inhabitants of St. Helena.

EXPERIMENTS ON THE EFFECTS OF DIVISION OF THE OPTIC NERVES.

By Dr. BASILIUS ROSOW of St. Petersburgh.

In Dr. Basilius Rosow's "Experiments on the Effects of Division of the Optic Nerve," the animals operated on were rabbits. The superior rectus was divided in the ordinary mode of operating for strabismus—the distal end of the tendon seized, and the eye rotated downwards. The retractor bulbi was then divided, and, finally, the optic nerve. The posterior ciliary vessels and nerves were uninjured. Scarcely any blood was lost. A few minutes after the operation the pupil was usually contracted and irregular; in a few instances it was unchanged in form and dimensions. Ophthalmoscopic observation showed the optic disc whiter than natural in some cases, in others with a round or oval dark-brown spot in the centre, especially when the section of the nerve was made close to the sclerotic. The retinal vessels were small in most cases, but sometimes only the arteries were constricted, and occasionally no change was apparent. The choroid and iris were always anæmic.

Twenty-four hours after the operation the cases could be divided into two groups, according to the appearances presented. A. In a few cases panophthalmitis set in, with œdema of lids, congestion of conjunctiva, and a characteristic diffuse, bluish-gray haziness of the cornea, completely obscuring the pupil and iris. Forty-eight hours after the operation the cloudiness of the cornea remained in *statu quo*, but there was remarkable diminution of the tension of the globe. The epithelial layer of the cornea was undisturbed, but a discharge of pus began to take place from the conjunctiva. One rabbit was killed after three days, a second after five days, and a third after fifty-two. In the last case there was extreme atrophy of the eye.

On post-mortem examination the cornea in the first two cases was found to be greatly thickened, and this was effected in such a manner as to render the posterior surface strongly convex, whilst the curvature of the anterior surface was scarcely altered. The projection was so great as to fill the anterior chamber, and to press the iris and even the lens backwards. In the third case the membranes of Descemet was attached to the front of the iris. In the second and third cases there was complete absorption of the vitreous humour, so that the posterior surface of the lens was in contact with the retina.

B. In the second class of cases there was no inflammatory reaction set up. Twenty-four hours after, there was slight œdema of the upper lid; the pupil was much dilated; the papilla red, and not well defined. The retinal vessels normal, or the veins alone dilated. The brown discoloration when this was previously present, remained unchanged, and the circulation in the choroid and iris was undisturbed. In three to five days all signs of inflammation passed off, and the only difference between the sound eye and the one which had been operated on was the wider pupil of the latter. In six of these cases (one of which was examined as late as fifty-one days after), the ophthalmoscope showed indistinctness of outline in the reddened papilla, and in many cases dilatation of the veins.

Microscopic examination of the retina in two instances (twenty-fifth and thirty-ninth days after the operation), showed that the retina preserved its morphological elements unaltered to a surprising degree; many groups of nerve fibres appeared to have undergone fatty degeneration, whilst others only appear to be paler than natural.—*Brit. For. Med.-Chir. Rev.*

GENERAL COUNCIL OF MEDICAL EDUCATION AND REGISTRATION, 1866.

REPORT ON THE VISITATION OF EXAMINATIONS AT THE ROYAL COLLEGE OF PHYSICIANS OF LONDON.

By Dr. JOHN STORRAR AND CÆSAR HENRY HAWKINS, Esq.

HAVING visited the examinations held in the course of the present month at the Royal College of Physicians, where we were courteously received, we beg to submit the following Report to the Branch Council for England:—

1. The College has altogether ceased to hold any preliminary examination of candidates for the licence, requiring proof of its having been undergone elsewhere.

2. Twelve candidates appeared for the primary examination for the licence, of whom nine were approved, and three rejected. They were required to write answers, within three hours, to six questions on anatomy and physiology; and, during a similar period, to five questions on chemistry, materia medica, and practical pharmacy; and were submitted to a *vivâ voce* examination of one hour's duration, equally divided between these two classes of subjects.

3. Six candidates, hitherto unqualified for practice, were examined for the pass examination for the licence, all of whom were approved. They were required to write answers, within three hours, to six questions on the principles and practice of medicine; and, during a smilar time, to four questions on the principles and practice of surgery; and four questions on midwifery and the diseases of women and children; they were examined clinically at a hospital on medical and surgical cases at different times; and they were examined *vivâ voce*, during one hour and a half, equally divided between medicine, surgery, and midwifery.

Both of these examinations are conducted by special examiners on each subject, and in our opinion they afford a very fair and satisfactory test of the candidates' knowledge and fitness to practise.

4. There were examined at the same pass-examination for the College licence nine other candidates, who had been registered under some qualification before 1861, of whom two were rejected and seven succeeded. These candidates were exempted from every part of the primary examination, from all written examination, and from both clinical examinations, and were subjected solely to a *vivâ voce* examination for an hour and a half divided equally between the three subjects of medicine, surgery, and midwifery.

As, however, this class of candidates is obviously limited in number, and must hereafter have been at least five years registered, this practical examination may, in our opinion, be considered sufficient for its purpose.

5. Six candidates for the membership of the College were examined by the President and Censors, all of whom were approved. As, however, all these gentlemen were already legally qualified to practise, by holding university degrees, or by long standing as practitioners, we did not consider it consistent with our duty to attend their examination.

In the case of the very few candidates likely to claim the membership of the College as a first qualification for practising medicine, the greater age and more extended education required of them, and the more stringent examination in medicine to which they are subjected, as compared with that for the licence, render it no doubt amply sufficient.

REPORT ON THE VISITATIONS OF EXAMINATIONS AT THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

By Dr. WILLIAM SHARPEY, GEORGE COOPER, Esq., AND E. A. PARKES, Esq.

The professional examinations at the College of Surgeons of England is divided into two parts:—

The first, primary, or anatomical and physiological examination.

The second, pass, or surgical and pathological exmination. In addition, there is an examination for a licence in Midwifery.

During the present month we have attended the primary and the pass examinations. We were received with great courtesy, and every facility was given us, in order that we might learn the whole system of examination, and thoroughly scrutinize the manner in which it is carried out.

FIRST, OR ANATOMICAL AND PHYSIOLOGICAL EXAMINATION.

This examination is conducted in writing and orally.

On the 4th November we attended the written examination; there were seventeen candidates, seated at different tables, in the presence of the President, Mr. Wormald, and other officials. Every care was taken to prevent communication between the candidates. Six questions (annexed) were put, and three hours were allowed to answer them. The questions were selected by the President from a larger list, of which each member of the Court of Examiners furnished two. It will be seen that they go over a considerable range of anatomy, and are doubtless well adapted to test the candidates' knowledge of that subject. The subject of physiology is not embraced so fully in these questions, but we presume this subject is purposely made subsidiary to the anatomical part of the examination.

Each candidate was designated throughout the examination by a number assigned to him by the Secretary, and the papers of written answers, with the numbers but not the names attached, were sent round to the Examiners. Each paper was submitted to two Examiners, who then, irrespective of each other, reported the paper as good (G), moderate (M), or bad (B).

We were offered the perusal of the papers, but contented ourselves with three specimens, marked G, M, and B. Our own judgment upon these was in accordance with that of the Examiners. On 7th of November we attended the oral examination of the same candidates. On four tables were placed dissected portions of the fresh subject, and there were also dried and moist anatomical specimens, with an ample supply of bones and ligaments. Each candidate passed ten minutes at each of the two tables, and was therefore twenty minutes under examination. He was shown the dissected portion of a subject, and was asked to name the parts shown to him, or to point out parts named to him, and questions based on his answers were rapidly put. He was then examined on prepared specimens, such as the brain, heart, liver, bladder.

The candidate, after examination at one table, carried the record of it to the next, so that there was no risk of his being unintentionally asked the same questions. We consider this part of the examination extremely well conducted, and calculated to well and fairly test practical anatomical knowledge. The method of deciding whether a candidate has passed is as follows:—

As already stated, the written papers are marked good, moderate, or bad, by two Examiners. A similar judgment is passed at each table in the oral examination. The judgments are now copied into a book, and there will be, of course, four letters against each candidate's number—viz., the judgments of two Examiners on his written paper, and of the Examiners at the two tables in the oral examination.

If a candidate has four G's he passes, of course; he passes also if he has three G's and one M, provided the M is in the written examination. He may pass if he has two G's and two M's, provided both the M's are in the written examination. If he has one G and one B in the oral, and two G's in the written examination, he is further examined *vivâ voce*, and if the result is satisfactory, the B is changed to M, and he is allowed to pass; if not, he is rejected. If there are two G's, *vivâ voce*, and B and M in the written examination, the paper is read over to the whole court; if the B stands, he is rejected; if it is

changed to M, he is passed. In all other cases the candidate is rejected.

It will be seen from this plan that the College attaches more value to the twenty minutes' oral, than to the three hours' written examination. Out of the seventeen candidates examined on the occasion when we were present, eight were rejected. As we believe that a distinct expression of opinion is required of us, we have to report that the examination appeared to us a fair and sufficient test of that degree of anatomical knowledge which may be reasonably exacted of candidates for a qualification to be registered as practitioners in surgery.

SECOND, OR PASS, OR PATHOLOGICAL AND SURGICAL EXAMINATION.

This examination, like the former, is conducted in writing and orally. The written examination occupies four hours, the oral thirty minutes.

One of our number, Mr. Cooper, attended the written examination on the 11th November, when twenty-four candidates were present. It was conducted as on the former occasion. The questions, prepared as before described, are annexed. It will be observed that these are all good practical questions on subjects with which every candidate ought to be familiar. The answers are submitted to two Examiners, who mark their independent opinions as in the primary examination. Three of these papers, marked G, M, and B, were handed to us for perusal, and we agree with the judgments passed upon them. On the 14th two of our number (Drs. Sharpey and Parkes), and on the 15th and 16th Mr. Cooper, attended the oral examination. A number of tables were prepared, with preparations placed on them, and at each table at least two Examiners sat. One made notes of the questions which another asked, and the candidate carried this paper from table to table for the information of the subsequent Examiners. In case a candidate belonged to a school with which an Examiner is connected, he was not examined by that Examiner; and in this, and in all other arrangements, great care was evidently taken to ensure perfect fairness.

The candidates were practically tested, as far as it could be done, by the preparations on the table; but there was no practical testing of manual skill and readiness in such operations as passing catheters, putting on bandages, applying splints, &c., nor were the candidates required to show that they could perform operations on the dead subject. The decision respecting the candidates is made according to the letters placed against his number in the book, on the same plan as in the primary examination. The method adopted in both cases is, as far as we were able to judge, sufficient to afford a fair criterion of the performance of the candidates.

It is for the Medical Council to judge what branches of professional and scientific knowledge it is expedient to include in an examination for a qualification in surgery. Our present duty, we believe, will be discharged by reporting on the examinations actually gone through. We have already expressed an opinion on the primary examination. Of the second, which is confined to surgery, strictly so-called, it appears, if we may be permitted to judge, very well conducted as far as it extends; but, as already hinted, it seems desirable and we feel assured it is quite practicable, to subject the candidate to practical exercises in bandaging and other such appliances, and in operations on the dead subject, as far as the supply of subjects will permit.

W. Sharpey,
Geo. Cooper,
To the Branch Council. E. A. Parkes.

In the desirability of the last paragraph, I fully concur; but I must express my doubts as to its practicability. C.

REPORT ON THE VISITATION OF EXAMINATIONS AT APOTHECARIES' HALL, LONDON.

By Dr. Edmund A. Parkes and Dr. R. Quain.

Before granting the licence to practise, the Society of Apothecaries of London consider it necessary to examine candidates on the following professional subjects:—

Anatomy and Physiology.
General and Practical Chemistry.
Botany and Materia Medica.
Practice of Medicine and Pathology.
Midwifery, including the Diseases of Women and Children.
Forensic Medicine and Toxicology.

Under the existing regulations, which are gradually being enforced in all cases, the examination on the three first-named subjects—viz., anatomy, chemistry, materia medica and botany, is passed after the second winter session—*i.e.*, after the completion of two winter and one summer sessions. This is called

THE FIRST EXAMINATION.

Proficiency in anatomy and chemistry is tested by a written and by an oral examination; the written examination usually occupies an hour and a half for the two subjects. In order to give the Branch Council an idea of the scope of this written examination we append the questions given in anatomy and physiology and in chemistry on September 28th, October 26th, and November 30, 1865. It will be observed that four questions are put in anatomy and physiology, and four in chemistry. The questions are prepared by two or three examiners in regular rotation, are read out at a full Court of Examiners, and are then sealed up until the day of examination. It may or may not happen that the Examiners who prepare the questions have to decide on the answers.

The questions in anatomy are especially directed to what may be termed medical anatomy, and are intended so far to differ from the class of questions given at the College of Surgeons. In physiology, also, questions likely to bear on practice, or at any rate dealing with practical matters, are chosen. In chemistry the questions appear to be purely chemical.

Considering the period when this first examination is undergone, these questions appear to us to be well suited for their purpose. If well answered they would show, we think, a fair knowledge of these subjects. Probably as the system is matured the number of questions will be increased, and more time will be given for the replies.

The answers to these questions are at once read over by two Examiners, who mark on the paper the words Bene, Satis, or Male, and communicate their decision to the Examiners, who are about to examine the candidate *vivâ voce*.

We have been permitted to read some answers, and concur with the judgment of the Examiners thereupon.

After undergoing this written examination, the candidate on the same evening is examined orally in materia medica and botany, and possibly also in anatomy and physiology.

We attended the examination on the 9th and the 30th November. We found two and sometimes three Examiners seated at different tables, with anatomical preparations and specimens of drugs, chemical tests, botanical specimens (at certain times of the year), and microscopic preparations of medical subjects.

Each candidate is under examination for a variable time from half an hour to an hour and a half. He is especially tested on materia medica, pharmacy, and botany, on which there is no written examination. He reads and explains the Pharmacopœia, reads a written prescription, names drugs, describes their properties and uses, and may be called upon to use some simple chemical tests. If his answers are not satisfactory, other Examiners are summoned to the table, and the examination is prolonged. If he is rejected, the cause of the rejection is at once entered in a book.

Every candidate, whatever may have been his written examination, goes through this oral examination, and is virtually passed or rejected upon that.

At the same time the character of the written examination is taken into account.

With regard to the sufficiency of the examination on materia medica, if the object is merely to see if the candidate is familiar with the physical characters and properties of drugs, and knows the pharmacopical preparations, we think it sufficient. But we infer that the Examiners do not intend it to be an examination on therapeutics, which is, we presume, more properly deferred till the second examination, and is included in the examination on medicine.

SECOND EXAMINATION.

The subjects of this examination are practice of medicine, midwifery, and forensic medicine. The examination takes place at the end of the period of study, the five years' pupilage being completed.

There is a written examination on medicine and toxicology, and an oral examination on all the subjects. The mode of examination is precisely the same as in the former case, the written examination lasting one hour, and the oral rather longer than the first examination—viz., from one hour to one hour and a half. The questions are framed in the same way; the answers are read through, marked Bene, Satis, or Male, and the oral examination is carried on in a similar method.

We append the questions put on the 26th October, the 28th September, and 30th November. We have also read the answers given on the last named occasion.

It will be observed that four written questions are given in medicine, and the same in toxicology. This appears to us to be hardly in proportion to the importance of the subjects. Probably, as the Society of Apothecaries follow their invariable rule of gradually improving their examinations, they will increase the number of questions in medicine, and prolong the time of answering them.

The questions appear to us to be good; they are sensible practical questions, well adapted for testing the candidates, and neither above or below the standard which candidates for the licence ought to pass.

In midwifery there are no written questions, but we do not know the reason for this exception. We observe, however, that a certificate of attendance on no less than twenty labours is required, and therefore the Society may place reliance on the evidence of this previous experience.

There is no kind of practical examination in medicine, but we entertain little doubt that the Society will ultimately institute some test of this kind.

On the whole, considering the importance of this examination, we are inclined to think it should exceed in duration and severity the first examination, in a higher degree than is the case at present.

But in saying this we think it right to add that we are much impressed with the great care and attention given to every part of the examination, and with the evident desire to thoroughly test the candidates. We think, indeed, that the examination is really a good one. If we have ventured to indicate that a longer examination in medicine and therapeutics and in midwifery, and a practical examination of patients are desirable, we are certain that we are only anticipating the desire of the Society itself, for we cannot forget that ever since 1815, the Society of Apothecaries of London has steadily and judiciously brought into play a scheme of gradually increasing severity of examination, which has had the best effect on medical education.

We have stated the general course of the examination, but the present rules are subject to some exceptions. The present period is in fact one of transition. Gentlemen who have been long in practice, or who can bring forward evidence which satisfies the Court of Examiners of the reasonableness of the request, are sometimes excused the written examinations. Such cases are transitory, and the decision regarding them is best left entirely to the Society. We are assured, and we entirely credit the assurance, that the Court make it an invariable rule never to let a man pass who does not appear likely to make a safe and useful practitioner.

Another class of exceptions refers to gentlemen who have passed the examination at the College of Surgeons, the College of Physicians, or other licensing bodies. They are also excused the written examination. We are not quite so well satisfied of the uniform propriety of this practice. No doubt it might seem unnecessary to examine in anatomy a candidate who has passed the College of Surgeons, but we see no reason why such a candidate should be excused the written examination in medicine, chemistry, and toxicology, on none of which subjects is he examined at the College of Surgeons. In the case of the College of Physicians it is different, as there he is examined in the very subjects which the Society of Apothecaries have to deal with.

In conclusion, we must express our thanks to the Chairman and to the Court of Examiners and the Secretary, for the courtesy with which we were received, and for the great pains taken to make us acquainted with the whole system of examination.

REPORT ON THE VISITATION OF EXAMINATIONS AT THE UNIVERSITY OF OXFORD.

By Dr. Paget, M.D., and Dr. Richard Quain, M.D.

By appointment of the Branch Medical Council for England we attended the examinations for the degree of Bachelor of Medicine at Oxford during the present month. These examinations are held once a year, and always during the Michaelmas term. There are two examinations which must be passed by every candidate for the degree of B.M. The first in anatomy and physiology, and other elementary subjects. The second in pathology and practical subjects. The first examination is held in the week preceding the second, but on this occasion (with great consideration for our convenience, but not we fear without inconvenience to the Examiners), both examinations were conducted simultaneously.

THE FIRST EXAMINATION.

The following are the regulations under which candidates are eligible for admission to this examination:—

"No candidate can offer himself for the first medical examination until two years have elapsed from his passing his final classical examination for the degree of B.A.

"To obtain the degree of B.M. he must have passed (besides the two medical examinations) all the examinations required for the degree of B.A., but he need not take the degree of B.A.

"These rules are the only rules affecting candidates in the present year, but in consequence of changes in the Statute of Examination in Arts, some of these rules will *for the future* be inapplicable, and some change in the Medical Statute is requisite, which has not yet been made.

"The general principle is that the students in medicine shall have had as good an arts education, *prior to* scientific and medical study, as ordinary art students.

"Various minor changes consistent with this principle are in contemplation for making as simple and complete as possible the arrangements for testing the scientific attainments of the medical candidates and other allied objects."

The examination extends over four days, and includes the following subjects:—physics, chemistry, anatomy and physiology, and botany.

The first three days are occupied by the three examinations in writing, and two practical examinations, one in anatomy, and the other in chemistry. The fourth day is devoted to a general *vivâ voce* examination on all the subjects, in which various specimens, including microscopic objects, are submitted to each candidate. Annexed will be found a scheme showing the days and hours appropriated to this examination, together with the questions to which written answers were required.

The examinations were conducted by four examiners—viz.: Dr. Acland, F.R.S., Regius Professor of Medicine.

Dr. Rolleston, F.R.S., Linacre Professor of Physiology.

Mr. Henry Smith, M.A., F.R.S., Savilian Professor of Geometry.

Mr. Vernon Harcourt, M.A., Lee's Reader in Chemistry.

The Regius Professor of Medicine is the only permanent examiner, and presides *ex officio*. The other examiners, who must be members of Convocation, are appointed annually by the Vice-Chancellor.

There were five candidates under examination, and we observed that each candidate was examined at the *vivâ voce* examination by each examiner in turn, all the examiners being seated at the same table. We also observed that one examiner abstained from examining a candidate who happened to belong to his own College, in accordance with the practice at Oxford. The examination was public, and we observed that some of the undergraduates were present.

The printed papers annexed will show very clearly the extent and the practical character of the examinations.

With the exception of botany, the examination on which is confined to two questions contained in the papers on anatomy and physiology, we think that the questions are all that could possibly be desired. They are varied in character, eminently practical, and well calculated to test the knowledge of the candidates.

The efficiency of any system of examination must, however, be tested rather by the answers of the candidates than by the questions proposed. We have to acknowledge that information on this latter point was most freely given us. The written answers of all the candidates were placed in our hands. We examined those of one candidate, which were considered satisfactory, and of another candidate, which were considered not satisfactory. The former passed, the latter was rejected.

The opinion we formed was entirely in accordance with the decision of the examiners. We did not remain in Oxford until the final decision on this examination. We have been since informed that of the five candidates two were rejected.

THE SECOND EXAMINATION.

Candidates are admitted to this examination after an interval of two years from the date of passing the first examination.

The examination extends over three days, and includes the following subjects:—

Pathology, therapeutics, diseases of women and children, principles of surgery, forensic medicine, and hygiene.

The two first days are devoted to written examinations, the third day to a practical examination of cases and of specimens in the Radcliffe Infirmary and to a public *vivâ voce* examination on the cases and written papers.

Annexed will be found a scheme showing the days and hours assigned to this examination, together with copies of the examination papers, including extracts from a Greek and a Latin author (Aretæus and Celsus), which the candidate was required to translate and criticise by the light of modern pathology and practice.

There were three examiners present—viz.:—Dr. Acland, F.R.S., Regius Professor of Medicine; Dr. Thomas King Chambers, Consulting Physician to St. Mary's Hospital, London; Dr. John William Ogle, Assistant-Physician to St. George's Hospital, London.

The Regius Professor is a permanent examiner, and presides *ex officio*. The other examiners, who must be Doctors of Medicine and Members of Convocation, are appointed annually by the Vice-Chancellor.

There were three candidates under examination, and the examination was conducted as the first examination already described. The printed papers annexed will enable the Branch Councils to form an opinion on the extent and character of the tests to which the candidates were submitted. They seem to us all that could be desired, with this exception, that the examination on the subject of materia medica is confined to two questions on pharmacopœial preparations, to be found in the therapeutical paper.

We were present throughout the *vivâ voce* examination, which occupied about an hour for each candidate, and we were also afforded an opportunity of reading all the written answers of the candidates. All the candidates were approved. The decision of the examiners was in accordance with the impression we had formed on the character of the answers.

On inquiry with reference to the examinations generally, we were informed that each examiner prepares his own questions, which are all forwarded to the Regius Professor of Medicine, who must be present at all the examinations.

In estimating the value of answers the examiners use numbers, or any other system at discretion. If a candidate fail to pass in any one subject he is rejected.

In concluding this report of our visitation of the medical examination of the University of Oxford, we have to express our warmest thanks to the authorities of the University for the desire which they exhibited to facilitate in every way the object of our visit, and to afford us the fullest information on every point into which we thought it necessary to inquire.

REPORT ON THE VISITATION OF EXAMINATIONS AT THE UNIVERSITY OF CAMBRIDGE.

By Dr. Henry W. Acland and Dr. Dennis Embleton.

There were three candidates for the first M.B. examination, two for the second, one for the Master in Surgery.

Of the six candidates one retired without answering questions, one was rejected. The other four passed.

The Examiners were:—

FOR FIRST M.B. EXAMINATION.

Dr. Bond, Dr. Drosier for Dr. Clark, Mr. Liveing, *ex officio*.

Dr. Hare, Dr. Lathan, Dr. Humphry, appointed.

FOR SECOND M.B. EXAMINATION.

Dr. Bond, Dr. Fisher, Dr. Drosier for Dr. Clark, *ex officio*.

Dr. Paget, appointed.

FOR M.C. EXAMINATION.

Dr. Drosier for Dr. Clark, *ex officio*.

Dr. Humphry, Mr. Holmes, appointed.

The annexed schedule shows the dates of, and the time occupied by, the examinations. (See No. 1).

The Examiners meet before the time of examination, to settle the questions for the printed papers; these are then printed at the University Press, and sent to one of the Examiners under the University Seal.

The examinations are carried on in the rooms of the Anatomical Museum and in Addenbrooke's Hospital:—

1. By printed papers of questions (a copy of which, for Michaelmas, 1865, is hereto appended, No. 2); during the answering of which Examiners are present.
2. *Vivâ voce* on all the subjects of examination.
3. Practically,
   - *a.* On microscopic specimens, } (1st M.B.)
     On museum preparations }
   - *b.* On fresh dissections in the Dissecting-room. (1st M.B. and M.C.)
   - *c.* In the Laboratory: analysis, determination, &c. (1st M.B.)
   - *d.* In the Hospital, on medical (2nd M.B.), and on surgical cases (M.C.)

The examinations are open to members of the Senate of the University—*i.e.*, to Doctors and Masters of Arts, &c. See Dr. Paget's letter annexed, and marked No. 3.

We wish to record that every courtesy was shown to the Members of the Council who attended on its behalf on the part of the University, and on that of the Medical Examiners, and every facility was freely offered for the discharge of their duty.

Notes were taken of the *vivâ voce* and of the practical examinations. The written answers to the printed questions were offered and sent to the visitors, and have been perused by them. The hospital patients, whether medical or surgical, had on the morning of the practical examination just been received, and had not before been examined by any students.

In conclusion, we confidently certify that the examina-

tions and course of study are "such as to secure the possession," by persons obtaining the above-mentioned medical and surgical qualifications of the University of Cambridge, "of the requisite knowledge and skill for the efficient practice of their profession."

REPORT ON THE VISITATION OF EXAMINATIONS AT THE UNIVERSITY OF LONDON.

By Dr. GEORGE BURROWS, M.D., and Dr. JAMES ALDERSON, M.D.

We have to report that we singly or together visited several of the examinations for the degree of Bachelor of Medicine of the London University, conducted at Burlington House. That we have been most courteously received, and that every opportunity has been afforded us to witness the examination of the candidates and to judge of their proficiency.

The visitation consisted in attendance at Burlington House at the time of the examinations in general pathology and medicine, and in medical jurisprudence. Also in accompanying the candidates into the wards of King's College Hospital and observing the methods of testing their capabilities in clinical medicine.

The visitation also included the perusal of the papers of the least proficient of those candidates who obtained their diploma, consisting of their answers in general pathology and medicine, as well as the written histories of the cases taken in the wards of King's College Hospital by the two least proficient candidates.

Those of the least proficient candidates gave evidence of sufficient medical attainment for the degree of the University, but were not so satisfactory as regards general acquirement.

The examinations were well conducted, and a fair opportunity was afforded to the candidates, especially in the later papers, to display the extent of their acquirements.

The practical examination in medical jurisprudence struck us as especially worthy of imitation by other licensing bodies.

Attended the practical medical jurisprudence examination, Dr. Odling.

Six candidates were examined.

Six small tables with sets of test-tubes, and a desk of tests, spirit lamp, &c., complete.

Six specimens of commoner class of poisons presented to each in small powder, three coloured, three white, to be analyzed then and there; examine what they are. The mode of examination; the tests; the results to be put down on paper, for which pen and ink, &c., are provided.

One hour and a half is given for such analysis.

This seems a very efficient mode of examination, and *to be* followed at the College of Physicians. Facilities are now given at all the chemical classes in the schools of the metropolis for due preparation for such an examination.

The minutes of the last meeting were read and confirmed.

REPORT ON THE REGISTRATION OF MEDICAL STUDENTS.

1. The Committee, having taken into consideration the working of the system of registration of students of last session, find that in each division of the kingdom there have been a certain number of students unregistered, in consequence of the difficulty of making the new regulations sufficiently understood by the students and their friends, and by the authorities of the several Universities, Schools, and Hospitals; but they believe that this difficulty is likely to be materially lessened in future years, and they recommend that the Council should leave the several Branch Councils to make such exceptions in reference to the year 1865 as may seem to them advisable, enforcing the regulations strictly for the future.

2. The Committee have also considered "the cases of students admitted to registration who have not passed the Examination in Arts, or only a portion of such examination," and they find that in certain schools several students have been allowed to commence their recognized medical education before having passed a preliminary Examination in Arts; but they do not find that any student has actually been registered before having passed the preliminary examination.

The Committee strongly disapprove of the above irregularity on the part of schools, and recommend that in future the whole of the preliminary examination should be required to be passed at one time, and *that* before either registration be allowed or medical education be commenced; and this recommendation, from the assurances they have received, they believe will now be literally complied with.

With respect to the students concerned, the Committee see no other course open to them than that of advising the Council that, under the circumstances named, they should be left to the favourable consideration of the Branch Councils, for they consider that it would be hard that, in the first year of a new system of registration, students should suffer through the irregularities above referred to.

3. The Committee have also paid attention to the "letter from Dr. Steele, Registrar of the Branch Council for Ireland, with an application from a student to be registered," and recommend that as the registration of medical students has been placed under the charge of the branch registrars, the decision in this case be left to the Branch Council for Ireland.

4. The Committee have carefully gone over the whole of the regulations respecting the registration of students, as laid down by the Council during the last Session, have remodelle dthem in accordance with existing circumstances, and beg leave to submit them in the following form for the approval of the Council, believing as they do that, having been made more simple and clear, the new regulations will be found well adapted to secure for the future a correct register of medical students.

REGISTRATION OF MEDICAL STUDENTS, 1866.

The following regulations have been adopted by the General Medical Council, in reference to the registration of medical students:—

1. Every medical student shall be registered in the manner prescribed by the General Medical Council.

2. No medical student shall be registered until he has passed a preliminary examination, as required by the General Medical Council.

3. The commencement of the course of professional study recognized by any of the qualifying bodies, shall not be reckoned as dating earlier than fifteen days before the date of registration.

4. The registration of medical students shall be placed under the charge of the Branch Registrars.

5. Each of the Branch Registrars shall keep a register of medical students according to the subjoined form:—

FORM FOR THE REGISTRATION OF MEDICAL STUDENTS.

Date of Registration.	Name.	Preliminary Examination and Date.	Place of Medical Study.

6. Every person desirous of being registered as a medical student, shall apply to the Branch Registrar of the division of the United Kingdom in which he is residing, according to the annexed form, which may be had on application to the several qualifying bodies, medical schools, and hospitals; and shall produce or forward to the Branch Registrar, a certificate of his having passed a preliminary examination, as required by the General Medical Council, and a statement of his place of medical study.

FORM OF APPLICATION FOR REGISTRATION AS A MEDICAL STUDENT.

I hereby apply to the registered as a student in medicine, in conformity with the Regulations of the General Council

of Medical Education and Registration of the United Kingdom, for which purpose I submit the following particulars.

Name of Applicant (To be written in words at length.)		Preliminary Examination.	Date of Preliminary Examination.	Place of Medical Study.
Surname	Christian Name.			

Applicant's Signature _____

Address _____

Date of Application _____

To the Registrar of the Branch Council for _____

_____

_____

N.B.—The above form of Application, duly and legibly filled up, must be forwarded to the Registrar, post free, and be accompanied by a Certificate of the Applicant's having passed a Preliminary Examination, as required by the General Medical Council; and a statement of his place of medical study.

Students who have commenced their professional studies more than fifteen days before the 2nd October, 1865, are not required to be registered by any Branch Registrar.

7. The Branch Registrar shall enter the applicant's name, and other particulars, in the Students' Register, and shall give him a certificate of such registration.

8. Each of the Branch Registrars shall supply to the several qualifying bodies, medical schools, and hospitals, in that part of the United Kingdom of which he is registrar, a sufficient number of blank forms of application for the registration of medical students.

9. The several Branch Councils shall have power to admit special exceptions to the foregoing regulations as to registration, for reasons which shall appear satisfactory.

10. A copy of the register of medical students, prepared by each of the Branch Registrars, shall be transmitted, on or before the 31st December in each year, to the Registrar of the General Council, who shall, as soon as possible thereafter, prepare and print, under the direction of the Executive Committee, an alphabetical list of all students registered during the year, and supply copies of such authorized list to each of the bodies enumerated in Schedule (A) to the Medical Acts, and through the Branch Registrars to the several medical schools and hospitals.

11. The several qualifying bodies are recommended not to admit, after October, 1870, to the final examination for a qualification under the Medical Acts, any candidate (not exempted from registration) whose name had not been entered in the medical students' register at least four years previously.

In the case of candidates from other than schools of the United Kingdom, the Branch Councils shall have power to admit exceptions to this recommendation.

LETTER FROM THE METRIC COMMITTEE OF THE BRITISH ASSOCIATION FOR THE ADVANCEMENT OF SCIENCE.

To the General Council of Medical Education and Registration.

"10, Farrar's Building, Temple, May, 1866.

"Gentlemen,—We are desired by the Metric Committee of the British Association for the Advancement of Science to seek your aid in promoting the practical adoption of the Metric Weights and Measures Act, passed in 1864, being the 27 and 28 Vict., c. 117: 'An Act to render permissive the use of Metric Weights and Measures in the United Kingdom.' Although this law is of a permissive character only, yet it allows full scope for the extensive application of the new system, and we trust that every opportunity will be seized for resorting to it, with a view of putting an end to the manifold defects and inconveniences of the present practice.

"We understand, with pleasure, that such an opportunity now occurs for introducing the metric decimal system into medicine and pharmacy, since the British Pharmacopœia, published in January, 1864, is about to appear in a second edition. The objection formerly urged to the introduction of the metric system side by side with the imperial, in all the formulæ for the preparation of drugs and chemicals, that the metric weights and measures were not yet sanctioned by the legislature, is now removed by the passing of the Act; and we hope, therefore, that your Council will give its sanction to the proposed useful addition.

"In submitting to you the desire of the Metric Committee of the British Association, that the knowledge of the metric system may be promoted in medicine and pharmacy, we would only add that, for international purposes, and especially for the use of foreign practitioners, and of British chemists in foreign countries, the ready comparison of the imperial with the metric weights and measures will be of great practical value; and, moreover, will tend to give effect to a reform expected to be highly useful to this country, and of extensive influence in social and international intercourse.—We have the honour to be, Gentlemen, your obedient servants, "John Baring, F.R.S., L.L.D.,
Chairman of the Committee.
"James Yates, M.A., F.R.S.,
Member of the Committee."

Dr. Alexander Wood moved that this letter should be referred to the Pharmacopœian Committee for their consideration.

Dr. Apjohn and Dr. Sharpey objected to this course, the latter gentleman proposing in lieu thereof the following resolution, which, on the withdrawal by Dr. Wood of his motion, was agreed to—"That the General Medical Council were not prepared to adopt, in its full extent, the suggestion of the Metric Committee of the British Association, but the Council will direct that a complete comparative table of metric and imperial weights and measures, with instruction for their mutual conversion, shall be inserted in the forthcoming edition of the British Pharmacopœia."

REPORT OF THE COMMITTEE ON RETURNS OF EXAMINATIONS AND THEIR RESULTS FROM THE LICENSING BODIES, AND ON THE REGISTER OF MEDICAL STUDENTS FOR THE LAST YEAR.

The Committee beg leave to lay before the Council:

1. A table, accurately compiled from the returns of examinations and their results, from the licensing bodies, according to Recommendation 6, section V., of the Recommendations of the General Medical Council of 1865; and have to remark that these returns have this year assumed a more complete and regular form than heretofore.

FORM OF RETURN.

According to the Recommendation 7, Sect. IV., of the Report of the Select Committee on Education, May 5, 1864 (previously Recommendation No. 23), of the General Medical Council, 1862.

Licensing Bodies.	Passed. 1st Examin. Number.	Passed. 2nd Examin. Number.	Rejected. 1st Examin. Number.	Rejected. 2nd Examin. Number.
R. C. P., Lond.	75	75	10	13
R. C. S., Engl.	372	365	132	58
Soc. Apoth., L.	281	264	28	22
Univ. of Oxford	3	3	2	...
" Cam.	4	3	2	...
" London	*25	23	11	1
R. C. P., Edin.	81	213	23	48
R. C. S., Edin.	†71	†125	24	30
Fac. P. S., Glasg.	12	74	2	22
Univ. of Aber.	(1st) 35 (2nd) 25	(3rd) 49	(1st) 3 (2nd) 5	(3rd) 4
" Edin.	(1st) 93 (2nd) 71	(3rd) 74	(1st) 16 (2nd) 27	(3rd) 6
" Glasgow	40	30	9	...
" St. And.	...	‡5	...	‡1
K.Q.C.P., Ire.	...	6 Sur. Exam. 66	... for M.D. according to Chart ...	1
R. C. S., Ire.	103 In Surgery, 12 In Midwifery	48 in 103 ...	Midwifery. 12 1	2 12 ...
Apoth. Hall, Ire.	18	22	2	9
Univ. of Dublin	12	30	4	4
	1343	1578	313	233

* By the regulation, University candidates are allowed, under certain conditions, to postpone their examination in physiology until the first M.B. examination of a subsequent year.

† In this return, those gentlemen having the letter D prefixed to their names in both columns, were candidates for the double qualification in medicine and surgery of the Royal Colleges of Physicians and Surgeons of Edinburgh.

‡ Final examination for M.D. under old regulation.

2. The Committee find, on examination of the students' register for last year, that it contains a list of all students registered by the Branch Councils, in compliance with the Recommendations in section XI. of the Report on Education, of April 15, 1865, and that the entries extend from October 1st, 1865 (when they were ordered by the Council to be commenced), to February 19th, 1866.

The numbers so registered are as follows—viz.:

In England	313
Scotland	128
Ireland	212
Total . .	653

Of these they find that eight students registered in England, and sixty in Scotland, belong to the year 1866, whilst the register for Ireland is strictly confined to 1865. They recommend that the names of these sixty-eight students, in order to keep their yearly registers distinct, shall be carried on to the register of 1866; this would leave for 1865 the following number of students registered:

In England	305
Scotland	68
Ireland	212
Total . .	585

This total, however, is very far from representing the actual number of students who have commenced their medical education in the United Kingdom during the year 1865, for the Committee have learnt that, for instance, at St. Mary's Hospital, London, forty students have been entered who have not been registered by the Branch Registrar for England, as required by the General Medical Council.

It is probable that other students in the three divisions of the kingdom are in the same case, but to what amount the Committee have no means of ascertaining.

This statement will be sufficient to enable the Council to form an opinion as to the present very imperfect state of the students' register; and though it is much to be regretted that this great imperfection exists, yet the Committee trust that when the revised and simplified recommendations of the present session become thoroughly known and understood, this imperfection, by the loyal and willing co-operation of the bodies in Schedule (A), will next year disappear. D. EMBLETON, Chairman.

RECOMMENDATIONS OF THE GENERAL MEDICAL COUNCIL, ON THE SUBJECTS OF PRELIMINARY EXAMINATION, OF REGISTRATION OF MEDICAL STUDENTS, AND OF PROFESSIONAL EDUCATION AND EXAMINATION, 1866.

I.—PRELIMINARY EXAMINATION.

1. That testimonials of proficiency granted by the National Educational Bodies according to the subjoined list, may be accepted, the Council reserving the right to add to, or take from, the list.

1. A Degree in Arts of any University of the United Kingdom or of the Colonies, or of such other Universities as may be specially recognized from time to time by the Medical Council.
2. Oxford Responsions or Moderations.
3. Cambridge Previous Examinations.
4. Matriculation Examination of the University of London.
5. Oxford Middle Class Examinations (Senior).
6. Cambridge Middle Class Examinations (Senior).
7. Durham Middle Class Examinations (Senior).
8. Durham Examinations for Students in Arts in their Second and First Years.
9. Durham Registration Examination for Medical Students.
10. Dublin University Entrance Examination.
11. Queen's University, Ireland, two years' Arts Course for the Diploma of Licentiate in Arts.
12. Preliminary Examinations at the end of A.B. Course.
13. Middle Class Examinations.
14. Matriculation Examinations.
15. First Class Certificate of the College of Preceptors.
16. "Testamur" granted by Codrington College, Barbadoes.
17. Degree of Associate of Arts granted by the Tasmanian Council of Education, with a certificate that the Student has been examined in Latin and Mathematics.

2. That students who cannot produce any of the testimonials referred to in the first recommendation be required to pass an Examination in Arts, established by any of the bodies named in Schedule (A) to the Medical Act, and approved by the General Medical Council.

3. That the examination in general education be eventually left entirely to the examining boards of the national educational bodies recognized by the Medical Council.

4. That no certificate of proficiency in general education, which does not affirm the proficiency of the candidate in Latin, be deemed a sufficient proof of preliminary education previous to the commencement of professional studies.

5. That the various educational and licensing bodies be requested to transmit to the Registrar of the General Council, returns, embodying any alterations which they may from time to time introduce into their courses of general study and examinations, which qualify for the registration of medical students; and that a copy of such returns be sent by the Registrar, as soon as convenient, to each Member of the General Council.

N.B. The following recommendations, printed in red, were passed by the General Medical Council, May 25th, 1866, but are not intended to come into operation till October 1st, 1868.

1. That the following subjects constitute a minimum to be required of candidates for preliminary examination, viz.:—

Compulsory Subjects—

1. English Language, including Grammar and Composition.
2. Arithmetic, including Vulgar and Decimal Fractions; Algebra, including Simple Equations.
3. Geometry: First Two Books of Euclid.
4. Latin, including Translation and Grammar.

and 5. One of the following

Optional Subjects—

1. Greek. After the year 1869 Greek shall be one of the compulsory subjects.
2. French.
3. German.
4. Natural Philosophy, including Mechanics, Hydrostatics, and Pneumatics.

2. That certificates of proficiency, to be received from all bodies legally authorized to examine in general education in Great Britain and Ireland, and from the several licensing bodies enumerated in Schedule (A) to the Medical Act in Great Britain and Ireland, shall bear evidence that the candidates have been examined and approved in at least the above subjects.

3. That in the case of certificates received from similar educational and licensing bodies in other parts of the empire and foreign countries, satisfactory evidence shall be given to the Medical Council (or Branch Councils) that such certificates are equivalent to those recognized in the United Kingdom.

4. That it shall be delegated to the Executive Committee to prepare annually and lay before the Council for recognition a list of examining bodies, whose examinations shall fulfil the conditions of the Medical Council as regards preliminary education.

5. That the regulations of the General Medical Council as to preliminary education, adopted during the present Session, shall not come into operation till October 1st, 1868, and that in the meantime the previous regulations shall remain in force.

II.—PROFESSIONAL EDUCATION.

1. That the course of professional study required for a licence shall comprehend attendance during not less than

four winter sessions, or three winter and two summer sessions, at a school recognized by any of the licensing bodies mentioned in Schedule (A) to the Medical Act.

2. That it be recommended to the several licensing bodies that the courses of instruction required by them be framed in such a manner as to secure a due share of attention, both to preparatory branches and to those more strictly connected with the practice of medicine and surgery; and that it be suggested accordingly to these bodies, that their regulations should be such as to prevent attendance upon lectures from interfering with hospital and clinical study.

3. That the Council will view with approbation any encouragement held out by the licensing bodies to students to prosecute the study of the natural sciences before they engage in studies of a strictly professional character.

III.—AGE FOR LICENCE TO PRACTISE.

1. That the age of twenty-one be the earliest age at which a candidate for any professional licence shall be admitted to his final examination; that the age shall, in all instances, be duly certified; and that a return of any exceptions to this recommendation allowed by the licensing bodies, together with the reasons for such exceptions, be transmitted to the Branch Council of that part of the United Kingdom in which they have been granted.

2. That no licence be obtained at an earlier period than after the expiration of forty-eight months subsequent to the registration of the candidate as a medical student.

IV. PROFESSIONAL EXAMINATION.

1. That those licensing bodies which have not already done so, be requested to furnish a statement of the dates of their examinations and of the modes in which such examinations are conducted, whether by written, oral, or practical examination, and of the length of time a candidate is under examination in each or all of these ways; and that the Registrar transmit these reports to the Members of the Council, in order that they may be taken into consideration at the next meeting of the several Branch Councils.

2. That the professional examination for any licence be divided into two parts; the first embracing the primary or fundamental branches directly connected with the practice of medicine and surgery; that the former be not undergone till after the close of the winter session of the second year of professional study; and the latter or final examination, not till after the close of the prescribed period of professional study.

3. That the examination in physics, botany, and natural history may be undergone at an earlier period than the first professional examination.

4. That the professional examinations be conducted both in writing and orally; and that they be practical in all branches in which they admit of being of so.

5. That the professional examinations be held by the several licensing bodies, except in special cases, at stated periods, to be publicly notified.

6. That returns from the licensing bodies in Schedule (A) be made annually, on the 1st of January, to the General Medical Council, stating the number and names of the candidates who have passed their first as well as their second examinations, and the number of those who have been rejected at the first and second examinations respectively; and that the Registrar forward a sufficient number of forms, with a notice for their being returned in due time.

7. That it be recommended to all the examining boards that they should require from every candidate for examination before them, a statement, signed by himself, whether he has, or has not, been rejected within three months by any of the examining boards included in Schedule (A) to the Medical Act.

8. That it is not desirable that any University of the United Kingdom should confer any degree in medicine or surgery, whether that of Bachelor, Doctor, or Master, upon candidates who have not graduated in Arts, or passed all the examinations required for the Bachelorship in Arts, or the examinations equivalent to those required for a degree in Arts.

V.—SUPERVISION OF EXAMINATIONS.

1. That the visitations of the examinations, preliminary as well as professional, of the qualifying bodies, by the Branch Councils, or such of their members as they may depute, be continued during the ensuing year.

2. That the reports of the visitors shall apply to every part of the examinations of each body, and shall include a statement of the facts observed and of the opinions of the visitors as to the efficiency of the examinations; as also such remarks and suggestions on defects in them as circumstances may indicate.

3. That the reports of the visitors be submitted in the first instance to the Branch Councils; and that thereafter the Branch Councils shall direct them to be printed and circulated confidentially amongst the members of the General Council, so that they may be in a condition, at the meeting of the General Council in 1867, to consider them maturely.

LETTER FROM THE PRESIDENT OF THE CHEMICAL SOCIETY.

To the President of the General Council of Medical Education and Registration.

"Burlington House, 19th March, 1866.

"Sir,—The President and Council of the Chemical Society venture to call the attention of the Medical Council to the system of Chemical Notation adopted in the British Pharmacopœia; and as they are informed that a new edition of that Pharmacopœia is in course of preparation, they entertain a hope that it may not be an inopportune moment to urge upon the Medical Council the desirableness of considering whether, in the forthcoming edition of the work, the use of chemical symbols could not be advantageously dispensed with altogether. In the few cases which may seem specially to call for the use of such formulæ, a percentage representation of the composition of the body would, it appears, supply all the necessary data.

"The grounds on which the President and Council of the Chemical Society have been induced to suggest this course are these:—

"The system of Notation at prssent adopted in the British Pharmacopœia is constructed in conformity with views which are rapidly disappearing from chemical teaching in this country.

"The Pharmacopœia is necessarily the text-book on which the examinations of students of medicine and pharmacy in pharmaceutical chemistry are based. It appears, therefore, extremely desirable that no works shall be put forth on official authority, such as that of the Medical Council, which shall be at variance with the views propounded by many of the most active experimental leaders and principal teachers of chemical science; or which shall oblige the teacher to adopt a double numerical system in his exposition of the facts of chemical science to his pupils—a course which is always a source of embarrassment both to professor and learner.

"It is obvious that the adoption of a plan such as the one now suggested does not necessitate any expression of opinion on the part of the Medical Council upon a subject which is still under discussion. At the same time, it will relieve the Council from the inconvenience of appearing pledged to the maintenance of doctrines which are no longer believed to be correct by many of the most competent to form an opinion on the subject.

"The President and Council of the Chemical Society trust that the importance of the subject will sufficiently explain their anxiety to bring this matter under the consideration of the Medical Council.

"Wm. Allen Miller, President of the Chemical Society.

"To Dr. Burrows."

Moved by Dr. Quain, seconded by Dr. Storrar, and agreed to:—"That the letter addressed by the Presiden of the Chemical Society to the President of the Medica Council be entered on the minutes."

2. Moved by Dr. Storrar, seconded by Dr. Alderson, and agreed to:—"That as soon as the proof of the new edition of the Pharmacopœia is ready, a copy of it be sent

to each member of the Council, with instructions that he will, within one month, return it to the Secretary of the Pharmacopœia Committee, with such observations as he shall see fit to make thereon, to be submitted to the Pharmacopœia Committee; and that the Pharmacopœia Committee shall, after due consideration of such observations, hand over the proof, when finally approved, to the Executive Committee for publication."

3. Moved by Dr. Arjohn, seconded by Dr. A. Smith, and agreed to:—"That it be an instruction to the Pharmacopœia Committee to give for each therapeutic compound, of definite constitution, occurring in the forthcoming edition of the Pharmacopœia, two formulæ,—the first being that in ordinary use at present, the second being one constructed in accordance with the more recent views of what is called the 'unitary system.'"

4. Moved by Dr. Acland, and seconded by Dr. Paget:—"That it be an instruction to the Pharmacopœia Committee to take steps to ascertain whether any or what limits have been imposed by the Medical Act, on the reports and investigations which the General Council might see fit to obtain or direct, into the properties of the medicines and compounds of which the Council is required to furnish a list; and specially whether the Council is limited by the Act to enquiries as to the composition of articles of the materia medica, and the modes of preparing and compounding them."

The motion was not carried, there being nine votes for, and nine against it.

Dr. Acland required that the names and numbers of those who voted and those who declined to vote, be taken down.

For 9.—Drs. Acland, Paget, Alexander Wood, Thomson, Leet, Apjohn, Parkes, Christison, and Stokes.

Against 9.—Mr. Cooper, Drs. Embleton, Storrar, Andrew Wood, A. Smith, Hargrave, Sir D. J. Corrigan Dr. Sharpey, and Dr. Quain.

Declined to vote.—The President, Dr. Alderson, Mr. Hawkins, and Dr. Fleming.

5. Moved by Dr. Christison, seconded by Dr. Quain, agreed to:—"That the report of the Pharmacopœia Committee (Minutes, General Council, for May 25, 1866, No. 90, p. 6) be adopted.

Monday, May 28th.

The first business of to-day was a consideration of the report of the Committee in reference to the letter received from the Secretary of State for War.

The Committee suggested that the following communication be forwarded in reply:—

Sir,—I am directed by the General Medical Council to acknowledge the receipt of your letter of the 26th, in which you inform me that Lord de Grey requests the Medical Council will favour him with their opinion as to the particular initials which should be used to designate the several medical qualifications described in the table appended to the Medical Act, and for which abbreviations are therein laid down. For example, Licentiates of the King and Queen's College of Physicians in Ireland, in the table of abbreviations appended to the above-named Act, are thus described, "Lic. K. Q. Coll. Phys., Ireland." What initials should be used in this and similar cases?

With regard to the first question, the General Medical Council submits, that it is only necessary to follow the precedent already existing in regard to the title "Surgeon" in the Army List. The title or qualification "Surgeon" (for it is both) does not mark the particular College or University which has conferred the required qualification, but leaves that to be ascertained by the *Medical Register*, published under Act of Parliament.

In like manner, in regard to medical qualifications the initials "M.D." or "M.B." are inserted after Surgeons, names, indicating that they possess such qualifications without distinguishing the particular Universities from which those titles are obtained.

It appears to the General Medical Council that, following those precedents, it is only necessary in like manner to insert after the names of surgeons having medical qualifications of England, Ireland, or Scotland, or from any University giving a licence in medicine, the letters, "Ph.," signifying Physician, indicating that the qualification is that of Physicians, in like manner as in the initial letters, "M.D." and "M.B.," not distinguishing the particular College or University from which the title "Physician" is obtained.

These observations apply equally to the only other initial letters proposed in the case of Licentiates of Apothecaries' Companies of England and Ireland, viz.: that the initial letters "Ap." should be inserted in like manner, indicating the qualification without distinguishing the particular company from which the qualification has proceeded.

With regard to the second question—viz.:

"In the case also of a surgeon who possesses more than one medical qualification the Council is requested to specify which should be selected for insertion in the Army List. Suppose, for illustration, a Licentiate of the King and Queen's College of Physicians, Dublin, is also a doctor of medicine of the University of Edinburgh, or a member of the London College of Physicians, or a Licentiate of the Society of Apothecaries; which of these medical qualifications is to have precedence, and by whom is this to be decided?"

The General Medical Council does not apprehend any difficulty.

The case put of a surgeon having more than one medical qualification is, and will be, of frequent occurrence in the army. It is not uncommon for an army surgeon to have two medical qualifications, one of "M.B." or "M.D." of a University, and another "Ph." from a College of Physicians.

It is only necessary to signify that one medical qualification alone will be inserted, leaving it to the discretion of the surgeon himself as to which he would select, or whether he would select any. A surgeon who has two medical qualifications—for instance, one from a Royal College of Physicians, and another from a University, may desire to have "M.D.," the University qualification, after his name; while another similarly circumstanced, may desire to have "Ph." after his name, designating that he is a physician.

It is also of ordinary occurrence, and is a practice very much to be encouraged, that army surgeons take advantage of opportunities from leave of absence, or from being stationed where there are celebrated medical schools, to acquire a medical qualification higher than that they had on entering the army, and such surgeons the General Medical Council apprehends would, of course, have the liberty of substituting from time to time the higher qualification for the original qualification inserted.

In conclusion, I am to observe that the additional initials proposed to be inserted in the Army List would be only two—viz.:—

Ph.	. . .	Physician.
Ap.	. . .	Apothecary.

The total initials required as indicating medical qualifications would then be only four in number:—

ALREADY ADMITTED.

M.D.	. . .	Signifying University Graduates,
M.B.	. . .	without specifying particulars.

PROPOSED TO BE ADDED.

Ph.	. . .	Signifying Physician in like manner, without specifying particulars.
Ap.	. . .	Signifying Apothecary in like manner, without specifying particulars.

The General Medical Council hopes this simple proposal will meet with the approbation of the Secretary of State for War, as doing impartial injustice to all parties, and removing the repeated complaints that have reached it on the subject, as explained in the former correspondence.

D. J. Corrigan, Chairman of Committee.

Lt.-Gen. Sir E. Lugard, K.C.B., Under Secretary of State for War.

Sir D. J. Corrigan then formally proposed, seconded by Dr. Smith, the adoption of the report of the Committee.

Dr. Parkes considered there were several objections against the adoption of the report of the Committee. He did not think there was a single surgeon in the army who would care to put "apothecary" after his name; because the term "surgeon," as used in the army, always included a medical degree or licence. Whereas, under the proposal

surgeons' names, "Surgeon and Apothecary," "Surgeon and Physician," &c., leading people to suppose one qualification was superior to the other. He strongly objected to the introduction of the word "Apothecary" on the "Army List" on principle. The initials proposed for this word were Ap., making it appear at first sight as if they were allied to a particular quadruped, only had forgotten the final E. Then, with regard to the initials Phn. instead of Phs., as now, he thought the substitution unwise. With the experience he had had with great questions of such an order as those now before them, of registration or education, he believed it would take at least eight years to settle, so that every member of the Council who was not of Carlyle's opinion that "silence is the first virtue of man," would have an opportunity of expressing his views upon the question of Phn. and Phs.—Fun and Phiz (laughter). And he should not be surprised if Sir Dominic Corrigan should one day set himself to write a comedy or a farce, bringing in as *dramatis personæ* the members of the Council and the Under-Secretary of State for War. He hoped Sir Dominic would not press his motion, and with a view to obviate the difficulties before them, he would propose as an amendment, "That the Registrar acknowledge with thanks the receipt of Sir E. Lugard's letter, and inform him that on further consideration the Medical Council has decided not to urge the matter referred to in Sir Edward's letter on the attention of the Secretary of State for War."

Mr. Syme seconded this amendment.

Dr. Smith thought there would be no more difficulty in adopting the initials proposed than such as K.G. or K.C. in other grades of society.

Dr. Andrew Wood did not think any surgeons would look upon the proposal very favourably, and instead of its being considered a boon, he feared they would turn round and say to the Council, why have you exposed us to such a thing?

Mr. Cooper and Mr. Hargrave would support the amendment, considering the statement of Dr. Parkes, who was so thoroughly conversant with the feelings of the medical officers of the army, entitled to great respect.

Sir Dominic Corrigan, in reply, observed that as the term surgeon included all denominations, so "Ph." would include, as a generic term, all other qualifications. He quite agreed with Mr. Syme that all medical qualifications should be abolished. This would at once place all medical officers in the army on an equality, and remove the existing jealousies. He did not at present intend, as Dr. Parkes suggested, to write either a comedy or a farce. He considered the Secretary of State for War and the Director-General entitled to too great respect to be thus ignominiously brought into print; but if, at any future time, he did think of writing one, he should probably introduce his friend Dr. Parkes as one of the principal characters (laughter). There was another part of Dr. Parkes's speech which he (Sir Dominic) considered the bitterest censure upon the Medical Department of the Army. The letters Ap., he had said, would be distasteful to them, and that any letters signifying apothecary should be omitted. If the medical authorities of the army wished to conceal the appendage signifying apothecary, they need not use it; and if Dr. Parkes would take the trouble to refer to the report, he would see that it was left to the discretion of the surgeon himself. It was absurd to say that Ap. looked like "ape," or that Phs. was "Phiz." On the same principle they might say that M.D. was mad-man, or C.B. cabman (laughter). The simple question was, in what manner were medical qualifications to be inserted? To that question the Committee considered that parties should be treated with equal justice,

The amendment of Dr. Parkes was then put and carried. The resolution of Sir D. J. Corrigan was therefore lost.

Amendment, moved by Dr. Quain; and seconded by Mr. Hargrave:—"That it be recommended to the Secretary of State, under the difficulties of adopting initials capable of indicating the qualifications possessed by all army surgeons, to omit all initials as indicating professional qualification."

This amendment was negatived.

The reports on "Visitations of Examinations" was next considered.

Dr. Alex. Wood said, with the indulgence of the Council he wished, prior to bringing forward his motion, to make a few observations. He would first congratulate the Council on the good which their first attempt at legislation in this important matter had already done, and what it was capable of doing. The result of the visitations of examinations by the Council were so far very satisfactory, and he was convinced of the success which would eventually crown their efforts, if they persevered in it. If he entertained the same opinion as Sir Dominic Corrigan, that it was useless for the Council to attempt to legislate in this matter, he should not vote for a Royal Commission, but for an act of Parliament, not to supercede the licensing bodies, which should possess the full powers they sought themselves. He hoped the Council would persevere in their exertions, as he was sure it would be the best refutation they could have against the report circulated as to their uselessness. It occurred to him that the Branch Councils should be requested to continue these visitations of examinations, as the reports of last year were highly satisfactory, although the Examiners had no tangible basis on which to work; and he suggested, as a more efficient mode of procedure in future, the Council should extract from these reports those parts in the examinations which might appear to them defective, and send them to the various licensing bodies, not as an injunction, but as a friendly measure, suggesting what might be found to them as improvements, and what might be considered weak points in their examinations. He felt certain there was not a single body represented at that table who would not be anxious, as far as possible, to comply with any suggestions the Council might choose to give them (hear). There were certain defects which ought to be dealth with seriously; but he would first give each licensing body the opportunity of amending their defects, and if they declined in any case to make the examinations what they should be, he would suggest some special action should be resorted to in the matter; but, as he had said, he would first exercise the power of *moral suasion*, which had proved its efficacy at many a hard fought battle at that table. He moved, "That the reports of the visitations of examinations be received and entered on the minutes."

Mr. Syme seconded the resolution.

Dr. Andrew Wood said—Last year Sir D. Corrigan moved a resolution, at which he was surprised, the effect of which would be to cripple the efficiency of their visitations; but he was thankful the members of that Council had, with one or two exceptions, discharged their duty to the best of their ability; and he did think it hard that Sir Dominic should bring forward a motion refusing payment to those who had done their duty in the Council at the very time he refused to perform those duties himself.

Sir Dominic Corrigan objected on the point of order to these remarks.

Dr. Andrew Wood regretted Sir Dominic was so thin-skinned. He did not appear to think other people were, when he was attacking them. He (Dr. Wood) thought the Council should come to some determination as to what was to be done with these reports, and what was expected from the visiting bodies relative thereto. He did not know what difficulty was experienced in England and Ireland, but in Scotland he knew much existed, as to the exact knowledge of what was to be expected from them. He had no doubt that in offering any suggestions to these bodies, they should be severely criticised; some would probably be characterised as reports which had gone into the whole matter, while others would be thought bald and useless. He trusted the profession would not judge from this year what would be done in future years on these visitations,

and he trusted they would be enabled, by instructions from this Council, as to what was to be expected of the visitors, to bring next year before the Council and the profession such reports as might redound to their credit. On a cursory glance at the present reports, he was much satisfied with them in a general point, but on a more minute examination he perceived some of the bodies had taken every trouble to give the exact returns, whilst others, he was sorry to say, had not taken any trouble or interest in the matter. It was his wish that a complete report of the preliminary as well as the professional Examinations should have been furnished to the Council, for their satisfaction and decision, and also for publicity, as they would then be in a better position to correct any errors or defects which might be represented to them. They would also, by looking into and examining each thoroughly, do away with the odium which was continually being cast upon some of these bodies, and by the furnishing of annual returns the manner some of the diplomas were granted would be seen into, and other defects remedied. Dr. Wood then alluded at length to some of the facts mentioned in the Scottish reports, and after a speech which occupied the greater portion of an hour (a full report of which our space forbids us to publish), he concluded by reading the following resolution:—

Moved by Dr. Andrew Wood, and seconded by Dr. Thomson:—"That the visitations of the examinations, preliminary as well as professional, of the qualifying bodies, by the Branch Councils, or such of their members as they may depute, be continued during the ensuing year: That the reports of the visitors shall apply to every part of the examinations of each body, and shall include a statement of the facts observed, and of the opinions of the visitors as to the efficiency of the examinations, as also such remarks and suggestions on defects in them as circumstances may indicate: That the reports of the visitors be submitted in the first instance to the Branch Councils; and that hereafter the Branch Councils shall direct them to be printed and circulated confidentially amongst the members of the General Council, so that they may be in condition at the meeting of the General Council in 1867 to consider them maturely."

Mr. Cæsar Hawkins said they could not yet form any comparison between the reports, because those reports were all drawn up on different systems. Dr. Storrar and himself had sought to enforce that no one obtained a diploma who had not been subjected to examination at the College of Surgeons in England. Of course the Council could not be expected to throw out suggestions to the College of Physicians or any other body in particular, or the discussion on the matter would be interminable. He thought, to expedite affairs, the reports should be circulated amongst the various licensing bodies. The visitations, he contended, should certainly be on one system, or no definite conclusion would ever be arrived at. In fact he doubted whether examinations conducted by the Branch Councils would ever be satisfactory.

After some further remarks from Dr. Alderson, Dr. Sharpey, Dr. Thomson, Mr. Cooper, and Dr. Paget, the motion for the insertion of the report on the minutes was unanimously agreed to.

Sir Dominic Corrigan then rose and proposed the following amendment to the motion of Dr. Andrew Wood, which was seconded by Dr. A. Smith:—

"That visitation of examinations carried out by members of the General or Branch Medical Councils being a reciprocal visitation by the representatives of the several licensing bodies of one another's examinations, is faulty in principle, and therefore can never command confidence. That any visitation of examinations would be worthless which did not include every examination, inasmuch as partial visitation could only testify as to the actual examinations visited—necessarily a very small proportion—and be no evidence whatever of the character of the examinations not visited, the larger proportion; that visitation of every examination would be impracticable, inasmuch as, in addition to preliminary examinations, there are annually about three thousand five hundred professional examinations in the United Kingdom for degrees or licences." He observed that his reasons for objecting to the resolution and for proposing the amendment might be divided under two heads—principle and practice—and that he would so consider them. His reasons for objecting to the course proposed of continuing a system of visitations by members of the Branch or General Council were these. It was universally admitted through the profession, and well known to the public, that our licensing bodies, nineteen in number, or some of them, permitted candidates to pass so lax an examination, both in general and professional subjects, that they were quite unfitted for the practice of their profession. The army and navy authorities have had such experience of this that they will not now admit any graduate or licentiate of medicine or surgery to be placed in charge of the lives of our soldiers or sailors without first examining him in both branches of education, general and professional, and this disgraceful and discreditable state of things arises, as I believe, and as I have over and over again stated, from the competition among the licensing bodies for the sale of diplomas, and this state, instead of being amended, appears to be growing worse, for in the report of the Navy Board, received within the last few days and printed in our minutes, the navy authorities inform us that more than one-half of those rejected were utterly ignorant of Latin, of the simplest rules of English composition, and some of them so ignorant of materia medica and the doses of medicine, that it would be unsafe to allow them to prescribe, and yet such persons have received their diplomas from one, and, in many instances, from two, in the Navy List, and in all in the Army List, from at least two of our licensing bodies (all of whom are represented here), and in this reproachful state of ignorance are let loose on the public, and are legally qualified to hold all civil appointments, prescribing for, and operating upon our poor in workhouse hospitals and dispensaries (hear). In this state of matters what is the remedy proposed? To institute a system of visitations. By whom? By the parties on their trial. The nineteen licensing bodies are all represented here. The representatives of those bodies acknowledge that the mode in which their examinations are conducted permits ignorance and insufficiency to pass through, that they are no longer considered a guarantee of sufficiency of education, that the important departments of the public service—the Army and Navy Boards—have refused any longer to acknowledge their licences. They are accused parties, and it is proposed by their representatives here to institute and continue a system of visitations with a view to their own amendment—to justify themselves in public opinion. To judge from some of the reports of visitations already before the Council, it would appear there was nothing to be amended, for it is stated in one of the Branch Council reports for March, 1866:—"In every case the visitors express themselves satisfied that no persons were improperly passed in the subjects, or parts of subjects, in which they were examined." Unfortunately the army and navy reports of examinations flatly contradict this. Take as an illustration the old unreformed House of Commons, when the whole people outside clamoured against its rotten and corrupt boroughs. Suppose the representatives of those boroughs were to meet in conclave, as this Council is now met, and pass a resolution that they would inspect one another, A inspecting B's borough, and B inspecting A's borough, and so on. Would such inspection and report command confidence? Surely not for one moment. If managers of badly conducted lunatic asylums, boards of guardians of ill-treated poor, unpaid magistrates accused of partiality or unfair administration, captains of emigrant ships accused of endangering the lives of their passengers by employing ignorant subordinates in the management of their ships, or ill-treating their passengers, would not the whole world without receive with derision reports of visitations made by themselves and to themselves in each respective case?

Sir D. proceeded to observe that the next objection to the course proposed in the resolution was the utter impossibility of carrying it out in practice. As returned on the minutes, there are in England, within the year, about 1700 examinations, in Scotland 1400, in Ireland 500; altogether about 3500. Suppose 500 visited, a number far beyond what could be visited, 3000 would still remain unvisited. The visitation of even 500 would give no security whatever as to the character of the remaining 3000 unvisited. To take a homely illustration from a basket of eggs: suppose 50 at the top were examined and reported, would that be any evidence of the state of soundness of the remaining 450? Surely not. Sir D. said he was once acting as a commissioner to inspect a lunatic asylum. At our visit the women were all arranged round the day-room with clean clothes, wristlets, warm stockings, and well cleaned shoes. He congratulated one of the most intelligent of them on their comforts and cleanly appearance. She looked at him from under her eyelids, and asked—"Are you a Royal Commissioner?" "I am," said he. "Then don't you go to be a fool to think we're figged out this way every day." Examinations can be figged out too. Within the last few months, at one of the licensing bodies, whose representative sits at this table, and one not the least loud in lauding visitations, a candidate was examined for his diploma, and obtained it last November, there being only two persons present, the President and the Secretary of the licensing body, the Secretary being the sole Examiner on all the subjects of examination, the time occupied being only half an hour. The following is an extract from the memorandum of the examination:—

"Examination at ———, on Friday, 3rd Nov., 1865, commencing at eleven o'clock, a.m., and lasting half an hour, conducted entirely orally by the Secretary, in the presence of the President, no other person being present."

The candidate came back with the good news, and the next (a natural) result was that a batch of eleven candidates flew away from Ireland to get their diplomas on the same easy terms.

Some one called out "name," on which Sir Dominic Corrigan observed that if the President or Council desired him to give the name of the licensing body he would give it, but at present it appeared to him to be the better course to withhold the name of both college and candidate, as the candidate might not desire to have it stated at present that he had his diploma on such an examination, and on the other hand the licensing body, it was not impossible, might have some justification to offer in reply, and the course he would therefore suggest, with the concurrence of the Council, is that he would forward to the licensing body a copy of the memorandum, and submit the correspondence to the General Council at its next meeting.

The Council assented to this, and Sir Dominic continued—Suppose a visitation took place on one day in a month, what security does that afford for the examinations on the other days of the month? Every morning after a visitation there may be an eleven o'clock a.m. examination, considerately adapted to the convenience of candidates, and of such there can be no cognizance.

Sir Dominic continued—The third point to which he desired to draw the attention of the Council was that the defect in the proposed visitations of examinations was in not applying the test where it ought to be applied—viz., to the result. The Army and Navy Board very properly tested by results. They did not send about visitors to be present at some examinations and then accept such reports as applicable to all. They very properly say, "We will not visit your examinations, but when you turn out a graduate as sufficiently educated in your opinion, we will test him by actual examination—that is, we will test the result not the process of manufacture." This is the common-sense view. If the Council be right in its present course of procedure, then the Army and Navy Board are wrong, and the Council should address a remonstrance to these public boards to abandon their present system of examining candidates, and to adopt the alleged improvement of the mode of proceeding of the Council. Apply here again the test of common sense, supplied us by great public departments. Do the responsible authorities who desire to have efficient artillery, invulnerable armour plates, or fast ships, send inspectors to witness the process of manufacture, and then rely upon such visitation, or upon reports from the representatives of the firms that manufacture them? They do not; they test by results; they estimate as of no value all certificates as to care in manufacture. They bring the guns and armour plates to the range at Woolwich, and the ships to the measured mile. They test by results, and this result is the only one relied upon, whether the article to be tested is a gun, an armour plate, a ship, a sea captain, or a medical practitioner. The London University, an institution highly to be commended, and a precedent to be followed, holds this course; it tests by results—cares nothing as to where or how the education is acquired, but an efficient Board of Examiners, having no pecuniary interest in the payment for a diploma, tests by results, that is, by the competency of the candidates.

Here Dr. QUAIN interrupted to ask how this test was to be carried out by the General Medical Council.

Sir D. CORRIGAN observed in reply that he was much indebted to Dr. Quain for the interruption, and complimented by it, inasmuch as it showed that the great intellect of Dr. Quain ran in the same groove as his own, for his finger at the moment was on the next memorandum of his notes—viz., how testing by results was to be carried out. The mode he proposed was this—to give up altogether the visitation of examinations, liable to so many fallacies, and to substitute for it a Board of Examiners for each branch of the United Kingdom, open to all graduates who shall have obtained degrees or licences. It appeared to him that if it be allowable under Clause XVIII. to depute and pay persons for visitations of examinations with the object of testing their efficiency, it would be equally allowable, under it and Section 20, to appoint and pay Examiners for giving the desired information to the Council as to the efficiency of examinations by testing results. It may be objected that such examination would not be compulsory, but neither are any of the rules or recommendations of the General Council on education or examinations, but it can scarcely be doubted that all well-educated graduates and licentiates would avail themselves of the opportunity of obtaining the "imprimature" of such a Board, while those who might be rejected would turn again to study to obtain it, and those who would not present themselves would labour under the disadvantage of not having a testimonium in addition to their licence or degree. The proposed plan would in no way interfere with the legal privileges attached to the diplomas of the several licensing bodies. The General Medical Council would also, under the proposed plan, gain the great advantage of substituting for visitation of examinations, subject to so many defects, the power of testing by results, which would be in accordance with the principles and practice in all similar instances outside this Council.

An amendment of Sir Dominic Corrigan having been put to the vote and negatived, the motion of Dr. Andrew Wood was agreed to.

It was then moved by Dr. STORRAR, seconded by Dr. ANDREW WOOD, and agreed to—"That the General Council meet to-morrow at one o'clock, instead of two."

Dr. EMBLETON presented the report of the Committee on Returns of Examinations and their results from the licensing bodies, and on the register of medical students for the last year.

The Returns of Examinations from the Medical Department of the Navy were next brought forward.

Dr. ANDREW WOOD wished to make a few observations before these reports were passed. He said the Council, the profession, and the licensing bodies were much indebted to the Navy Department for granting these returns, which unquestionably tended to bring out the fact that students had been passed, and their diplomas given them,

by the several licensing bodies on very indifferent grounds, and then, on re-examination before the Navy Board, they had no qualifications to warrant their acceptance in that department. He might be told they should not look at these returns as they stood, as the best men did not go there to be examined, but this was no excuse for the licensing bodies, though they might be aware such was the case. But it must be remembered that all those who had thus failed before the Navy Board had probably passed their examinations by the licensing bodies some four years since. He did not despair in the face of these returns, but believed that what was being done by the Council would be brought to bear upon the licensing bodies, and he hoped three or four years hence similar returns might be laid before them, that they might see what progress was being made, and he trusted then they would have the satisfaction of knowing they had done their duty. He begged leave to propose the following resolution:—"That the Director-General of the Navy Department be respectfully requested to furnish in future the Council with copies of questions proposed to candidates for Navy Medical Commissions, in the same way as is done by the authorities of the Army Medical Department."

Dr. Fleming seconded the resolution.

Dr. Alexander Wood had no objection to the proposal of Dr. Andrew Wood, but wished to make a few remarks, as he had noticed that year after year they had been sliding into a very dangerous position with regard to this matter. They had received these returns, and entered them on their minutes, as though it were possible to apply them as a test to the efficiency of the licensing bodies. Every one knew, who had had any experience with examinations, that much depended upon the way questions were put, and this in a great measure would account for some candidates passing the licensing bodies that were refused by the Navy Board. True, some examinations were more stringent than others, and he thought, in many cases when Examiners got old, they were not so strict as before, but he considered great improvements were gradually and surely making headway in this important matter. At least he could answer for the body to which he belonged.

Dr. Parkes believed much good had been done by these returns being furnished. At the same time he felt bound to say that neither the Army or the Navy Boards would hardly be justified in furnishing these returns in future to the Council, though they were of the greatest value, if they were to be made the means of attacking gentlemen who entered into the service.

Sir Dominic Corrigan had listened with pain to the discussion. As long back as May, 1864, these returns were unanimously asked for, but he was sorry to see, now the request had in some measure been complied with, certain members of the Council were disposed to throw cold water upon them and disparage their utility. If this discussion reached the ears of those gentlemen who had so kindly furnished these returns, he feared their issue would in future be stopped. He held these returns to be of the greatest possible value, and as they were meant as a test to the various licensing bodies, they should be so applied.

Mr. Cæsar Hawkins reminded the Council that students who had this year applied for examination had probably never been before examined by any body, and therefore it was no fault of the Council. Allowance must also be made for the memories of candidates, and it was not at all unreasonable to suppose that sometimes men forgot some of the things they had learned several years before. The returns were of very little value unless they had the examination papers.

Dr. Paget considered it would be a great mistake if the furnishing of these returns should be interrupted. Although it was not a crucial test, yet it was a test or thing produced, and he conceived it was much better to judge of quality than it was of the process by which it was produced.

After a few remarks from Professor Syme and from Dr. Andrew Wood in furtherance of the resolution, the same was put and carried unanimously.

A similar motion to the authorities of the Army Medical Department was then proposed by Dr. Andrew Wood, and seconded by Dr. Parkes, which was also carried.

The following report of the Finance Committee was then agreed to:—

"The Finance Committee beg leave to present, in a tabular form, a statement of the estimated and actual income and expenditure of the year 1865; also an estimate of the income from ordinary sources, and of the expenditure, as far as the Committee are able to judge, for the year 1866.

"From the figures in the table it will appear that the actual income of the past year fell somewhat short of the estimate, but as, on the other hand, the actual expenditure is less than what was estimated, there is a small balance in favour of the Council.

"In reference to these estimates, the Committee have to observe that it is scarcely possible to judge of the prospective expenditure with any near approach to accuracy, inasmuch as the amount is greatly dependent on the duration of the sessions of Council, which cannot, with certainty, be determined beforehand.

"A statement of the receipts and disbursements on account of the British Pharmacopœia, since the date of the account presented last year, and of the balance in the Bank at the credit of the General Council, is given up to January, 1866. "W. Sharpey, Chairman."

The report of the Committee on Returns from the Licensing Bodies was next considered and adopted; as were also some additions to the standing orders, proposed by Dr. Alexander Wood.

Dr. Fleming moved, in pursuance of notice:—"That the Executive Committee for the ensuing year consist of ix members, exclusive of the President, instead of four, as at present; that of the six to be elected, four be chosen from the English, one from the Scotch, and one from the Irish Branch Councils."

A long discussion on this motion arose, in which Drs. Paget, Alexander Wood, Syme, Smith and Sharpey took a prominent part; but as this would not interest our readers, we merely quote the President's opinion on the subject in reply to the request of Dr. Fleming for same.

The President said—So long as the Executive Committee was composed of members of the English Branch Councils exclusively, the General Council ought to be jealous of delegating greater powers to it than it at present possessed. But if any means could be adopted by which they could get a fair representation on that Committee of the other Branch Councils, he thought further powers might be entrusted to it according to the Act of Parliament, and that such an Executive Committee might be able most materially to lighten the labours and shorten the sittings of the Council. If they asked his opinion as their President, he must say that he thought one of the great defects in their organization was that they had no means of carrying on business except through the large body sitting round that table. A great deal of the preparation of business which came before that Council might be transacted by the Committee proposed, and, therefore, he thought it would certainly be a step in the right direction if such a Committee were appointed.

A ballot of the whole Council was then taken for the Executive Committee for the ensuing year, when the following members were declared to be elected:—

Mr. C. Hawkins,	17 votes.	Dr. Andrew Wood,	12 votes.
Dr. Sharpey,	17 ,,	Dr. Acland,	8 ,,
Dr. Paget,	13 ,,	Dr. A. Smith,	8 ,,

Dr. Andrew Wood, in rising to propose a motion, said that he thought it would not be then inopportune to make a few remarks relative to the new Medical Acts Bill, and what had been done to bring it before the Government. The Council had hoped ere this to have received some communication on the subject from the Government. Mr. Ouvry (their solicitor) had seen Sir G. Grey's

private Secretary, and impressed upon him the importance of receiving a deputation from this Council during the present session, but no communication had up to that time come to hand. It was quite clear the Council, having prepared the Bill, ought not to separate without taking the proper steps for seeing that it was pressed upon the Government, and therefore he begged to propose this resolution:—"That it be delegated to the Executive Committee to confer with the Government in regard to the proposed Bill for the amendment of the Medical Acts, to press on the Government the expediency of its being adoped as *a Government measure*, and to take all necessary steps for aiding the passing of the Bill through Parliament."

The desirability of its being introduced as a *Government measure only*, having been urged by Sir D. Corrigan, words to that effect were then embodied in Dr. Wood's motion, and the same was put and carried.

The remainder of the business on the programme having been disposed of, it was resolved:—"That the thanks of the Council are due, and are hereby tendered to the Treasurers, Dr. Quain and Dr. Sharpey, for their important services."

On the motion of Dr. ANDREW WOOD, seconded by Dr. STORRAR, it was agreed:—"That the thanks of this Council are eminently due, and are hereby offered to the Royal College of Physicians, London, for their obliging and courteous accommodation during the present session of the Medical Council."

A gratuity of twenty guineas was then voted to the resident officials of the College of Physicians for services rendered to the Council.

A gratuity of twenty guineas each to Mr. Bell and Mr. Roope, the clerks of the Council, in consideration of their extra services during the present session, and extra work consequent on the registration of medical students—a duty which was not contemplated at the time that Mr. Bell and Mr. Roope were appointed.

It was further resolved:—"That the cordial thanks of this Council are due, and are hereby tendered to Dr. Andrew Wood, for his unwearied exertions and invaluable services as Chairman of the Business Committee during the past and present sessions of the Council."

The last motion was then proposed by Dr. ANDREW WOOD, seconded by Mr. HARGRAVE, and cordially agreed to:—"That the thanks of this Council are tendered to the President, for his kind, courteous, and efficient services during the present session of the General Medical Council."

This concluded the session of the Medical Council for 1866, and the meeting broke up about seven p.m., having sat this day six hours.

Reviews.

ON THE MERCURIAL AND NON-MERCURIAL TREATMENT OF SYPHILIS. By R. WILLIAM DUNN Surgeon to the Farringdon Dispensary, &c. London Hardwicke. 1866. Pp 48.

THE author of this *brochure* informs us in his preface, that his object is to lay before his medical brethren a *résumé* of the views of different writers on syphilis, upon the mooted question of whether the disease should be treated with or without mercury. He himself, he adds, is now from experience, having tried both methods, in favour of the latter or non-mercurial method. An abstract of the paper was read at the Medical Society. After glancing at the opinions of Ambrose Paré, who mentioned that in his time, 1649, the advocates, of mercury were, as now, opposed by the partisans of guaiacum, &c., he shows how John Hunter considered that if there was such a thing as a specific, mercury was one for the venereal disease. He refers to the great crusade against mercury which ensued at the commencement of the nineteenth century, and how the non-mercurial plan was advocated by the Royal Council of Health of Sweden, by Fricke, Duvergie, Kayser, Rapatel, Desruelles, Judd, Hennen, Fergusson, Guthrie, and others, and that the *Medico-Chirurgical Review* had stated that 80,000 cases had been tried from 1800 to 1835 inclusive without mercury, and that the treatment had succeeded better than the classical treatment. On the other hand, the mercurial treatment of the disease had for advocates Carmichael, Wallace, Dupuytren, Brodie, Abernethy, and many other eminent surgeons. The report of the Army Board, dated April 2nd, 1819, gave 1940 cases of ulceration of the genitals treated without mercury: 96 cases of secondary symptoms; 60 ulcers treated by Dease without mercury, had 6 cases of secondary disease; 40 cases treatedby Judd had 7 cases of secondaries; 100 cases treated by Green gave 9 cases of secondary disease. Fricke discovered that the disease was cured more rapidly without mercury, and that relapses were less frequent and slighter. 407 cases of primary sore treated by Hennen had 46 cases of secondary symptoms. Boeck stated that 3123 persons were treated by mercury, 1036 had relapses; 280 without mercury, 82 only had return of the disease. Samuel Cooper, writing in 1825, describes the dreadful mutilations caused at Bartholomew's Hospital by the salivations employed there. Among mercurialists of the present time our author mentions the names of Ricord, Cazenave, Acton, Lee, Brodie, de Méric, Erichsen, Hamilton, and others. Sir B. Brodie said that there was no remedy capable of extinguishing the venereal poison like mercury. Mr. H. Lee says that mercury delays the appearance of secondary affections. Mr. Erichsen says he has seen the non-mercurial plan extensively tried, and believes that secondary symptoms are not so frequent when mercury is used. He also says that some of the worst forms of the disease he has ever seen has occurred in persons who have not taken mercury; when given to healthy constitutions he says it will generally prevent secondary disease. Professor Miller says that although usually mercury is not required some cases cannot be well treated without it. Müller (of Vienna) and Cazenave hold similar opinions, as also Sir Charles Bell. He thinks that there is no senior in the profession who would be so unnatural as to treat a syphilitic sore without mercury. Mr. H. Lee says that papular and scaly disease are the most common form of disease after the treatment of the primary sore by local means, whilst pustular and tubercular forms are most common after mercury; the author considers this damaging to the advocates of mercury. Mr. Guthrie considers it proved that all ulcers of the genitals will get well without mercury. Mr. Green considered that every form of the disease except iritis could be better cured without mercury than with it. Our author informs us that Dr. Drysdale, himself, and others have successfully treated syphilitic iritis without mercury. Baerensprung says that mercury deteriorates the constitution, and that the disease is far better treated without it. Diday accuses mercury with causing phagedæna in some cases, stomatitis, dyspepsia, trembling of the extremities, apoplexy, and insanity, even when treated by Ricord and other masters of the mercurial art.

Professor Syme advises abstaining altogether from mercury in secondary symptoms, and says that affections of the periosteum or bones never occur in a severe form except when the patient has suffered from mercurial influence. Dr. Fricke says that affections of the bones and periosteum are frequent in syphilitic persons; but caries or destruction of the bone are seldom or ever observed except when mercury has been administered. Weeden Cooke says that once the secondary eruption has been gone through, it generally does not relapse when no mercury is given, except in persons who drink or smoke much. He likens the disease to an exanthem, and thinks that the eruption should not be kept back by the lowering influence of mercury. Dr. Drysdale

says that severe cases, even if they may occasionally occur under careful hygienic treatment, are remarkably rare; but even were they common, it would be no argument for so poisonous a substance as mercury is well known to be. He contends that the disease, in general, when hygienically treated, is by no means severe, and that tertiary affections alone require iodide of potassium, whilst all other symptoms may be cured by attention to general diet and external applications, caustics, &c.

The author believes that mercury is never required internally in the treatment; and he recommends an analeptic plan of treatment, with iodide of potassium in periostitis and nodes. He says that he has now treated upwards of forty cases of primary syphilis without mercury, and the secondary eruptions also without mercury, and none of these had relapsed. He states in common with Dr. Bennett that rupia scarcely ever occurs in persons who have been treated simply, whilst it is by no means uncommon when mercury is used. The same holds good for bone disease.

A few cases with the details of their treatment are added by the author, exemplifying the mode of mercurial and non-mercurial treatment used by him before and after he became aware of the superior efficacy of the latter method. One of the cases shows how indurated chancres gradually heal up and become soft again under water-dressing alone. One of the most interesting portions of this work is the information given concerning the treatment of infantile and hereditary syphilis. M. Cullerier says that a syphilitic infant not treated by mercury always dies within a given period. Mr. Erichsen considers that mercury is a specific in such cases. The author mentions that Mr. Allingham, Dr. Drysdale, Dr. Boeck, Mr. Cooke, and himself, have found that, when hereditary or infantile syphilis is treated without mercury, the rate of mortality is much lower than when mercury is used. Mr. Allingham's cases gave 48 cases treated, with 6 deaths, whereas the mercurial treatment appears to present 29 per cent. of deaths. The author concludes that primary sores can be healed without mercury; that mercury does not prevent secondary symptoms; and that when secondary symptoms appear in simple treatment, they are milder than when mercury is used—*e.g.*, rupia and bone disease very rarely following the simple treatment; and that infantile syphilis is better treated without mercury than with it.

Whether the reader agree or not with Mr. Dunn's conclusions, he will not, we believe, find fault with that gentleman for not stating his adversary's cases fairly. There is no attempt made by him to shirk the evidence of mercurialists, and we therefore recommend this *brochure* to the attention of the profession.

LIST OF ENTRIES IN THE LOCAL REGISTER BRANCH MEDICAL COUNCIL (IRELAND), FOR THE MONTH OF APRIL, 1866.

Dwyer, Peter Joseph, county Cork, L.A.H.D. 1863.
Harvey, Charles Albert, Manchester, L.R.C.S.I. 1865, L.R.C.P.Edin. 1865.
Turner, J. Eaton, Tuam, L.R.C.P.Edin. 1866, L.R.C.S.Ed. 1866.
Kelly, John Bellew, Drogheda, L.R.C.S.I. 1865, L. 1866 and L. Mid. 1866, K.Q.C.P.I.
Doyle, Bernard, county Down, L.R.C.S.Ed. 1865.
O'Grady, Michael, Dublin, M.R.C.S.Eng. 1844.
Evans, Joshua William, Dublin, M.B. Univ. Dub. 1864, L.A.H.Dub. 1866.
Harman, Wm. Morton, county Cavan, M.B.Univ. Dub. 1866, L.R.C.S.I. 1866.
McAlister, James, Galway, M.B.Univ. Glasg. 1865, Mast. Surg. Univ. Glasg. 1865.
Murray, William, county Westmeath, L.R.C.P.Edin. 1866, L.R.C.S.Edin. 1866.

THE returns of the cattle plague show but a very small decrease.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 6, 1866.

THE VISITATION OF EXAMINATIONS BY THE MEDICAL COUNCIL.

By the 18th Clause of the Medical Act of 1858, power is given to any member or members of the General Council, or any person or persons deputed by the Council, to attend and be present at the examinations held by the different Medical Licensing and Examining Bodies; the object, of course, being to keep the Council in possession of information as to the method of examination adopted, and the standard of knowledge required of the candidates. There has hitherto been very great difficulty in carrying out a system of supervision of examinations, and the causes of the difficulty are obvious enough; one is, that no funds are specifically provided for the purpose; and another is, that nearly all the members of the Council are themselves examiners or teachers, or are otherwise closely connected with the examining bodies. From the want of funds it has been found impossible, we presume, to delegate this duty of supervision to persons out of the Council, and the second circumstance had made the task alluded to one of peculiar delicacy. Nevertheless, the Council at length determined that an effort should be made, and in April of last year it was resolved that members of the Council, deputed by the Council itself or one of its branches, should visit the examinations conducted by the qualifying bodies in the United Kingdom, and report the result of their observations to the General Council.

This resolution has been carried into effect, and the Branch Council representing each division of the United Kingdom, has divided among its members the duty delegated to it, and the reports have just been printed. As every member of the profession is interested more or less in the subject, inasmuch as nearly every one has passed one or more of the examinations himself, we make no apology for alluding to the subject in some detail, and publishing some portions of the reports themselves.

Although reports have been received from each of the three divisions of the United Kingdom, we must limit ourselves at present to that which has emanated from the Branch Council for England. The examinations attended by the delegates of this Branch, include those of the Royal College of Physicians of London; the two examinations (first and second) for the diploma of the Royal College of Surgeons of England; the first and second examinations for the licence of the London Society of Apothecaries; the first and second examinations for the degree of M.B. at Oxford and Cambridge, and that which at Cambridge must be passed in addition for the degree of Master of Surgery; and the final examination for the degree of M.B. of the University of London.

Now, it will not excite much surprise when we state that the visitors express themselves generally as being satisfied with the manner in which the duties are performed at these various bodies, but they very properly suggest some points in which the examinations of some of them are capable of improvement.

Those who are practically acquainted with the subject of examinations must perceive at a glance that the six bodies just mentioned are placed, in respect to Medical Education and Examination, in the most different positions. The Universities of Oxford and Cambridge for instance, are ancient and amply endowed foundations, in which, however, medicine, though most ably taught and cultivated, holds a comparatively inconspicuous place; the University of London has no school whatever, and being endowed by Parliamentary grants, is enabled to conduct its examinations with the most perfect independence, and, we may add, completeness. The College of Surgeons depends almost entirely for its revenues and the payment of its officials on the fees obtained by candidates for the diplomas—a most unfortunate arrangement, although we by no means assert that it leads to corrupt practices, and the examinations at Apothecaries' Hall, for which a very moderate sum is demanded, are conducted by examiners, who, like those of the College of Surgeons, are paid from the fees of the candidates who are passed. At the College of Surgeons, however, the fees being large, the revenues are considerable, and indeed support nearly the whole expenses of the College. At Apothecaries' Hall, the fees are small, and barely suffice to pay the necessary expenses of the examinations. Now it is at the outset unfair to institute a strict comparison between the proceedings of richly endowed and independent bodies like the Universities of Oxford, Cambridge, and London, and those of bodies which, like the College of Surgeons and Apothecaries' Hall, depend, entirely, so far as their examinations go, on the students fees. We repeat that this is a very objectionable arrangement, but we must take matters as we find them. Again, the Universities of Oxford, Cambridge, and London, hold their medical examinations *once a year*, and can, of course, provide themselves amply with all necessary resources The College of Physicians holds its examinations at monthly or trimestrial intervals. The College of Surgeons holds its examinations at certain fixed periods during the year; and the Court of Examiners of the Apothecaries' Society is compelled by Act of Parliament to sit *once a week*, whether there are any candidates or not.

Now it is perfectly preposterous to expect that twelve men, such as the Examiners of the Society of Apothecaries, being paid a very small sum, and compelled to sit once a week, can devote so much time and attention to the examination of the candidates as the Examiners of the Universities of Oxford, Cambridge, and London, who are amply paid for attending to examine two or three times a year; and we may add, it is preposterous to imagine that a host of young men, such as are necessarily sent out every week to practise on board ship, or in country districts, or in poor neighbourhoods, or as Union Surgeons, can have or indeed require to have, the same amount of classical, general, and scientific, in addition to strictly medical education, as the Graduates of Oxford, Cambridge, or London, in the two former of which Universities it is almost impossible for a candidate to take a degree till he is twenty-three or twenty-four years old, and in the last (the University of London) the examinations are so numerous and so stringent, that although a candidate *may* pass and obtain a degree at twenty-one years of age, such cases are very rare. But such are the exigencies of the public service, and such, we may add, are the pecuniary necessities of many of those who are entering the Medical Profession, that it is impossible for them to do more than obtain a respectable diploma at twenty-one years of age, and then to support themselves either as assistants or in practising among the poor, or in the army and navy.

We are not offering these remarks by way of apologising for the shortcomings of the London Society of Apothecaries, because in fact they require no apology on our part, and the Visitors of Examinations expressly state that this body has been steadily doing its best to raise the standard of education among the General Practitioners: and it is a well known fact (although the Visitors do not allude to it) that, in point of preliminary education, this Society instituted a compulsory examination in Greek, Latin, and Mathematics, long before the Medical Council was appointed or even thought of.

The same considerations scarcely apply to the College of Surgeons of England. It cannot be said with truth that this body has advanced with the improvements of the present age; and although we hesitate to impute corrupt or unworthy motives, we may state as a fact that this College for a long time studiously ignored the necessity of preliminary education on the part of its candidates, and thus obstructed the efforts of other examining bodies which were striving in the opposite direction. Since the passing of the Medical Act, indeed, the College has been morally, if not legally, compelled to obey the regulations of the Medical Council in this and other respects; but with the great resources of this College and the high reputation which it holds in public estimation, we consider that it has fallen far short of the duties it owes to the Medical Profession.

THE GENERAL MEDICAL COUNCIL.

In the remarks we made at the commencement of the sittings of the Medical Council for the session, we believe that we were not very far wrong in our misgivings as to any efficient measure being passed for the benefit of the Profession in the present year. At the time when we are writing, the Government has given no pledge that it will introduce the amended Medical Reform Bill into Parliament, and the fate of the measure is left to the chance of its being adopted by some independent member of the Legislature. We are also left in uncertainty whether the Government will adopt the amendments.

proposed by the Medical Council. It will be recollected that the insidious introduction of the words "Doctor of Medicine" instead of "Doctor" in the 40th clause, on the part of the Government, is entirely subversive of the intentions of the framers of the amended Bill, and, if allowed to remain, will render the measure entirely nugatory as a protection to the public against quacks and impostors. The Pharmacopœia also appears to make very slow progress, and it may be many months before the new edition sees the light. We are aware of the many difficulties with which the Medical Council has to contend, and we make the foregoing remarks without any wish to disparage its labours, but merely to put the matter in a true light before the Profession.

THE NEW CHEMICAL NOTATION.

A NEW, and somewhat unexpected, and rather formidable difficulty has just occurred in the preparation of the new Pharmacopœia. It will be recollected that the Pharmacopœia as it now exists, although not overloaded with chemical technicalities, contains a notation of chemical substances such as has been for many years taught in the schools of chemistry. Very lately, however, several distinguished chemists have come to the conclusion that the existing notation should be changed, owing to some very cogent theoretical considerations, connected with the relative size of the atoms of oxygen and hydrogen, and consequently of the other chemical elements. The practical effect of this change is very unfortunate, and is almost equivalent to a reform of the alphabet, which is allowed to remain in its present state, not because it is theoretically perfect, but because European nations have become accustomed to its use. People who have learned chemistry under the old notation are or will be obliged to adopt the new one, and although this is no great hardship to men of science, it will be found very inconvenient to those who are beginning the study, or have with some difficulty mastered the intricacies of the present system. After considerable discussion, it has been determined by the Medical Council that in the new Pharmacopœia, both systems of notation shall be adopted, although it was the opinion of some practical persons that it would be better, under the circumstances, to omit all chemical symbols whatever.

QUANTITY *VERSUS* QUALITY.—THE CORK BOARD OF POOR-LAW GUARDIANS AND THEIR MEDICAL OFFICERS.

IT has occasionally been our unpleasant duty to bring the conduct of the Cork Board of Poor-law Guardians, or of some obstinately ignorant members of that inglorious Corporation, under the notice of the profession; and we have reason to believe that our remarks have not been without effect on that pachydermatous body, which, according to the well known aphorism of DANIEL O'CONNELL, "has no conscience." On the present occasion we have—with great regret—to parade that same board before the tribunal of educated public opinion, in the hope that the criticism to which they will be thus subjected may do them wholesome service and benefit suffering humanity, whether in the shape of a sick pauper, or of a careworn and worried workhouse physician.

In another column we give our readers the benefit of perusing a leading article on the subject from the *Cork Examiner* of the 28th ult., which has been forwarded to us probably by one of our subscribers. We heartily endorse every opinion therein expressed; and we affirm, that were leading articles in the daily papers on matters connected with our profession written in the fair and educated spirit which throughout marks this one, it would be well for our country and for its best interests. It is fair to add that the *Cork Daily Reporter* of the 31st ultimo has also taken the right side in a temperate article which we have read with great pleasure.

It seems that the Cork Workhouse is a very large institution; so large that there is hospital accommodation for about 1200 in it. Beside a Resident Surgeon, there are two Visiting-Physicians, to whom the medical affairs of the Workhouse are confided—Dr. POPHAM and Dr. W. C. TOWNSEND. Both these gentlemen not only hold a high professional position in their own city, but are well and favourably known to the profession very far beyond the local limits of their practice. Under their management the popular opinion regarding workhouse hospital treatment has been completely reversed. Instead of avoiding the institution under their care as "that bourne from which no traveller has returned," the poor, and the sick artisans, rush to it with trustful eagerness; and, it is said, that the percentage of deaths is less there than in any other hospital of the kind in Ireland.

But it has become necessary to erect a Fever Hospital in addition to their previously existing medical institutions; and the Cork Board have actually had the barefaced and inhuman hardihood to require their two medical officers, not only to attend the present hospitals, but *also* the new Fever Hospital, when opened; and they prescribe *that the physicians shall attend at least three hours a day, of which half an hour is to be at night.*

From the *Cork Examiner* of the 30th ult. it appears that there are at least three members of this Board who claim to be members of our profession, and who play the P.L.G. or the M.D. just as it suits them. Of one of them it was stated at the Board meeting of last Wednesday that he had not been seen in an hospital for thirty years; and another is not favourably known to our readers in connection with subjects of this kind in days gone by. Not one of these gentlemen appears to have protested in any way against the vote of the majority. It appears, however, from the *Cork Constitution* of the 31st ult., that Dr. Morrogh, another guardian, did honourably protest against the decision of his fellows. With rare exceptions, these Medico-Guardians are a nuisance to the profession; and, because a little learning is a dangerous thing, they are a curse to the poor.

There is something so perfectly monstrous and so hopelessly ignorant in this Cork mandamus, that there is little or no use in arguing the question with men who are deficient in the first principles of reasoning, and who thus prove themselves to be utterly unfit for the position, which, unfortunately for the poor, the law allows them, of prescribing rules for men whose professional principles and modes of practice they know nothing at all about. John Locke may, or may not have been right, when he asserted the non-existence of an innate idea, urging that the human mind is like a piece of blank paper. The Cork Board of Guardians certainly have no idea innate, or acquired by experience, in this case; and the only dispute about them is as to the kind of paper to which their minds may be likened. Some may say it is coarse brown; others may affirm it to be blotting paper, whited brown, or thick cream-laid note; but we do not see that any valid objection can be made to our opinion that it is *foolscap*. The leading article from the *Cork Examiner*, to which we have referred, very ably puts the question in a popular view, showing that what the Board want is to carry into effect the vulgar and ignorant notion of quantity *versus* quality. We hope that the Poor-law Commissioners will promptly refuse their sanction to this inhuman and impolitic ukase of the Cork Board. The son of Sirach wisely said, in olden time, "Honour a Physician with the honour due unto him for the uses which ye may have of him;" but here we are reminded of one of the saddest truths uttered by the wisest of Kings, "the tender mercies of the wicked are cruel."

The anniversary field day of the Profession in Ireland took place on last Monday. The first Monday in June is the day named in the charter for the election of the President and Council of the Royal College of Surgeons in Ireland, and as that event usually attracts a large number of the provincial Fellows of the College, the opportunity is taken to hold the annual meetings of the Irish Medical Association and the Royal Medical Benevolent Fund Society of Ireland, and the day is celebrated by the banquet of the Medical Association, which is looked forward to with much interest as a reunion of provincial and metropolitan members of the Profession.

The election of the Council of the Royal College of Surgeons has this year excited much interest, in consequence of the candidature for the first time of two claimants, who have energetically contested the position with the outgoing Council, who have presented themselves for re-election. The President, Mr. Wilmot, sought to be instated in the vacancy caused by the elevation of Mr. Banon to the Vice-Presidency, and as this course has hitherto been almost always adopted, and as the remaining eighteen Councillors have solicited the suffrages of the Fellows, it will be perceived that the new candidates presented themselves without any actual vacancy, and contested the election with the entire of the ex-Council. This contest was, however, *de facto* confined to a few of the junior and less influential members and to the outgoing President, Mr. Wilmot, whose return was considered as almost certain. The new candidates who offered themselves were Dr. Denham, the Master of the Rotundo Lying-in Hospital, and occupying the official leadership of the Obstetrical Profession in Ireland. Dr. Denham, as we understand, simply offered himself to the electors without pressing his claims on them, and had there been a vacancy he would, without doubt, have been accepted *nem. dis.*, on consideration of his very paramount qualities, not less than his deservedly high official standing. The other candidate was Dr. Edward Dillon Mapother, Professor of Hygiene in the College, and Public Officer of Health for the City of Dublin. Dr. Mapother has gained for himself a very leading public position in connection with Sanitary Science, and is well and favourably known to our readers as a talented and laborious worker, more especially in this department of the Profession. Dr. Mapother's candidature was vigorously supported by a considerable number of the Fellows of a more junior standing, and would have probably been well received by the great majority of the electors had there been an opening for his election in the death or resignation of any of the existing Council. A large number of the Fellows, however, supported the ex-Council against all comers, and declined to substitute Dr. Mapother's name for that of any member, on the ground that the existing Council had worked for the College and the Profession well, truly, and harmoniously, and that it was inexpedient, without very strong reason, to break up so efficient a body. The contest has resulted in the election of Dr. Mapother to the Council, and the return of Mr. Wilmot, the ex-President, to the vacancy created by Mr. Banon's election to the Vice Chair.

A PERMANENT MASS FOR PILULA FERRI IODIDI.

Iodide of iron being so unstable when exposed to air, Mr. Gross proposes the following form for a permanent pill-mass, which may be prepared extemporaneously:—

Iodine	40 grains.
Reduced iron,	
Powdered acacia,—ää	10 „
Powdered sugar	20 „
Glycerine	15 drops.
Powdered althæa	q. s.

To be made into 50 pills.

Triturate the iodine and the iron thoroughly together, dry, until they are reduced to a fine powder; then add the glycerine, and rub till the fumes of iodine cease to be given off, and the mixture assumes a greenish colour. Then add the acacia and sugar, and lastly, sufficient powdered althæa to bring to a pilular consistence.

The mass should be very stiff. When the pills are formed roll them in ferri pulv., and then coat them with tolu.—*Year-Book of Pharmacy.*

Anæsthesia by Pulverized Ether.—An article has appeared in the *Gazette Hebdomadaire* of Paris (March 23), wherein M. Léon Le Fort tries to prove that this practice is borrowed from the French. He relies on a passage of the article "Anæsthesia," by M. Giraldés, in the now publishing "Dictionnaire de Médecine et de Chirurgie Pratique." M. Giraldés says:—"I think that ether or chloroform, pulverized by any of the numerous well-known instruments, especially by Luer's, may yield good results."

TWENTY-FOURTH ANNUAL REPORT OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

It is with great pleasure the Central Committee of the Royal Medical Benevolent Fund Society present their Twenty-fourth Annual Report to the subscribers and friends of the institution.

Whilst the experience of another year demonstrates the increasing utility of the Fund, and adds to the number of those who have reason to thank GOD for its existence, still the record of the past twelve months shows some losses and disappointments. Happily these are not of such a nature as to affect the stability of our Society. Having alluded to them, however, it may be as well to mention what they are before proceeding further. We have to lament the removal by death of two members of the Central Committee, Dr. Edward Hutton of this city, and Dr. Richard Corbett, Honorary Secretary and Treasurer of the Cork Branch. The Committee feel that more than a passing mention of his name and office is due to the memory of this latter gentleman. They cannot but regard his death as a serious loss to the Society; for his attachment to it was deep and sincere, whilst his zeal and activity in its service were untiring. Even when confined to his dying bed, Dr. Corbett's solicitude for the welfare of the Society, and his watchful regard to its interests were unabated. One of the last letters he ever wrote was addressed to Dr. Harvey, the esteemed President of the Cork Branch, urging him to convene an early meeting of the Local Committee, to accept his "regretted resignation," and to appoint some one in his place, "that the Society might not suffer through any delay or neglect on his part." He concludes the letter by saying, "I hope my successor will be able to do much more than I have done for my pet Society." None of us can refuse to join in this hope, vain though it may appear; at the same time we feel convinced that Dr. Gregg, who has undertaken the duties of Honorary Secretary and Treasurer of this important Branch, will prove himself, in every way, a worthy successor of Dr. Richard Corbett.

The Committee have further to report that the legacies of Mr. Carmichael and Dr. Colvan, the former of £4,500, and the latter of £500, are still unpaid. This announcement will doubtless occasion disappointment, but the Committee are assured that the ultimate acquisition to the Society of the Carmichael bequest is certain; the delay in its payment arising merely from the administration of the will having been placed under the Court of Chancery. As regards the Colvan legacy, the case is different. Here the validity of the will is disputed by some of the testator's family, and till this point be decided we cannot know whether his benevolent intentions towards our Society will be carried into effect or not.

The Committee having learned that Dr. McDowell of Monaghan, had bequeathed a sum of £200 to the Society, they made the necessary inquiries respecting it. The personal estate, it seems, is insufficient to pay this and another charitable bequest (to the Protestant Orphan Society), and the case now waits the decision of the Master (Murphy) in Chancery, whether these legacies are chargeable upon and payable out of the testator's real property.

The Committee take this opportunity again to impress on all the friends of this Society the important fact, that its resources are mainly derived from the annual contributions of members.

All the BRANCH SOCIETIES continue in more or less active operation, except that of Galway city, which your Committee regret to say has ceased to exist. Our most distant auxiliary—that namely, of Bombay—is in a most prosperous condition. A short time ago Dr. Lord remitted £60 from this branch, which sum comes in to the present distribution. More recently Dr. Joynt, who has been acting as honorary secretary for the branch during the absence of Dr. Lord, has forwarded a bill for £50 more; but as this is not yet payable, it cannot appear in the accounts of the year now ending. Your Committee feel it a duty and a pleasure to express their appreciation of the zealous and successful services which Drs. Lord and Joynt have rendered to the cause of our Society.

It is hoped that ere long a branch will be formed for the large and influential county of Westmeath. Dr. Williams of Killucan has evinced a warm interest in the matter, and expressed his willingness to do what he could in gaining friends and supporters for the Society in this quarter.

As regards the FUNDS of the Society, your Committee are most happy to be able to announce that the receipts for the past year show a small increase over those for the year preceding. This increase arises partly from interest on the donations of last year, but chiefly—and this is the encouraging feature—from subscriptions. To enter into particulars or say more on this important subject would only be to anticipate the report of Dr. Duke, the honorary Treasurer.

The total number of APPLICATIONS for relief on the present occasion is seventy, which is about the same as that for each of the last few years. Nine of the above are new applications.

It is worthy of being mentioned that of the recipients of the present distribution seven are medical men, all of whom had once occupied respectable positions, but have been reduced through age, sickness, and other unavoidable circumstances to such extreme destitution as to receive with gratitude the awards—varying from £25 downwards—made to them by your Society. Of the other applicants fifty-four claim relief as the widows, and eight as the children, of medical men.

Two medical men who for some years had been objects of this Society's beneficence, have been removed by death. One of these had been nine years, and the other seven years on the fund, and they had respectively got from it, £69, and £140.

The tabular statement of applications made this year to the Society, with the sums awarded, is now submitted.

The following extracts from the reports of Local Honorary Secretaries are selected with a view to show the progress and working of the Society in the respective branches to which they relate:—

From ARMAGH, Dr. LYNN writes:—"This year our Subscription List will be rather less, as two of our contributors, residing in the county Tyrone, have intimated their intention of joining the branch in that county, to which we cannot object, especially as the charity will lose nothing, but rather gain, as Dr. Neville promises to double his subscription. By direction of our Annual Meeting, I have again sent a strong appeal, accompanied by the last report of the Parent Society, to all the *non*-subscribing medical practitioners in this county, twenty-four in number, and hope we shall have some response."

The following communication from Dr. SHARKEY, Honorary Secretary of the BALLINASLOE BRANCH, cannot fail to excite much interest:—"In reply to your circular of the 19th inst., I have to state that I believe the subscriptions from this Branch of the Royal Medical Benevolent Society will be about the same as those of last year; but I have to record an incident in connexion with its working which is of very painful interest. Your Society has for some years allowed a reduced medical gentleman in this neighbourhood an annual sum of £10. He has lately died, and under most distressing circumstances. He had been medical attendant of a dispensary in this neighbourhood under the old system, had become decrepit, and was destitute of all resources, your Society stepped in, thus keeping him from actual want. Happily for him, too, an aged Christian patriarch, the Rev. Robert F. Collis, was the rector of the parish in which he had practised. He and his amiable family kindly looked after him, and advantageously laid out his little stipend, affording him also hospitable entertainment at the rectory, where he was a regular Sunday guest. Within the last

few months preceding his death his infirmities rapidly increased; he became almost blind from cataract, for which he underwent operation, but without relief. At last fatal illness seized him."

The condition and prospects of the BELFAST BRANCH are thus reported by Dr. STEWART:—"The operations of this branch during the past year have been pretty similar to those immediately preceding it, the amount of contributions in subscriptions and donations being much alike.

"It is still a matter of just reproach that so few, comparatively, of the profession, embraced in this branch, feel it a duty incumbent upon them to afford the smallest amount of pecuniary aid in furtherance of the truly disinterested objects for which the Society was originally founded. But this very disinterestedness, it cannot but be confessed—however humiliating to us as a body considered to be a paragon of all that is liberal and humane—operates against larger numbers being enrolled as subscribers. The question is so often asked, 'What am I to gain by becoming a member of the Society? Those who do not subscribe a farthing are just as eligible for relief as those who have opened their purses in the freest and most generous manner. Why should I, therefore, subtract anything from my already limited means in support of a Society upon which I or my representatives have no claim as a right?' And so it is that not a few thus satisfy themselves in withholding their aid and countenance, forgetful altogether of what is declared upon the highest authority, that 'it is more blessed to give than to receive.' It has with great regret and concern to be stated that since last year two regular subscribers of this branch have been removed by death—Professor J. C. Ferguson, M.B., Queen's College, Belfast, and Dr. Samuel Hunter, M.D.—both highly accomplished and most worthy members of the profession. The permanent president, Dr. T. H. Purdon, continues to be a bright example to his brethren by his more than munificent support, and which has been always so freely afforded. He and Dr. Browne, the Local Treasurer, have been requested to be present, if possible, at the ensuing annual meeting in Dublin to represent this branch, and express its continued satisfaction with the Parent Committee's proceedings generally."

Of the CLARE BRANCH, Dr. MOLONY writes:—"In sending the enclosed cheque, with a list of the subscribers to the Clare Branch of the Royal Medical Benevolent Fund Society, I feel much pleasure in pointing out that there is a slight increase beyond the amount subscribed last year, and a very considerable increase in the number of professional men who show an interest in the well-being of the Society by subscribing to its funds. There is one instance to which I shall briefly advert. On the list of subscribers you will see the name of the late Dr. H. O'Flanagan. I wrote to him, on seeing that he had been appointed to a dispensary in the west of the county, bringing under his notice the claims of the Benevolent Fund, and in some time after I received from him a kind letter, saying how happy he felt at being placed in a position to enable him to subscribe to a Society of whose usefulness he had heard so much. I replied, warmly thanking him on behalf of the Society, and in a few short weeks I heard that he had fallen a victim to that scourge of our profession—typhus fever."

From CORK we have the following:—"The Local Committee have to report since the last annual meeting of the subscribers to the Cork Branch of the Medical Fund Society, it has lost through death the valuable services of their late esteemed Secretary and Treasurer, Dr. Corbett. A few days prior to his decease a meeting was held for the purpose of receiving his resignation, in consequence of his declining health, and appointing his successor, when the following resolution was passed:—

"'That we have received with sincere grief the intimation from our valued Secretary and Treasurer, Dr. Corbett, of the necessity of his resignation, and deeply do we deplore the cause which deprives us of a faithful colleague and this institution of a true friend and benefactor. We beg, for ourselves and the Society, to tender him our grateful acknowledgments for the inestimable services which he has rendered to the Medical Benevolent Fund Society by the exercise of an interest, a zeal, and an efficiency seldom equalled.' Dr. Gregg was appointed Local Secretary and Treasurer."

Dr. HAMERTON, Honorary Secretary of the DROGHEDA, MEATH, and LOUTH BRANCH, writes to the following effect:—"We will be able to remit subscriptions equal, if not greater, than last year, a fact which we attribute to an arrangement entered into by our branch of the Society—namely, that ten shillings annually was to be the amount of subscription from each original member of the Meath, Louth, and Drogheda Branch. This year we have circulated a statement put forward by the Central Committee, dated September, 1864, in which five shillings subscription is solicited, so as to render the Society more useful and efficient in affording relief. We have received favourable replies to it. We receive the grateful thanks of those already receiving relief and trusting in a continuance of it. They speak of the assistance it has afforded them."

From KILKENNY, Dr. Z. JOHNSON reports:—"The Medical Benevolent Society does not meet at all the support it ought to do from the members of the profession hereabouts. Appeals to any, beyond those who are in the habit of subscribing, prove utterly useless. There are men holding medical appointments for many years in this district, to whom I have been in the habit of sending circulars annually for years past (sometimes three or four in the year), and from some of whom I have never been able to get even a reply yet.

"I believe an application will be made this June, on behalf of the widow of a medical man to whom I regularly sent two, three, or four circulars for years, and who never sent me a reply, much less a subscription!

"I have only got in two subscriptions yet in reply to a number of circulars, but expect to do better before the 31st, and think it likely my collection will be nearly the same as last year, *minus* one subscriber, since dead."

Dr. ERSKINE of NEWRY, says:—"I have little to report in relation to the Newry Branch of the Royal Medical Benevolent Society that can be regarded as anything but common place. In addition to circulating last year's report of the Society's proceedings, I have taken all other means in my power to bring the claims of this benevolent institution under the consideration of the non-professional public as well as of those belonging to our profession, and have succeeded in adding two new subscribers to our list.

"It is to be regretted that so much apathy and indifference prevails, not only as regards the public, but also on the part of our professional friends. I think if some of the old supporters of this Society would increase their subscriptions (those of them who have not given donations), it would have a good effect in bringing in new blood. If I were present at the meeting I would move or second a resolution to that effect."

Dr. BRADSHAW, Honorary Secretary of the TIPPERARY BRANCH, writes:—"I regret very much being obliged to state, that notwithstanding the reports and circulars I distributed widely through the county, I had not that success I anticipated. It is very difficult to enlist the sympathy of many of our professional friends by *letter*, and those whose duties ought to be foremost in supporting so valuable a charity and advance the interests of the Society, have turned a deaf ear to all entreaties; however, by steady perseverance, we may be able each year to forward some additional contributions."

From WICKLOW, Dr. ANDREW NOLAN writes:—"I regret that the death of Dr. Courtnay of Baltinglass, has deprived us of an annual contributor. Our old subscribers hold on, but I am sorry to say I have no new ones to report. I sometimes think that if we asked five shillings from every practitioner we might realize more money."

In conclusion, your Committee confidently entrust the case and claims of this Society to the benevolent consideration of the profession.

They have endeavoured to discharge the trust committed to them to the best of their ability and judgment, ascertaining, so far as it was possible to do, the propriety and necessity for assistance in each instance, and bestowing it as liberally as the case required and the funds would allow. Too often has it happened that the largest grant they could give, consistently with other appeals, fell very far short of the necessities or the merits of the case.

Their increasing experience of the working of the Society only convinces them more and more of its inestimable value, and induces them to commend its cause in the strongest manner to all their professional brethren, reminding them at the same time of the Divine commandment, "That he who loveth God loves his brother also."

ANNUAL REPORT
OF THE
MEDICAL ASSOCIATION OF IRELAND.

Your Council are happy to be able to report that during the past year the strength and influence of your Association have greatly increased, new members have been added to the Parent Association, new Branch Associations have been formed, or old ones have revived, and a strong feeling of the usefulness and absolute necessity of some such bond of union as our Association affords has become much more universal, and appears to have taken firm hold on the profession. That this feeling may increase is your Council's most earnest desire and hope, for without it no great work can be achieved, and with it there is nothing we have sought for which may not be procured by perseverance in legitimate and respectful agitation.

The first meeting of your Council was held in June, immediately after the last annual meeting of the Association, the approaching dissolution of Parliament and consequent general elections affording good opportunities for bringing Members of the Profession throughout the country into personal intercourse with the candidates for seats in the House, your Council issued circulars calling on our brethren to avail themselves of this great occasion, and urging them to endeavour to procure promises from the members of the new Parliament to support the just claims and moderate demands of the profession. Your Council are happy to say that these suggestions were very generally followed, and would have been universally so had our country brethren given us their entire support in carrying out the organization and working of the Society to its full extent. As it was, however, much good resulted from these exertions, for wherever a branch of the Association existed, or even two or three individual members of it were to be found, interviews were had with the Parliamentary candidates—the grievances of the Medical Officers were explained, and, in many instances, pledges of support to our just claims were voluntarily given. Thus, we have obtained letters from highly influential members of the House. One says, "I have already had many opportunities of speaking with members of the Medical profession on the subject, and have long since been convinced of the justice of the claims referred to in your letter, and have never hesitated to promise my fullest attention and any support I may possess. Colonel —— has desired me to express his full concurrence with my opinion."

Another writes, "it is my full intention to support any measure for the superannuation allowance of Poor-law and Dispensary Medical Officers."

"You may rest assured that the various points shall have my full and favourable consideration."

Many others equally strong are in our possession most encouraging expressions of good will, valuable alike as promises of support and as proofs of the working of our Association in making our claims and grievances generally known.

At the next meeting the grievances of the Medical officers of the Army in out stations in India were under consideration, and a memorial on the subject was prepared and forwarded to the Secretary of State for India. At our October meeting the propriety of holding a general meeting of the profession was duly considered, and it was resolved that if the country members of the profession were anxious that it should be held, every assistance should be given to them. A requisition, signed by 350 members, having been forwarded to our President, the meeting was convened for the 28th December, and was held at the Limerick Junction. A number of very important resolutions was adopted, these were afterwards printed and circulated very generally through the country. The success of this meeting, for a most successful one it was, and the unanimity and good feeling which prevailed throughout the discussions at it, were entirely due to the energy and exertions of the members of the Committee of the Cork Protective Society and their untiring Secretary, Dr. Armstrong.

At our next meeting the position of the medical officers of the army and navy, in reference to the carrying out of the Royal Warrant of 1858, was under consideration.

The President of the Association, when forwarding to the Right Hon. the Secretary for War the resolution unanimously adopted at the meeting of the Medical Association and of the medical practitioners of Ireland, held at the Limerick Junction on the 28th December, 1865, addressed to his lordship the subjoined letter, which, with the resolution, was referred to the committee then sitting on Army and Naval Medical officers, and it is gratifying to observe that the views then put forward have been (with one exception) considered by the committee in their valuable report, which, we trust, will be adopted by the military and naval authorities and fully carried out as due to the gallant British soldier and sailor in providing for him competent medical officers.

TO THE RIGHT HONOURABLE THE SECRETARY OF STATE FOR WAR.

"Medical Association,
"Royal College of Surgeons in Ireland,
"January 26th, 1866.

"My Lord,—I have the honour to enclose a copy of a resolution passed unanimously at a numerous meeting of the Medical Association and of the medical profession of Ireland, held at the Limerick Junction, on the 28th December last.

"I trust your lordship will not deem it out of place for me, as President of the Irish Medical Association, to suggest the advantage likely to result from the full restoration of the Warrant of 1858, in again imparting to the medical profession that confidence in the Military Medical Department, so shaken by the manner in which some of the provisions of that Warrant were evaded and subsequently withdrawn. I would further, with much respect, suggest to your lordship, that, from the increased duration of service in a tropical climate, caused by the large force of Queen's regiments now stationed in India, the optional retirement of the medical officer be reduced from twenty-five to twenty years' full-pay service. The duties of medical officers in a tropical climate being severe, and likely to break down health and energy at an early period of life, granting optional retirement to the medical officer on the permanent half-pay of the rank he may have attained, after nine or ten years' service, would be a great inducement for highly-educated physicians and surgeons to enter the service.

"The Committee recently appointed to report on the Military and Naval Medical Department will, I trust, be enabled to define, in a practical and satisfactory manner, the distinction between rank and military command; and propose regulations that will secure to the medical officers of the army the perfect equality, social position, rank, pay, and allowances, likely to induce competent men to enter the service.—I have the honour to be, your lordship's most obedient and very humble servant,

"Thomas L. Mackesy, M.D.,
"President Irish Medical Association."

FROM EARL DE GREY TO DR. MACKESY.

"War Office, 31st January, 1866.

"Sir,—I am directed by the Secretary of State for War to acknowledge the receipt of your letter of the 26th inst.,

forwarding a copy of a resolution passed at a meeting of the Irish Medical Association, held at Limerick on the 28th ultimo. In reply, I am to acquaint you that Earl de Grey has caused these papers to be forwarded for the consideration of a committee now sitting on army and navy medical officers.—I have the honour to be, Sir, your obedient servant, "EDWARD LUGARD.

"T. Mackesy, Esq., M.D."

COPY OF RESOLUTION REFERRED TO ABOVE.

Moved by Dr. Chaplin, Surgeon, County Infirmary, Kildare; seconded by Dr. Martin, Portlaw, county of Waterford:—

"Resolved—That while professing our sympathy with the medical officers of the army and navy in the grievances under which they have so long suffered, we venture to express our strong hope that the Royal Commission now sitting will see, that in not disappointing the just expectations of our brethren who are engaged in these branches of the public service, they will best promote the interest of the service and the country."

(Signed) THOMAS L. MACKESY, Chairman.
EDWARD J. QUINAN, M.D., } Hon.
CHARLES ARMSTRONG, M.D., } Secs.

A letter was also addressed embodying the resolution to His Grace the Duke of Somerset, first Lord of the Admiralty, relative to the Naval Medical Officers.

The attention of your Council having been directed to Bills for the Improvement of the Dwellings of the Working Classes which were then before the House of Commons, a petition in favour of that (prepared and introduced by Mr. McCulloch Torrens) was drawn up and entrusted to Mr. Guinness, the member for this city, for presentation.

The Report of the Annual Meeting of the Cork Protective Association was received at your Council's next meeting. The resolutions passed at that meeting are of a most practical and useful character, having reference not only to the working of the Poor-law and Medical Charities Acts, but also to the improvement of the status, position, and character of the Medical Profession. The Derry, Kildare, Tipperary, and other Associations have also held their annual meetings, and have set examples of zeal and energy, which, were they followed by the profession more generally throughout the country, would render their exertions more effectual.

Your Council have been anxiously watching the proceedings of Parliament in the hope that Government would yield to the wishes of the many landed proprietors and gentry composing the Boards of Guardians, who have so frequently and strongly expressed their opinions in reference to the payment of a moiety of the expenses incurred under the Poor-law and Medical Charities Acts out of the Consolidated Fund, but hitherto no notice has been given of any such intention. In fact, no legislation in reference to medical affairs has been as yet proposed this session. The Bill for the amendment of the Medical Act has been spoken of as in preparation, but it has not as yet been printed. A resolution will be before the meeting in reference to this subject, which is one of such vital importance to the interests of the profession and the public.

TUMOUR RESEMBLING THE FEMALE MAMMA.....Dr. Peter Pineo, late Medical Inspector U.S.A., being present at a recent meeting of the Boston Society for Medical Improvement, related the following case:—In April, 1865, a negro, forty years of age, presented himself for examination as a recruit in Charleston, S.C. On being stripped, his physical condition was found to be perfect, with the exception of a round flattish protuberance on the anterior aspect of the right thigh, at about the juncture of the upper and middle thirds. This protuberance was about four and a half inches in diameter, had a glandular feeling, and an elevation in the middle like a nipple, with a depression at its point, and resembled strongly a female mamma. The negro said it had always been there, and from his account it seemed to have been congenital. The resemblance to a female mamma was so great that the examining surgeon called the attention of Dr. Pineo to it. Dr. P. showed a drawing of the tumour.—*Boston Medical and Surgical Journal.*

MEDICAL AND SURGICAL HISTORY OF THE LATE AMERICAN WAR.

SURGICAL OPERATIONS.

So far, 13,397 amputations for gunshot injury have been examined and recorded, and the final results ascertained in 9705 cases. We omit the less important, and only give some of the most striking deductions. The returns corroborate the conclusions of Dupuytren, Malgaigne, and Legonset, who combat the disfavour into which this operation has fallen. It was done unfrequently during the late war, but 19 cases recorded, in all of which the ultimate results have been ascertained; all terminated favourably. "The success," says Surgeon Otis, "of Talleron and other French surgeons with this operation in the Crimea, is well known. Whenever, then, it is impracticable to amputate the forearm, disarticulation at the elbow should be preferred to amputation of the arm. The oval method answers the purpose best in this locality."

Of 1949 amputations of the arm, of which the results are ascertained, 1535 recovered.

AMPUTATIONS AT THE SHOULDER-JOINT.

The number of cases of amputation of the shoulder-joint reported is less than the number of cases of excision of the head of the humerus, which latter operation was probably adopted in nearly all the cases in which it was admissible. Of the 237 terminated cases, 93 died, a ratio of mortality of 39 2—6·7 per cent. greater than in excisions.

AMPUTATIONS OF THE LEG.

Results ascertained in 2348 cases. Mortality 26·02, probably to be augmented by further examination of the returns.

Amputation of the knee-joint has been frequently performed. The returns to October, 1864, give 132 cases, of which 52 recovered and 64 died. In 6 cases, amputation of the thigh was subsequently performed, with 3 recoveries and 3 deaths. Of 49 cases of primary amputation at the knee-joint, 31 recovered and 16 died, while 2 underwent re-amputation, of whom 1 recovered and 1, a scrofulous subject, died. This gives a percentage of mortality in primary operations of the knee-joint of 34·9. The mortality in primary amputation of the lower third of the thigh is much larger than this, and Hudson and other manufacturers declare that the stumps from the operation at the knee-joint give a far better base of support than can be gained in thigh stumps.

AMPUTATIONS OF THE THIGH.

In 1597 terminated cases, 568 recovered and 1029 died, or 64·43 per cent., which is within a fraction of the mortality after amputations of the thigh in the English army during the latter part of the Crimean war. In the French army in the Crimea, the whole number of amputations of the thigh for gunshot injuries was 1666, of which 1531, or 91·89 per cent., terminated fatally.

Of these 1597 amputations, the date of operation is ascertained with precision in 1061. Of these, 423 were primary, and 638 intermediate or secondary. The ratio of mortality was 54·13 in the former, and 74·76 in the latter.

AMPUTATIONS AT THE HIP-JOINT.

Of 21 cases reported, 3 recovered. The rest died, respectively, in twenty minutes, before removal to the ward, a few hours, less than an hour, an hour, less than two hours, ten hours, less than one day, one day, one day, one day, two days, four days, five days, eight days, nine days, nineteen days.

One of the most remarkable cases of successful hip-joint amputation on record is Dr. Shippen's case. Private James E. Kelly, Co. B, 56th Pa. Vols., 28 years of age, wounded April 29, 1863, below Fredericksburg. A conoidal musket-ball, fired at a distance of about 300 yards, shattered his left femur. On consultation, ex-articulation of the femur was decided upon and performed by the single flap method, with little loss of blood. The patient

progressed favourably in tent-hospital. By May 28th all ligatures had been removed. June 15th, the patient was captured by the enemy and removed to Libby Prison. Up to this date there had been no bad symptoms. July 14th, he was exchanged and sent to U.S.A. General Hospital at Annapolis, much exhausted by profuse diarrhœa. Internal portion of the wound had united, but external portion was gangrenous. This yielded on application of chlorinated soda lotion. Dec. 23rd, wound had entirely healed, and the patient was discharged, January 12, 1865, he reports himself as in excellent health.

Another successful secondary case is given—Dr. Packard's—the details of which we have recently given in our periscopic department. Another successful secondary case is not included in the tabular statement, as it resulted from disease of the femur in consequence of amputation for injury by a bayonet wound of the knee-joint. The operation was performed by Surgeon Alexander B. Mott.

The total number of hip-joint amputations for gunshot injury, including primary, intermediate, and secondary cases, recorded up to the late war is 82, of which 74 died and 8 recovered, or nearly 10 per cent., while the recoveries in the 21 cases of this war are 14·3 per cent. Since the report was put in print, two additional secondary cases have been reported. In one case the patient died four months after the operation of pulmonary tuberculosis: in the other case the patient was in a satisfactory condition thirteen months after the operation. The experience of M. Jules Roux in the Italian war seems to prove conclusively that secondary amputations at the hip-joint are less dangerous than primary ones, and early amputations at the hip-joint seems admissable in military surgery only in three conditions: when nearly the entire thigh is carried away by a large projectile; when the totality of the femur is destroyed by osteomyelitis, and possibly when, with comminution of the upper extremity of the femur, the femoral vessels are wounded. The anterior single flap procedure has of late been generally preferred.

EXCISIONS.

Among the *excisions* there are 315 of the elbow, the results being ascertained in 286 cases. In 16 cases, amputation of the arm became necessary; 62 cases terminated fatally, or 21·67 per cent., which is a fraction greater than the mortality from amputatious of the arm. The result will probably be modified favourably, when the statistics are completed.

Shoulder-joint.—A total of 575 cases, 252 primary, 323 secondary. The percentage of mortality is 23·3 in primary cases, 38·50 in secondary cases, or a mean ratio of 32·48. The ratio in amputations at the shoulder-joint is 39·24, a percentage of 6·76 in favour of excision. Of 36 cases of gunshot fracture of the head of the humerus, selected as favourable cases for the expectant plan, and treated without excision or amputation, 16 died, or 44·4 per cent., a ratio in favour of excision of 11·96 per cent. The observation of Esmarch, that resection of the left shoulder gives less favourable results than of the right, is not borne out in the statistics of the late war.

Ankle-joint.—Formal incisions, it appears from the records, are rarely successful, but the judicious use of the gouge and bone forceps is admissible in gun-shot wounds of the ankle-joints.

Knee-joint.—Prior to the late war, there were but seven recorded examples of excision of the knee for gunshot injury, of which two were successful. During the late war, complete excision of the joint was performed eleven times, two recovered.

Head of the Femur.—Prior to the late war, the number of recorded cases of excision of the head of the femur for gunshot injury was twelve, with one success. The number of tabulated cases in Surgeon Otis's report is thirty-two (32), with four (4) successes.

Regarding excisions in the continuity of the bones of the extremities, the evidence on the whole, as far as collected, is unfavourable.

LIGATIONS.

The following exhibits the number of cases of ligation of the larger arteries, from the beginning of the war to March, 1864:—

	Recovered.	Died.	Total.
Common Carotid	12	37	49
External Carotid	—	2	2
Subclavian	7	28	35
Axillary	3	21	24
Brachial	53	11	64
Radial	12	2	14
Ulnar	9	2	11
Common Iliac	—	2	2
Internal Iliac	—	3	3
External Iliac	2	14	16
Femoral	25	83	108
Profunda	1	6	7
Popliteal	4	12	16
Anterior Tibial	11	5	16
Posterior Tibial	13	6	19
Peroneal	—	2	2
All others	11	4	2

In all of the 35 cases of ligation of the subclavian, the vessel was secured outside of the scaleni. In 13 cases it was performed for secondary hæmorrhage after amputation of the shoulder-joint, with 4 recoveries. In two cases it was done for primary, and in 15 for secondary bleeding after gunshot wounds, with injury of the axillary artery, with two recoveries. In 2 cases it was performed for axillary aneurism. In two cases, with 1 recovery, it was required by secondary bleeding after excisions of the humerus, and in one case by a secondary hæmorrhage after gunshot wound, with injury to the subclavian.

Acupressure, as recommended by Professor Simpson, was adopted in a few cases, with favourable results.

ANÆSTHETICS.

Regarding the employment of anæsthetics, the reports of 23,260 surgical operations performed on the field or in general hospitals, have been consulted. Choloroform was used in 60 per cent. of these operations, ether in 30 per cent., and a mixture of both in 10 per cent. In the field operations, chloroform was almost exclusively used. The returns indicate that it was administered in not less than 80,000 cases. In 7 instances fatal results have been ascribed with apparent fairness to its use.

The report of Dr. Otis concludes with a brief sketch of the organisation of the medical staff in the field, the means of transportation of the wounded, various styles of ambulances, dressings, and equipments.

Interesting and important as are the *surgical* statistics given in the report of Surgeon Otis, and astonishing as are the large figures from which, when the history shall be completed, we will be enabled to draw much more accurate deductions than from any previous collection of statistics, the preliminary report of Surgeon Woodward on the materials available for the *medical* history of the war opens a field yet more extensive and numerically gigantic.

"The matter collected," says Dr. Woodward, "is partly statistical, partly pathological. The first category embraces the medical statistics of the several armies and general hospitals. The second consists of a number of memoirs and reports by medical officers on the causes, symptoms, and treatment of the more important camp diseases, of numerous histories of cases and autopsies, of the fine series of medical and microscopical specimens in the Army Medical Museum, and the results of the pathological studies conducted under my direction on the basis of these collections."

The *medical* branch of the duties of an army surgeon, although popularly considered secondary, and placed in the background by the more imposing spectacle of flourished knives, really forms the essential groundwork upon which the efficiency of an army depends, as far as the efficiency of troops is influenced by their sanitary condition. This need not be told to any medical officer who has been in the army.—*Philadelphia Medical and Surgical Reporter.*

MANAGEMENT OF THE CORK WORKHOUSE HOSPITALS.

(*From the Cork Examiner.*)

The Board of Guardians has recently come to a decision in reference to the management of the workhouse hospitals which bears evidence of haste and want of due consideration, and it may not be out of place to offer a few remarks here in the hope of preventing a serious error from being adhered to. A recommendation has been made by the house committee that the medical officers of the workhouse should not only attend the present hospitals but also the new fever hospital when it shall have been opened; and they prescribe that the physicians shall attend at least three hours a day, of which half an hour is to be at night. The board has sanctioned and adopted this report. Not very unnaturally the board usually adopts the recommendations made to it by committees who have given special attention to the details of particular subjects; and probably in accordance with this practice there was but very little question as to the adoption of a regulation the effect of which may be very unfortunate. As a matter of rule the board is quite right in confiding a good deal in the decisions of its committees respecting details. These committees are composed of gentlemen who are experienced, careful, and trustworthy. But when the matter involved is one of principle, then the board cannot divest itself of the responsibility, and ought not suffer itself to be led by the opinions of a few, no matter how useful in general those members may be. Now those regulations to which we have referred do just involve a very important principle, and the board, if it persist in confirming them, must be prepared to sanction a practice towards paupers which the members would not tolerate towards themselves or their families.

It will perhaps startle some of those who fancy they are working in the interest of the poor when we put their suggestions in this light, but the new rules propose to substitute quantity for quality, and to deprive the inmates of the services of able and experienced physicians. When people travel hundreds of miles to consult Dr. Corrigan, or Dr. Stokes, or Dr. Fergusson, or some of the other great luminaries of the profession, they often find themselves dispatched after a few minutes of keen and practised examination. They do not grumble because they are so peremptorily dismissed. They do not refuse the fee because it has taken so short a time in earning. They know very well that without travelling at all they could get a man who would for as little money be content to poke their ribs, or tap their chest, or punch them in the pit of the stomach for an hour, and yet that fact does not induce them to think all the expense they have been put to ill laid out. Why is this? Because they know that the distinguished surgeon or physician has the rapid insight given by skill and vast experience, and they are satisfied that, though he will not waste time, he will not form his judgment until he has seen and known enough to justify him in its pronouncement. In more ordinary cases it is the physician not the patient who says how often he shall be in attendance. Just as in private practice, so in the management of a public hospital, if the medical officers are fit to be entrusted at all with the patients, they are the best judges of the amount of time they are to bestow and the number of visits they are to give to each particular case. If they are able men they will see as much in half an hour as the inexperienced eye in one hour, or two or three. If they are conscientious men, they will remain as long as their services are required; if they are not, no fixing of time will make them care for the welfare of the patient. Supposing a man really takes no interest in his duties, what does it avail to compel him to spend three hours in the hospital? If he be forced into that course, what is there to prevent his availing himself of the time to read his newspaper? Let this idea be carried into practice, and the next regulation may be that there shall be a minimum of prescriptions, below which the physician shall not go. A good carpenter is said to be known by the quantity of his chips—possibly the doctor's merit may be estimated by the extent of the doses he orders, and his favour with the board augment in proportion as he deals out largely calomel or castor-oil. What can possibly be more absurd than to place within precise limits that which must vary with every day? There are sick periods and healthy periods, and is the physician to give precisely the same time and attention to both? If an epidemic were raging the public would look strangely upon the doctor who should produce his watch while a patient was struggling in need of help, and say "my time is out, I must go." This would be bad conduct indeed. Yet is it not the very complement of the regulation which seeks to compel a man to be in attendance when he feels that he is not wanted? If he is to be put through a perfunctory performance of his duty and allowed no discretion as to the time he will give, would it be a very unnatural result if he kept the guardians to the strict letter of their rule, and refused to exceed it when longer services were needed?

There might be some apparent justification for the curious decision of the board if there was any evidence or even any suspicion of neglect on the part of the present medical officers. But it so happens that so far from this being the case the workhouse hospital is managed with rare skill and efficiency. Nay, thanks to the humanity of the physicians and of the system which they have succeeded in enforcing, the old unpopularity which used to attach to the workhouse hospital, which used to make people rot and die in their houses rather than enter it, has altogether disappeared, and there is a readiness to avail of it now which has contributed materially to the preservation of a good sanitary condition of the city. Indeed those medical men whom it is now sought to tie up by rules to do justice to the paupers never had any serious accusation brought against them but one, and that was of *excessive kindness*. They were charged with giving too largely of food and stimulants. Their answer was simple but triumphant. They procured returns from the different workhouses of the country, and these returns shewed that, notwithstanding its eminently disadvantageous situation, the death-rate in it was the smallest in Ireland. Surely the medical men who can only be accused of kindness, and who vindicate that kindness by success, may be trusted to decide for themselves how long or how short should be the duration of their visits.

It appears not to be enough thus to set the medical men running within a certain groove of time, but it is sought to saddle them with new duties. In addition to the infirmary they are to be assigned also the task of attending the fever hospital. This suggestion to provide for the medical care of the fever hospital out of the residuum of time and attention the doctors can give after they have done with the infirmary appears to us to ignore altogether the importance of the former establishment. The treatment of fever is just that branch of a medical man's business which requires the most care and watchfulness. In the existing fever hospital it is thought worth while to employ three physicians; in the workhouse hospital it is hoped to get satisfactory care from two physicians who have just done attending to some hundreds of patients in the adjoining building. Let us remind those gentlemen that a doctor is not a machine—that the brain can become as weary as the legs, and as incapable of sustaining an undue strain. And it is rather dangerous to play with the lives of patients by compelling the medical men, in whose hands their fate often lies, to come to their cases with worn-out and overtasked energies.

What we have written will doubtless at a hasty glance appear to be in the interest of the doctors. We respect the profession, and would willingly do aught to advance it; yet it is not for the sake of the individuals or the profession we write thus, but for the sake of the poor. We feel that the tendency of such courses as we have been referring to is to deprive the poor of the benefit of the highest skill and the widest experience, and to throw them over upon those whose necessities or inexperience will induce them to submit to what they would not bear if they were independent. Doubtless the house committee and the guardians mean well, but they are acting very injudiciously. They are combining with a very mistaken economy a system of arbitrary interference calculated to drive men from their service. There are no doubt many things upon which it may be wise to be sparing of expense, and to be careful in the enforcement of rules. But when lives hang in the balance men do not use to chaffer about a medical fee, nor are the regulations to maintain steady habits amongst ward masters fairly applicable to physicians. Remembering the immense importance of the functions of the physician in the workhouse, we should think it the truest economy as well as the soundest humanity to make the position one calculated to attack the highest intelligence of which the medical community could boast—not a place to be cut the moment a man can live without it.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board on May 30th :—

Anderson, David Hawley Burn, Edinburgh; diploma of membership dated April 24, 1866.
Bolton, Reuben, M.D. & M.C. Queen's University of Ireland, 1865. Bangor, county Down. Not a member.
Byles, James Cotton, Albert-terrace, Victoria-park-road; June 24, 1859.
Creed, John Mildred, Melbourne, Australia; April 24, 1866.
Ferguson, Hugh, Haverstock-hill; April 24, 1866.
Gibbes. J. Murray, M.B. & M.C.Aberd., Sidmouth, Devon; Nov. 15, 1865.
Johnston, David, Magherafelt, county Derry; May 22, 1866.
Riley, Joseph, Barnes; April 27, 1866.
Shannon, G., M.D. Queen's University of Ireland, Magherafelt, county Derry; Jan. 26, 1864.
Smith, Joseph William, Weaverham, Cheshire; April 27, 1866.
Stocks, Frederick, Wakefield; April 25, 1866.
Thurston, William French, South-bank, Notting-hill; April 27, 1866.

It is stated that three of the fifteen candidates failed to acquit themselves to the satisfaction of the Board.

APOTHECARIES' HALL OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on May 24 :

Aveling, Charles, St. Thomas's Hospital.
Hills, Rowland, Conisborough, Doncaster.
Phillips, Edward England, Norfolk-crescent, Bath.
Williams, John, Fishguard, Pembrokeshire.

The following gentlemen also on the same day passed their first examination :—

Hickman, Thos. Henry, St. Bartholomew's Hospital.
Salzmann, Frederick William, Guy's Hospital.
Smith, Frederick, Westminster Hospital.

THE Registrar-General's April return for Scotland shows that there were registered in that month 3329 births, a number which was exceeded in April, 1864.

THERE is such a dearth of physicians and surgeons in the Austrian navy that the Government offers to engage young men who have not yet completed their medical studies.

THE French Senate was to debate this week the question of laying a heavy tax on absinthe, suggested by statements made regarding the injurious results of the immense consumption of that liquor in Paris. These statements are contained in petitions drawn up by Dr. Decaisne and M. Agry.

COLLEGIATE ELECTION.—From a notice in the *London Gazette* it appears that the annual election of Fellows into the Council of the Royal College of Surgeons of England is appointed for Thursday, the 5th proximo, when two vacancies will be declared, by Mr. James Luke and Mr. John Hilton going out in rotation, but who are eligible for re-election, and who no doubt will again offer themselves. It should not be forgotten that the names of candidates must be sent in on or before June 10th.

BRITISH MEDICAL ASSOCIATION.—At the tenth annual meeting of the East York and North Lincoln Branch, held at the Hull Infirmary on the 23rd of May, the following officers were elected :—President Elect: Mr. H. M. Leppingham. Committee: Dr. Humphry Sandwith, Sir Henry Cooper, M.D., Dr. Owen Daly, Mr. Slight, Mr. R. M. Craven, and Mr. Henry Gibson. Secretary: Mr. J. F. Holden. Treasurer: Mr. Joseph A. Locking.

EXTIRPATION OF SCAPULA.—M. Michaux of Louvain has lately presented a memoir to the Academy of Medicine of Paris giving an account of the case of a boy, aged fifteen, from whom he successfully removed the right scapula, for an encephaloid tumour involving that bone and its muscles, in November, 1864. The shoulder-joint was disarticulated and the arm left, the scapula having been turned forwards from the ribs, and the disarticulation being effected with the écraseur. The boy recovered from the operation, but died in the following September of a cancerous tumour of the mediastinum.—*Gaz. Medicale.*

DEATH FROM A SURFEIT OF MUSSELS.—A man named George Rutland, who hat lived for the last fortnight at the Crown and Thistle public-house, Frederick-street, has met with his death from a strange cause. On Sunday he gathered a quantity of mussels near Black Rock, which he brougnt home and had cooked. He ate a considerable number, a quart or more, and in a few minutes became seriously ill, and died before medical assistance could reach him. At the inquest held on Tuesday afternoon, the jury returned a verdict that deceased "Died from apoplexy, brought on by retching after having eaten mussels gathered by himself."—*Brighton Guardian.*

INFECTED CABS.—In Committee of supply, on Monday last, Mr. Crawford called attention to the great want of precaution in licensing drivers of cabs and other public vehicles. He also complained of cabs being used to convey fever and other patients to the hospitals. Dr. Brady corroborated the statement regarding the dangerous uses to which cabs were often applied, and said he had the authority of medical men connected with some of our hospitals for saying that many infectious diseases were propagated by this practice. Mr. Hankey said attempts had been made to have vehicles set apart for carrying infected persons to hospitals, but the public would not subscribe. Dr. Brady said the Government ought to take the matter in hand and require each parish to provide conveyances for this exclusive purpose. Mr. Candlish suggested that the Poor-law Board should inable unions throughout the country to provide cabs for persons suffering from such diseases. That course had been followed by the guardians in the borough which he represented; and, while it was inexpensive, he had no doubt it was most protective.

THE PUBLIC MEDICAL SERVICES.—From an interesting report of the committee on army and navy medical officers' affairs it appears that the total number of candidates examined for the Army Medical Service since 1856 is 922. Of these 713 were passed and 209 rejected. The total number of candidates examined for the Naval Medical Service since 1856 is 569, of whom only 389 were found qualified. During the past year there were only 17 candidates, of whom seven were rejected. That there is no scarcity of medical men is evidenced from the returns of the Royal Colleges of Surgeons of London, Edinburgh, and Dublin, showing that these institutions respectively passed in the preceding year 402, 147, and 131, making a total of 680, and there is no doubt this number will be increased during the present year, as only on Saturday last no less than 108 gentlemen commenced their primary examinations in anatomy and physiology at the London College of Surgeons, and a like number will offer themselves on Saturday next. That the public medical service is distasteful to the profession is shown in the small number entering, and in the large number of resignations after, as since 1850 up to the present time no less than 137 medical officers have left the Royal Navy, and during the same period 117 have voluntarily left the Army, even after 17 years' service. The average age of army assistant-surgeons on promotion to the rank of full surgeon, for the last 11 years, has been 33 years, and the average length of service 9½ years.

DEATH OF M. MICHON.—This eminent surgeon, so universally esteemed in Paris, has just died, after a short illness. By his especial wish no discourses were delivered at the funeral, and the body was conveyed to a village, the birthplace of the deceased. M. Michon had for some time retired from his hospital appointments, and was in much request as an operator among the practitioners of the capital. It was justly remarked that certain eminent surgical names sometimes force medical men to a selection insisted upon by patients; whilst M. Michon was always chosen when the medical attendant was unhampered by public clamour. The deceased was particularly conspicuous for his prudenc in practice, and for his most amiable disposition. The church where the funeral took place was too small to contain the assemblage of his friends.

WANT OF SMALL-POX HOSPITALS.—On Wednesday, Dr. Hillier, medical officer of health for St. Pancras, reported to the vestry that during the past month there has been only one fatal case of small-pox in the parish, but there were ten cases under the care of the parochial surgeons, and he states the disease is very prevalent in some parts of the metropolis, and the Small-pox Hospital is quite full. One day last week a patient was sent from the neighbourhood of Tottenham-court-road to the Small-pox Hospital, and was sent back because there was no room in the hospital. This is another

illustration of the need of increased hospital accommodation for the London poor. One small-pox hospital with 100 beds for 3,000,000 people, is totally insufficient; besides, the distance of any one hospital from parts of London is much greater than any sick poor ought to travel. Although the existing hospital is only just across the boundary of the parish, yet it is a long journey from the southern parts of the district. What is it, then, from Greenwich, Lewisham, Lambeth, St. George's-in-the-East, and other districts?

THE Royal Medals for the encouragement of Geographical Science and Discovery, intrusted annually for award to the Geographical Society, will this year be given to Dr. T. Thomson, Himalayan traveller and botanist, and to Mr. W. Chandless, who, as a private gentleman, performed the wonderful exploration of the Purûs river, in South America, mapping it in detail for a length of 1900 miles. The anniversary meeting takes place on the 28th inst.

INFANTICIDE.---At the meeting of the Harveian Society held on the 17th inst., it was proposed by Mr. Curgenven, and seconded by Dr. Hare, "That a committee be formed, consisting of the following members: Dr. Tyler Smith (the President), Mr. J. Brendon Curgenven and Dr. C. Drysdale, (Hon. Secs.); Dr. Hardwike, Deputy Coroner; Mr. Ernest Hart; Dr. Sanderson, Medical Officer of Health for Paddington; Mr. Benson Baker and Mr. Sedgwick, with whom will be associated Dr. Lankester, the Coroner for Central Middlesex, to draw up a report on infanticide, with the object of suggesting the best means of checking the crime; and to report on the causes of death of young children, the best means for preventing excessive infant mortality, and to suggest some plan for the care and rearing of illegitimate children other than the present workhouse system." Communications on these subjects are solicited by the committee, and should be addressed to Mr. Curgenven, 11, Caven-hill Gardens, W.

CRIMINAL ABORTION.—At Clerkenwell, on May 12th Helen Forester, described as a nurse, and her daughter, Caroline Forester, were placed at the bar before Mr. D'Eyncourt, on remand, on the charge of having caused the death of Mrs. Henry Slowman, aged 35, by means of abortion. Dr. Browne said that since the last examination Mrs. Slowman had died. Before her death she made a statement to him and Dr. Walker, in which she described what had taken place. Evidence having been given that the cause of death was the attempt to procure abortion, Mr. D'Eyncourt committed the elder prisoner, who is about 60 years of age, to take her trial for wilful murder, and the younger prisoner as an accessory after the fact.

INFIRMARY FOR EPILEPSY AND PARALYSIS.—An amateur morning concert will be given at Willis's Rooms on Tuesday, June 12th, for the benefit of the London Infirmary for Epilepsy and Paralysis, Charles-street, Portman-square, under the immediate patronage of the Duchess of Grafton, the Duchess of St. Albans, the Countess of Derby, the Countess of Egmont, and other ladies. The programme is very attractive, and many of the most distinguished London amateurs will be amongst the performers.

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—Permit me through the medium of your journal to inform the public vaccinators of England and Wales, that I have received a note from a member of the Select Committee on Vaccination, written in haste, in which it is stated, "We have got through the Bill in Committee, have raised the fees, that is, we raised the minimum, the guardians cannot pay less, may pay more." I need scarcely say this is so far satisfactory. As soon as the Bill has been reprinted I am to have a copy, and shall then be able to lay before your readers further particulars of the changes recommended by the Select Committee to Parliament for adoption.—I am, &c., RICHARD GRIFFIN.

12, Royal-terrace, Weymouth.
June 2, 1866.

Notices to Correspondents.

The Royal Institution of Great Britain.—The notices have been received.

Dr. J.—The name of the person mentioned does not appear in the Medical Directory.

Nemo.—The examinations are held once a month.

Medical Diary of the Week.

LONDON—WEDNESDAY, JUNE 6.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Professor Hancock, "On the Anatomy and Surgery of the Foot."

OBSTETRICAL SOCIETY OF LONDON.—7 p.m. Meeting of Council.—8 p.m. Mr. R. Fawcett Battye: "Examination of certain Uterine Affections in their relation to Phthisis Pulmonalis, with Cases;" and other papers.

THURSDAY, JUNE 7.

ROYAL INSTITUTION.—3 p.m. Professor Huxley, "On Ethnology."

FRIDAY, JUNE 8.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Professor Hancock, "On the Anatomy and Surgery of the Foot."

ROYAL INSTITUTION.—8 p.m. Professor Frankland, "On the Source of Muscular Power."

SATURDAY, JUNE 9.

ROYAL INSTITUTION.—3 p.m. Professor Huxley, "On Ethnology."

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

BOWMAN.—On May 25th, at Sunderland, the wife of Henry O. Bowman, M.D., of a son.

BURKE.—On May 13th, at Bighi, Malta, the wife of John Page Burke, M.D., Staff-Surgeon, Royal Naval Hospital, of a daughter.

FORESTER.—On May 25th, at Claremont-square, the wife of H. Forester, M.D., of a son.

LONGMORE.—On May 20th, at Hamble, near Netley, the wife of Deputy Inspector-General T. Longmore, of a daughter.

MIDDLETON.—On May 23rd, at Brussels, the wife of J. W. Middleton, M.D., of a daughter.

MOULD.—On May 24th, at Cheadle, Cheshire, the wife of G. W. Mould, Esq., of a son.

PHELAN.—On May 19th, at Kilmoganny, county Kilkenny, the wife of William Bernard Phelan, M.D., of a daughter.

PHILLIPS.—On May 22nd, at Manchester, the wife of Charles D. F. Phillips, M.D., of a son.

POTTER.—On May 24, at Cullompton, Devon, the wife of S. Reginald Potter, M.D., of a son.

SMITH.—On May 22nd at 9, Finsbury Pavement, the wife of W. Abbotts Smith, M.D., of a daughter.

SPENDER.—On May 21st, at Bath, the wife of John K. Spender, Esq., of a daughter.

MARRIAGES.

EBBAGE, Thomas, Esq., of Leamington, to Amelia, elder daughter of the Rev. C. Jeaffreson, M.A., retired Chaplain H.E.I.C.S., at Edmonton, on May 24.

HALL, Marriott, Esq., Surgeon, Sheffield, to Sarah, elder daughter of Mark Frith, Esq., of Oak Brook, Sheffield, on May 24.

HARRIS, William John, Esq., of Worthing, to Florentia Caroline, younger daughter of the Rev. C. Jeaffreson, M.A., retired Chaplain H.E.I.C.S., at Edmonton, on May 24.

OMEROD, Henry, Esq., of Westbury-on-Tryn, to Mary Anne Burk, second daughter of J. J. Evans, Esq., of St. Neots, on May 23.

WALTER, Walter W., Esq., of Stoke-under-Ham, to Mary Drury Grace, eldest daughter of the Rev. — Greenslade, Incumbent of the same parish, on May 26.

WATSON, A.M., M.D., of Little Huthwaite, Sheffield, to Fanny Elizabeth, younger daughter of F. Eaton, Esq., of Ancaster, Grantham, on May 24.

DEATHS.

BEATSON. On May 18th, at Castletown, Isle of Man, Mary Jane, wife of W. B. Beatson, M.D., Inspector-General of Hospitals in India.

BROUGHAM, Stephen, Esq., Surgeon, at Falmouth, aged 72, on May 20.

CANNON, Æneas, M.D., at Cheltenham, aged 79, on May 15.

GILLILAND, William L., M.D., at Hereford, aged 81, on May 21.

NESBITT, Erancis A., Esq., of Wolverhampton, at Norwood, aged 34, on May 27.

NOYES. On May 19th, at Lee, Kent, Louisa, wife of Henry G. Noyes, M.D.

SISSONS. On February 21st., at Brisbane, Queensland, Cordelia Matilda, wife of Richard Sissons Esq., Surgeon, late of Huddersfield.

TATUM. On May 21st, at 3, George-street, Hanover-square, aged 50, Fanny Maria, wife of T. Tatum, Esq., Surgeon.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING JUNE 2ND, 1866.

By J. H. STEWARD, Strand, and Cornhill, London.

May, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
28	39.083	83	48	61.05	55·05	W	—	—	Very Finc.
29	29·083	71	47.05	63.05	54	N	—	—	Fine.
30	29·099	74	44	49	46	N	—	—	Dull.
31	29.073	67	50·05	60	55	E	—	000	Wind.
1	29·069	70	51	62.05	58	S	—	081	Rain.
2	29·089	74	53	67	58.05	S	—	004	Very Fine.
—	—	—	—	—	—	—	—	—	—

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

A COURSE OF LECTURES ON ELECTRO-THERAPEUTICS.

By HARRY LOBB, Esq.

No. I.

INTRODUCTORY.

GENTLEMEN,—I appear before you with some diffidence to deliver the second series of lectures ever attempted on this subject. Still, having made up my mind to the effort, I purpose to carry it through to the best of my ability; and I trust I may have your forbearance, should I be at a loss occasionally, as having had but one predecessor in this science as a lecturer—the late Dr. Golding Bird. I have not the advantage of the vast storehouses of learning which the lecturers on the practice of medicine, surgery, chemistry, &c., have; I shall, however, cast myself upon your indulgence, and hope to achieve the end I have in view—namely, the imparting elementary knowledge on electro-therapeutics in a clear manner, and in simple language.

The science of medical electricity has been studied for very many years by isolated observers at home and abroad; almost all who have become connected with electricity have been struck with the idea of its adaptability to the treatment of disease. Franklin, Humboldt, Davy, Aldini, Galvani, and Volta, and others too numerous to mention, have recorded their belief in its virtues as a remedial agent; few, however, have practised its use with any serious intention of persevering. Dr. Wilson Philip and Dr. Golding Bird doubtless entered into its study with vigour, and were only prevented from doing great things by the cold hand of death. They have, however, left their mark, and will be remembered with respect by all who follow in the same road.

A new era has dawned upon our science, the labours of Remak in Germany, of Duchenne in France, have given the mark of legitimacy to that which was a foundling: it has been received to the bosom of Father Æsculapius, and, although the youngest of his offspring, is a strong and lusty child, and likely to do credit to its paternity.

Electro-physiology, upon which electro therapeutics must be based ever to hope to be a success, has of late made vast strides. Following in the path first beaten by Galvani, Matteucci and Du Bois-Reymond have pursued their onward course, and now we find a crowd of experimenters eager in the race; Eckhard, Scoutetten, and the most recent, Shettle, gird their loins for the struggle. May success crown their efforts!

Dr. Radcliffe, as you are doubtless aware, has collected together the various experiments and based upon them a theory of muscular contraction, which, whether received or not eventually, is highly ingenious and worthy of commendation.

With this mass of information collected together, it would be indeed a disgrace to let it lie idle: but no; a school of practical electro-therapeutics is rising from this foundation. The present state of the science of medical Electricity is then most encouraging, and I should recommend all entering the medical profession, to well consider this agent, and not to omit its study; otherwise they will find themselves distanced by their competitors, and there will a day arrive when to be ignorant of the fundamental laws of electricity will stamp the student as neglectful, and will prevent anything like success in practice.

You must excuse me if I pass over the history of the science of electricity, as you will find all that I could say on this head much better expressed in many works you have access to, and I have too much to tell you which you cannot acquire elsewhere.

Electricity is *the Soul of Matter*—the indestructible energy bound up in all that is tangible to our senses. It may lie quiescent for myriads of ages, but it is still there, and can be always called forth at any moment by certain agencies. This force, which is found in all forms of matter, becomes still more evident in vitalized matter: in the organic kingdom it differs in its external characteristics from its prototype in the inorganic, and I shall have to show you the difference between the two.

STATIC ELECTRICITY.

Static electricity is a force manifesting itself through the agency of matter by attractions and repulsions, and these are its most important conditions in the inorganic kingdom; but when we come to study it in vitalized bodies, we find that it undergoes a new series of changes differing in their characteristics from what we have been led to anticipate, by its phenomena in the inorganic kingdom.

I must, however, before passing on to the more important field of dynamic electricity, give you some idea of static electricity; but I shall not detain you long on this subject.

The theory, explaining the various electrical phenomena which is now most in favour, is that of Symner. He assumes that all matter has associated with it a certain quantity of a subtle imponderable fluid, made up of two separate conditions of the same fluid, so that in combination they neutralize one another; but when, by the action of some force, they become separated, the one is termed positive or vitreous electricity, the other negative or resinous. This is a pure hypothesis, and really means nothing, but affords a simple method of explaining many electrical phenomena.

Now we have the means of detecting the presence of one or other of these electrical "fluids" by an instrument termed an electroscope; here is one termed *Volta's condensing electroscope*. You will perceive that there are two pieces of gold-leaf hanging from the lower brass plate, the electricity is in a neutral condition; and the gold leaves are consequently at rest; but we have the power of detecting very small quantities of free electricity with this apparatus. Suppose we wish to detect the presence of free negative electricity in a piece of sealing-wax: we place it after having rubbed it, in contact with the lower or collecting plate.

The upper or condensing-plate is connected with the earth, by touching with the finger, and the plate is electrified positively, in contradistinction to the lower plate, which is electrified negatively by means of the wax; but the leaves do not sensibly diverge, as the opposite electrical, fluids attract one another, and thus become located almost exclusively on the two plates. If the upper plate be now removed, and with it the source of the positive electricity the negative electricity freely passes to the leaves; and being both negatively electrified, they repel one another and fly apart. Now, after a time, the leaves fall together again from the negative electricity on the leaves combining with the positive electricity in the air: if the air is very dry, this takes place slowly; if moist, rapidly.

This will give you some idea of static electricity, in reference to its combined or neutral state, and its decomposed or active condition.

The states of attraction and repulsion are the most important features of static electricity; but only secondary to these is the inductive state, which electricity has the power of setting up in other bodies at a distance. Our great Faraday considers this power of inducing an opposite state of electricity in matter in a neutral state by the ac-

tion of an electrified body in its neighbourhood, to take place through the surrounding medium, which must be, to a certain degree, non-conducting: thus, in air, the atom in juxtaposition to the electrified body by the inductive power of that body is polarized, the contrary electrical state is induced in the adjacent portion, and a like state is induced in the further portion of the atom; and in like manner from atom to atom, until the neighbouring body is reached, which is consequently in an opposite electrical condition to the inducing body. Now this induced state can only take place if the bodies are at a certain distance, and the quantity of electricity in the electrified bodies of a certain amount; for upon the bodies being made to approach each other, coming within a certain distance so that the attraction of the two electrical conditions overcomes the resistance of the medium, the electricities fly together, and equilibrium is established; or again, if the quantity of electricity in the electrified body is increased, it will at length overcome the resistance of the medium, and again equilibrium will be re-established by combination.

This leads us naturally to the subject of *tension*, which may be defined as the desire of the accumulated electricity to combine, by overcoming the obstacles offered by the medium.

Static electricity is chiefly induced by friction; it accumulates on the surface of bodies, and manifests its presence by attractions and repulsions.

And here I shall dismiss static electricity, for we shall have very little further necessity to touch upon this agent, as I shall be able to prove to you that we have a much more valuable agent in dynamic electricity for the treatment of disease.

(To be continued)

CLINICAL RECORDS ILLUSTRATIVE OF THE DISEASES OF CHILDREN.

By G. STEVENSON SMITH, L.R.C.S.E.,

FELLOW OF THE OBSTETRICAL SOCIETY, AND FORMERLY RESIDENT MEDICAL OFFICER, ROYAL EDINBURGH HOSPITAL FOR SICK CHILDREN.

V.

ACUTE HYDROCEPHALUS.

THE following cases are intended to illustrate the chief symptoms of Acute Hydrocephalus which is one of the most frequent and most fatal affections of early life. The insidious manner of its approach, the extremely painful nature of its course and termination, as well as the resistance it usually offers to all treatment, cause this disease to be regarded both by parents and practitioners with feelings of anxiety and alarm.

It is one of that class of ailments for which unfortunately medicine can do but little; for although in recent years, mainly through the researches of French pathologists, we have become intimate with the structural changes and appearances which generally accompany an attack of hydrocephalus, we are still ignorant of any remedy on which we can rely as a cure. And consequently the annals of medicine record very few instances indeed of recovery having taken place, after any well-marked symptoms of water on the brain had manifested themselves. It is no uncommon thing for patients labouring under the chronic form of the disease to survive for many years, but in them the senses and the intellect are often impaired; in acute cases, however, a fatal result is almost invariable.

Case 1.—E. W., aged 6, had enjoyed tolerably good health up till the month of October, 1865; but about that time she began to fall off, her appetite was poor, and she had frequent headaches. On the 1st day of January, 1866, she was seized with a violent attack of vomiting and retching, which continued for several days. On the 6th she was so exhausted that she had to go to bed, and there was severe pain in the head and back of the neck. On the 21st she had what the friends described as nervous fits, during which the hands were spasmodically clenched, the eyes rolled wildly, and the teeth were ground together. The bowels had been all along confined, and when first seen by me on January 24th she was in the following condition:—Face pale and dingy, eyes sunken and glassy, the pupil of the right eye widely dilated, left pupil natural, conjunctivæ red and injected. She was greatly emaciated, skin dry, pulse feeble, rapid but regular; breathing was gurgling; tongue coated, small and sharp-pointed, fiery-looking at the tip. Though extremely exhausted she was quite sensible, and answered questions correctly. The belly was sunken but the bladder was distended, and about fourteen ounces of urine were drawn off. It was of specific gravity 1007, faintly acid in its reaction, and free from albumen. As the patient was so feeble, ammonia, strong beef-tea, and wine were ordered. On the morning of the 25th the breathing was slow, pulse fluttering, and irregular. She kept constantly pushing the bedclothes down, clutching at imaginary objects, and grinding the teeth all day, and died without any convulsion at eight o'clock the same evening.

Sectio thirty hours after death.—Rigor mortis feebly marked. Hypostatic congestion considerable. On examining the head some adhesions of the membranes to the brain posteriorly were found. Both ventricles were distended with clear fluid. Around the optic nerves the membranes were roughened, and in the fissure of Sylvius that appearance of the textures which has been described as resembling sago was found to exist.

The brain substance was not at all softened, but of a natural firmness.

In the abdomen the mesenteric glands were enlarged.

The left lung was firmly adherent to the thoracic wall anteriorly, but no trace of tubercle could be found in either of the lungs.

Remarks.—In this case the approach of the disease was heralded by symptoms which are extremely common, falling off in general health, retching and vomiting, and pain in the head and neck. The headache is generally confined to one side, and according to my experience, pain or stiffness in the neck is almost a constant symptom in cases of inflammatory affections of the head. The roughening of the membrane about the optic nerves was no doubt caused by the deposit of minute masses of tubercular matter.

Case 2.—T. J., aged 6, was first seen by me on the 28th of January, 1866. He had been ill for about a week with feverish symptoms. He was restless, cried aloud every now and again, and complained of pain in the forehead. The pulse was 80 and intermittent. Tongue red at the point; pupils natural. Body emaciated, belly sunken, skin dry and dingy. There were some purpura-like spots on the arms and trunk. The urine was acid, slightly albuminous, and of specific gravity 1033. Under the microscope numerous amorphous masses of urate of ammonia were seen. The iodide of potassium, three grains every four hours, was prescribed, and as there was some tenderness on pressure over the stomach, a mustard poultice was applied. Wine, beef-tea, and milk were also ordered to be given frequently.

On the 29th the pulse was 132, and irregular. The breathing was gasping and shallow, eyes sunken, but natural. He complained of pain over the spine in the dorsal region, when pressure was made there. He was quite sensible, but tossed about in bed, and coughed a good deal. As the bowels had not opened an enema was ordered, and blistering fluid was painted on behind both ears.

On the 30th patient still continued conscious, but had some difficulty in speaking. The breathing was laboured, pulse 120-140, and very feeble and irregular; pupils unaffected.

On the day following—viz., the 31st January—the

bowels became very loose, the pulse fell to 96 beats in the minute, and he vomited some black bad-smelling matter. Towards evening his motions were very fœtid, and passed involuntarily in bed. At midnight he was seized with violent convulsions, which affected chiefly the left side. During the attacks the pupils, which hitherto had remained unaltered, became dilated, and the arms were pronated forcibly. The pulse at this time could hardly be felt, and patient moaned much. He died on the 1st of February, having retained his consciousness till near the close. No examination of the body could be obtained.

Remarks.—In this, as in the preceding case, the patient retained possession of his faculties till the close; but it differs from Case 1, in being accompanied by convulsions. The boy was evidently of a strumous constitution, and had previously suffered from pneumonia.

The iodide of potassium has been greatly extolled of late in the treatment of the head affections of children, but like all other remedies, it is too generally found to be of little service. There is one case, however, recorded in the books of the Edinburgh Children's Hospital, in which, after the manifestation of the usual symptoms of hydrocephalus, including convulsions, recovery took place under frequent and full doses of this drug.

In Case 2 I made a daily observation of the state of the temperature of the body, and found that in the axilla the mercury of the thermometer stood as follows:—

January 29th,	Morning,	temp.	97 2-5th	degrees.
,, ,,	Evening,	,,	98 3-5th	,,
,, 30th,	Morning,	,,	98	,,
,, ,,	Evening,	,,	98 2-5th	,,
,, 31st,	Morning,	,,	96 4-5th	,,
,, ,,	Evening,	,,	97 4-5th	,,
During convulsions,			99 1-5th	,,
Feb. 1st, at the moment of death,			99 1-5th	,,

It will be noticed that during the convulsions there was a rise in the temperature, and just at the moment of dissolution the thermometer stood at the same figure—namely, 99 1-5th degrees.

Had there been any doubt as to the nature of the case, any uncertainty as to whether it was hydrocephalus or typhoid fever, the state of the temperature would have been of invaluable service in aiding us to form a correct opinion.

Case 3.—J. M., aged 9, had never been a very healthy boy, and some time ago suffered from an attack of inflammation of the lung. He had been pretty well, however, and running about as usual, till one day in the end of the month of September, 1865, when, after eating a raw turnip, he was seized with a violent headache. Two days afterwards retching and vomiting came on, and continued for five days, when he fell into a state of stupor, and had a violent convulsion. When seen by me he was partially insensible, screamed with pain in the head, tossed restlessly in bed, and had a good deal of gurgling in the throat. The skin was hot, and so was the head, pulse small and quick, tongue red and parched. There was also an occasional short cough. The iodide of potassium in frequent doses was prescribed, and patient was to have milk and beef-tea. Cold was also applied to the scalp. The following day, October 6th, he seemed to be rather more sensible, but still complained of pain in the forehead and face. A small fly blister was applied to the nape of the neck.

October 7th: Patient worse to-day. Eyes very much congested. At times he lies quietly in a semi-comatose state, and then gets restless again and cries out most piteously. An enema was administered, and the bowels were freely moved. The gurgling in the throat continues, and he seems to lack the power to cough up the mucus.

The urine is free from albumen.

October 8th: Patient died quietly, without any convulsion, this afternoon.

Sectio-cadaveris twenty hours after death.—The veins of the head were quite full of dark clotted blood. The ventricles contained a small quantity of greenish-coloured fluid. The cerebellum was adherent to the membranes at several points. The substance of the brain appeared to be healthy.

An examination of the chest revealed an old pleurisy of the right side, which had resulted in extensive adhesions. The pericardium contained about two drachms of fluid. The mesenteric glands were slightly enlarged; liver large but healthy; spleen very dark and shrivelled.

All these cases were regarded as hopeless by the time they came under my care; but they may be looked upon as good illustrations of hydrocephalus in its acute form. It is worthy of remark that in all of them there was distinct evidence of previous inflammation of the chest; while in two of them the mesenteric glands were found to be enlarged. These facts lead us to infer that the patients were of a weakly constitution, and that in cases I. and III. at least, there was a tubercular diathesis. Paralysis was not observed in any of these cases; but it ought to be remembered that frequently loss of muscular power in the arm or leg is the first recognizable symptom of approaching disease of the head. Cases have come under my notice in which a slight dragging of one leg, or a failure in the prehensile power of the hand, was the precursor of a fatal attack of hydrocephalus, and this symptom occurring in a child who has been previously healthy should always be regarded with suspicion. Squinting is another sign of grave importance in all intracranial affections; but in the three cases recorded above it was not present, although in Case 1 the pupils were unequally dilated.

PAPERS ON DERMATOLOGY.

No. III.

HERPES.

By T. W. BELCHER, M.A., M.D.Dub.,

FELLOW, CENSOR, AND EXAMINER, KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND; PHYSICIAN TO THE DUBLIN DISPENSARY FOR SKIN DISEASES; AND EDITOR OF "NELIGAN ON DISEASES OF THE SKIN," 2ND EDITION. 1866.

(Continued from page 392.)

M. L., a female aged 9, residing in the neighbourhood of the Dispensary for Skin Diseases, was brought there to me on the 22nd August, 1865.

On examination I found her to be affected with herpes on the forehead, and, in small patches, on the back of the neck, and between the shoulders. A well-defined patch of herpes *circinatus* was visible on the crown of the head.

She was directed to take a small dose of castor-oil; and some tincture of iodine, made as described in one of my previous papers, was applied to the diseased surface.

On the 25th the preceding treatment was directed to be continued, with the addition of a borax lotion, and this was persevered in until the 29th September, when she was discharged cured, and has not since returned.

This case leads me to make a few practical remarks on the general subject of herpes, and in doing so I shall not enter into the vexed question—whether or not ringworm of the scalp be herpes at all; in other words, whether ringworm be a vesicular or a parasitic disease. That it is the latter is maintained by most foreign and by some able home authorities. M. Cazenave did not agree in this view, nor did Dr. Neligan, whose opinion I follow, as stated on page 127 of my recent edition of his work on "Diseases of the Skin." I understand herpes, then, to mean an eruption of small globular vesicles clustered together, and often regularly grouped, on inflamed patches of the skin, usually of small extent, and distinctly separated. The eruption is preceded by heat, tingling, and some degree of redness and swelling in the parts on which it is about to appear. Sometimes, but rarely, there is antecedent or accompanying fever, and in one form the eruption is markedly contagious.

At first the vesicles are globular and transparent,

from annoyance. Some weeks afterwards she consulted me for some other ailment, and both then and subsequently assured me of the entire disappearance of the needle.

This case deeply impressed me with the practical value of the laryngoscope as a means for assisting the surgeon in the extraction of foreign bodies from the pharynx. The only difficulty in its use was to educate the hand to bring the reflection of the forceps in contact with the reflection of the needle. The first effort naturally was to catch at the reflection of the needle with the real forceps; but with extreme patience and great forbearance on the part of the poor woman, after a few efforts I got the knack of ceasing to look at the forceps, and to push them steadily on until their image came into view in the mirror as they passed down into the pharynx. Without the laryngoscope, it is quite certain the needle could not have been got out short of great, and perhaps fatal, violence. I have, therefore, thought it right to put this case on record as a hint to those who may have to deal with similar accidents.

CASE OF "BLACK DEATH."

By P. C. LITTLE, M.D., F.R.C.S.I., &c.

On the 27th May I was called in attendance upon P. F., a young man, aged 23, fresh, full-blooded, muscular, and apparently of active habits, in whom alarming symptoms had suddenly appeared. For a day or two previously he had been complaining of lassitude and indigestion, but paid little attention to that condition. This morning, however, he became so uneasy and so oppressed in his respiration that he called for medical assistance. On my visiting him he complained of much difficulty of breathing, severe pain in the left side, thirst, and sickness of stomach. His face wore a dusky hue, which was many shades deeper around the mouth and lips. He had a grinning expression of countenance; an unsteady imploring glance of the eyes, which were blood-shot; a twitching of the muscles of the face; a faltering hurried speech, with slight delirium. The tongue was foul, brown, and dry in the centre. The surface of the head and thorax was unusually hot, and somewhat tumefied; the hands and feet rather cool and clammy. The nails of both extremities had a cyanotic appearance. The action of the heart was labouring, irregular, and rapid, 112; the respirations were diaphragmatic, and 22 per minute. There was clearness on percussion over the whole right lung and the superior half of left lung, but the inferior half of the latter was quite dull. The respiration was bronchial and accompanied with mucous râles; the vesicular murmur was scarcely audible in the right lung, not heard in the left. There was rusty expectoration. The bowels were distended with fæces and flatus; the urine was scanty and cloudy, and on examination it was found to be of specific gravity 1018, containing albumen, but no chloride of sodium.

I ordered turpentine stupes to be constantly applied over the left lung; beef-tea and claret to be freely given, and at bedtime an aperient of calomel and jalap.

28th: He appeared more composed; the breathing was a little easier; he rested pretty well during the night; the bowels had been freely moved; the skin was perspiring profusely; he was expectorating large quantities of red frothy mucus. The pulse was more regular, smaller, and quicker, 120. He complained of pain in both sides, oppression of breathing, and weakness.

I advised the turpentine stupes to be kept over both lungs; turpentine punch to be administered every two hours, and an anodyne at bedtime.

29th: He is much worse, and is inclined to coma; his breathing is more difficult and slower, 18; consciousness is less, delirium has increased; his face has become darker, the cheeks and the hands, as far as the wrists, are more swollen, and of a deep purple colour; the feet are affected in the same manner, but in less degree; the legs and thighs have a large mottled appearance. I recommended the former treatment to be supplemented with the frequent administration of small quantities of brandy, and the application of sinapisms to the calves of the legs and soles of the feet.

30th: Consciousness has gone; pulse very quick; respiration hurried; lividity of face and extremities more intense, and large dark patches, something resembling in size and shape leopard spots, cover his legs and thighs. In a few hours after my visit he was seized with a fit of violent delirium and jumped out of bed, when his muscles were found to be quite rigid. The large blotches had become darker, new ones appeared over the body, and he soon expired, a quantity of red sputa flowing from his mouth after death. No autopsy could be procured; but some hours after his decease the discoloration and blotches were less remarkable, and the swelling had in a great degree subsided.

This case is remarkable in the following respects:—

1. Its sudden invasion.
2. Early implication of the cerebro-spinal and sympathetic systems.
3. Typhoid character from the beginning.
4. Peculiar discoloration of the skin.
5. Profuse perspiration without mitigation of the pulmonary symptoms.
6. Bright red frothy sputa.
7. Rapid action of heart increasing with the disease.
8. Resistance to all stimulants.
9. Death, and some of its consequences.

Throughout this singular case the changes in the condition of the skin were extraordinary. The advent of the disease was marked by a dusky discoloration, its progress by deeper tinting, and by the development on the face, hands, and feet of broad dark patches, which, as the disease advanced, became more intense in colour, and at its termination resembled the bruises of a hammer. Another, and perhaps the most important feature in the case, was the early derangement of the nervous system. From first to last, restlessness, anxiety, and semi-delirium, excitement of the circulatory and respiratory organs, and spasm of the voluntary muscles, were present. The pathology of this disease, which is new amongst us, is not yet determined; but taking the loss of balance between cerebro-spinal and sympathetic systems as the cause, we can account for the cutaneous phenomena—the capillary congestion so strikingly shown in the case before us. Congestion of the capillaries of the lungs, skin, conjunctiva, and kidneys would follow a suspension or overbalancing of the influence of the sympathetic nerves which preside over those vessels; but how to ascertain the causes of this loss of nervous balance we are unable, and it is to be hoped that we shall not discover them in the outbreak of a more widespread and well-known epidemic.

1, Lower Dominick-street, Dublin.

CÆSAREAN SECTION COMPARATIVELY SUCCESSFUL: THE MOTHER LIVED TILL THE SIXTH DAY: CHILD ALIVE AND IN GOOD HEALTH.

By SAMUEL K. CRAWFORD, M.D., Tandragee.

April 3, 1866, I was called to attend Mrs. D——, æt. 30 years, the mother of five children, her youngest living child being five years old. On examination I found so much contraction of the pelvis that I explained to her husband the impossibility of her being delivered *per vias naturales*. The certainty of death, if not delivered, and the chance of life to both mother and child afforded by the Cæsarean section, I intimated to both Mr. and Mrs. D——, the propriety of calling in an assistant doctor; but they said if I would undertake the operation they were satisfied.

Preliminaries being arranged, I, with my own assistant, opened the abdomen in the line of the fibres of the external oblique muscle of the left side, and having secured some branches of vessels which had been cut, I proceeded to

open the uterus. Enlarging this incision to the size of the external one (five and a half inches), I extracted a living male child by a footling presentation, and having removed the placenta and examined that the incision in the uterus had contracted without including any of the intestines, I proceeded to stitch the external wound, which done, I dressed over with a pledget of lint wet with tepid water and covered with oiled silk, and supported the abdomen by a bandage. I then attended to the baby, which I had intrusted to a female attendant after having separated it. I then gave the mother a dose of opium, which, combined with a little hyd. c. creta, to prevent inflammation, I continued to administer. On the fourth day union by the first intention had taken place in the external incision and the patient going on well, but weak, and the pulse flagging. I supported her with proper food and stimulants; but her strength gradually gave way, and she sank on the evening of the sixth day from exhaustion, not from any inflammation which had ensued as the result of the operation. Eighteen months ago I attended her in labour, and delivered her with instruments with great difficulty, owing to the partly contracted state of the pelvis. She had been suffering from pains which commenced six months after the birth of her last living child, and remained with her for three years, during which time she had to be carried to and from bed. I at this time gave her medicine which cured the mollities ossium, but not till the spine and pelvis had become so lamentably distorted as to call for this operation. The antero-posterior diameter of the pelvis at its widest part being less than an inch and a quarter, and opposite the promontory of the sacrum, not even permitting my two fingers when the index finger was placed on the back of the second to turn round. Having performed craniotomy four times, and knowing what space was necessary for that operation, I found it utterly impossible to extract even the base of the skull, had it been possible to break it down. I am fully convinced that but for her strength having been worn out by the excessive pains she had endured she would have overcome the effects of the operation. This short report was kept back to the present date for want of time to put it in shape for publication.

Tandragee, May 29, 1866.

Hospital Reports.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

FEBRIS NIGRA.—"BLACK DEATH."

In further commenting on this singular malady, which has so recently appeared in this city, and with such appallingly fatal results, Dr. Lyons discussed the pathological affinities of the morbid state presented by the patients.

It may be well to summarise the cases observed to the present date in the following table:—

Case. 1866.					Seen by
1. March 19.	Youth, æt. 17.	Fatal in about 30 hours.			Dr. Stokes, Dr. Benson, Dr. Croly.
2. May 9.	Man, æt. 25	,,	22	,,	Dr. Cahill.
3. May 12.	Boy, æt. 11	,,	11	,,	Dr. Bredin, Dr. White, Coroner, Dr. Mapother, Med. Offi. Health
4. May 13.	Girl, æt. 22	,,	19	,,	Dr. Lyons.

Case 1.—The first case was that of a young gentleman, aged 17, who had enjoyed excellent health until a short time previous to the illness which proved so alarmingly and rapidly fatal. A week prior to his death he appears to have suffered from indisposition, with very severe headache and darting pains in the eyeballs, and had to remain in bed all day on Monday, 12th March; but he appears to have partially convalesced from this condition by the afternoon of the next day; so much so, at all events, as to enable him to get up at half-past three p.m., and to report himself in writing to his parents on the same evening at eight p.m. as "nearly all right." Symptoms of cold, with sore throat and some epistaxis, were noticeable for the next few days. However, this young gentleman appears to have in this interval followed his ordinary avocations and joined in public amusements; and reading the history of this case by the light of those which followed, Dr. Lyons regards the slight illness just referred to as in no way connected with, and in no way influencing, that which ultimately supervened and proved fatal. On the 17th March he visited the theatre, and soon after rising on the following day he felt ill, was seized with severe and prolonged rigors, but remained up for a great part of the day. About midnight some dark purple spots were noticeable here and there on the surface. These rapidly increased in number and size, and by the forenoon of the next day large dark purple patches in great numbers covered the trunk and extremities. The pulse rose to 160, cold clammy sweat covered the surface, and in about thirty-six hours from the date of the supervention of the marked rigors of the preceding day, death supervened. In the last hours of life the dark purple patches on the arms and other parts could be seen to extend visibly under the eye.

Case 2.—The patient, a remarkably fine, robust, and healthy young man, aged 25, married, and of steady habits, had some rigors on the evening of the 8th of May, but got up on the morning of the 9th. He felt somewhat unwell, but it was not deemed necessary to seek medical advice until about 1·30 p.m., when, in the absence of Mr. Cahill, he was seen by a very intelligent assistant from that gentleman's establishment. The patient was quite conscious, but the hands and feet were cold, and pains were complained of in the calves of the legs. The tongue was particularly clean, there was no sickness of the stomach, and the bowels were unaffected; the pulse was 112 and feeble.

Dark purple spots were noticeable on the face, chest, and on the legs about a quarter of an inch in diameter, and the hands were of a livid hue. The patient continued in much the same state until about six p.m., when he expired, having retained consciousness till within half an hour of death. The total duration of this case may be estimated as somewhat under twenty-four hours.

Case 3.—A boy aged 11, reported as in perfect health on the previous evening. Sickened about half past six a.m. on the 12th May. He vomited once, and the bowels were once moved; prostration ensued about midday; numerous dark purple spots made their appearance on various parts of the body, and the patient died about six p.m.

Case 4.—The history of this case has been already fully given. The patient, a female, aged 22, in perfect health on the previous night, complained about eight a.m. on May 12, of slight headache and some sickness of stomach, but was so little affected that up to one and two o'clock p.m. she saw and conversed with friends, and no alarm was felt about her until later in the evening. She was seen in consultation about 9.15 p.m., when she was found to be perfectly conscious, voice full and strong, but there was a total absence of radial pulse, and the heart's action was exceedingly feeble, beating to the stethoscope 130 per minute. There was much sense of distress, aching of the back, pains in the calves of the legs and chilliness of the extremities. The surface was covered with dark purple spots, varying from one-fourth to half an inch, one inch and upwards in diameter. They were observable on the face, chest, back, upper and lower extremities, and on the backs of the hands down to the finger nails. A longing for sleep was repeatedly expressed. Hot jars and stupes were at once employed, and the most powerful medicines and other stimulants were administered in quick succession, and were well borne by the stomach. There was no irritation of the bowels all through, although under the impression that the headache first complained of was due to confined

bowels, a seidlitz powder had been taken early in the day. About one a.m. the patient began to wander, and lose consciousness, and the livid spots and patches spread with great rapidity. At three a.m. the face was one uniform sheet of purple black colour, the trunk thickly covered with large purple patches, and the upper extremities to the tips of the fingers one uniform sheet of dark bluish purple tint, while from the hips down the same shade of colour was observable in one unbroken mass. At about twenty minutes past three a.m. the patient expired without a struggle. The coloration was everywhere persistent after death, as it had been during life.

Technically defined, Dr. Lyons regards the disease as the algid stage of an essential zymotic febrile condition, the further development of which is as yet undetermined.

Comparison with Yellow Fever.—In the depression of vital power, the more or less extensive blue-black discoloration of the skin in spots, patches, or extensive sheets of colour, covering in extreme cases large areas of the trunk, face, and extremities, and in the rapidly fatal issue will be noticed a marked similarity to certain of the phenomena of purpura hæmorrhagica, of the algid stage of cholera and of yellow fever, to the states of system produced by the bite of certain venomous reptiles, and the condition of the blood in animals hunted to death. As illustrative of the partial resemblance, but marked contrast presented by certain forms of yellow fever and the condition of black death under consideration, the following extract from Dr. Lyons's report on the yellow fever at Lisbon may be read with advantage. The case was an example of the algid form of the yellow fever:—

"It was that of a young girl, aged 16 (Case 22, female wards, Desterro Hospital). She was admitted on the 10th December at ten p.m., having been ill since the 4th. She was described as having exhibited hysteric symptoms on admission. When seen at the hour of visit (nine a.m.) on the 11th, she was still in a profoundly algid state, though all proper means had been used to establish reaction. She lay cowering and shivering under the bedclothes; she was quite pulseless, the hands and feet were cold, and the hands soiled with blood; the face was of a livid bluish tint; the eyes darkly congested and dull; the alæ of the nose, the lips, and teeth, covered with bloody sordes; the tongue was moist, slimy, and bloody; there was complete absence of yellow coloration of any kind; the surface generally was semi-cyanozed, and everywhere thickly covered with well-marked purpuric spots; dark blood oozed from the nose and gums, and black vomit supervened, and likewise vaginal hæmorrhage. There was suppression of urine. She was still hysterical at the hour of visit, trembling, fearful, and disposed to cry. She retained her faculties of sense, could understand questions, and made efforts to reply, but could not articulate. There was but one end for such a case. She died on the following day. The conjunctiva was slightly yellowish post-mortem." "The above description," continues Dr. Lyons, "will serve to convey a brief preliminary outline of the most remarkable characteristics of the algid form of yellow fever." He further remarks in the report: "It will be observed that there has been as yet no mention made of yellowness of skin or other structures. In fact, this symptom was very often wanting throughout in this class of cases, many of them dying without having ever exhibited a trace of yellowness on any part of the cutaneous surface, or even on the conjunctiva, during life; its absence being remarkable in these and other situations till after death. For such cases the term *yellow fever* was an obvious misnomer throughout their entire course."

In the depression of the circulation and deep livid discoloration present in both will be at once seen a resemblance sufficiently remarkable between the algid form of yellow fever and the Irish "black death." In the clearness of intellect and in the undisturbed state of the faculties will be found another point of resemblance. On the other hand, in the absence of yellow coloration before or after death in the conjunctivæ or other parts in the cases of "black death," and in the presence of hæmorrhage from various parts of the mucous surface in yellow fever, as well as the striking concomitant of black vomit, must be noted very essential points of difference.

Of some of the cases recently observed in Dublin, Dr. Lyons remarks, that the fatal issue was rapid to a degree not often equalled in the most fatal epidemics on record, and he is disposed to conclude that the occurrence of cases of such unusual character and of such marked fatality points to the possible visitation of some epidemic of great severity and of no ordinary character.

Comparison with Cholera.—In contrasting the phenomenon of the malady in question with certain of those presented in cholera, Dr. Lyons is of opinion that even still less pathological affinity can be traced than between yellow fever and black death or febris nigra, which may form no inappropriate designation for the disease.

In the cholera sicca, to which alone, in his opinion, the Irish black death can be compared, there is, it is true, an absence of vomiting and purging, and so far a similarity, but the dry cholera is attended with muscular cramps and abdominal pains, and the discoloration of surface is essentially that of minute venous congestion and not that of cutaneous transudation of blood, and after death muscular rigidity is extreme. In cholera, likewise, the voice is often reduced to a whisper, the eye sunk, the nose pinched, the hands and the fingers shrunken, while with absence of radial pulse, some of the most remarkable of the cases of black death exhibited not alone full possession of the faculties, but perfect voice and distinct articulation.

Comparison with Typhus.—On reviewing carefully all the phenomena presented by the cases of black death hitherto observed, Dr. Lyons fails to find any support for the opinion which would regard them as examples of any form of Typhus Fever. The insidiousness of invasion, with the early depression of the circulating system, might be considered to establish a faint resemblance, but in the perfect possession of the faculties and distinctness of speech retained to within a short period of the fatal issue by the patients in some of the most marked cases of the black death will be found characters which point to an essential difference from the typhus state in which stupor is a leading and necessary feature. Hence Dr. Lyons dismisses the idea that the malady in question is to be ranked under any form of typhus, or that it has any true pathological affinity to any phase or stage of that morbid state.

Comparison with States in which the Blood is Poisoned.—In the records of medicine will be found certain cases in which a septic influence introduced from without has been attended with marked and rapidly fatal results. A yellowish tint of the skin has been noticed in connexion with the state of the blood produced by the bite of venomous reptiles.

In seeking an explanation of the occurrence of those remarkable cases, Dr. Lyons has had recourse to the records of the meteorological conditions of the atmosphere for the period in question. From the meteorological department in Trinity College, Professor Galbraith states that there was no noticeable atmospheric disturbance on or prior to the 12th of May. To Captain Wilkinson, R.E., Dr. Lyons is indebted for copies of the monthly diagrams of the weather based on the observations made at the Ordnance Survey Office, Phœnix Park. On the 11th and 12th May the barometer sank to 29°-4, with a W. and N.W. wind, and the thermometer maximum and minimum rose respectively to 61° and 44°, a combination which was very closely paralleled on the 28th and 29th April, when the barometer stood at 29° 4¾, and the maximum and minimum thermometer at 64° and 50° respectively, but the wind was NE. It is much to be regretted that ozonometric observations are not made at numerous points within the city, and Dr. Lyons suggests that the Sanitary Serjeants should be instructed to keep such records, and that suitable apparatus should be provided for the purpose in the several city districts.

Dr. Lyons remarks on the importance of the indications furnished by the study of cases of such unusual character and such marked fatality. They clearly indicate, in his opinion, a singular and much depressed condition of the "Epidemic Constitution," to employ the language of Sydenham, and it will be fortunate if they do not prove the forerunners of an epidemic visitation. In recording observations of diseases which may be found to be complicated with purpuric staining of the skin, or hæmorrhagic effusion into other situations which have been of frequent occurrence of late, Dr. Lyons enforces the necessity of not being led away by superficial appearances and fallacious resemblances. Each case should be thoroughly investigated before its affinity to those under consideration is too hastily inferred.

MATER MISERICORDIÆ HOSPITAL.

TWO CASES OF ACUTE PNEUMONIA:

ONE TREATED BY TARTAR EMETIC, THE OTHER BY MODERATE STIMULANTS; RECOVERY, AND RAPID CONVALESCENCE IN BOTH INSTANCES.

(Under the care of Dr. HUGHES.)

Dr. Hughes holds the opinion, that no peculiar or specific treatment is applicable to all cases of acute pneumonia, but that the local inflammation in each case subsides concurrently with the fever. He exemplifies his views by the two following cases in point, in both of which the local mischief was pretty much the same, but the accompanying fever very different indeed, and requiring very dissimilar treatment.

The medical literature of the present day abounds in recommendations from various authorities, as to the treatment of pneumonia, each succeeding one warning his readers against the mistakes of his predecessor and urging the adoption of *his* special plan.

Dr. Hughes sees in this difference of opinion an additional proof that if we are desirous of obtaining a sure guide to the successful treatment of pneumonia and other kindred states of the system, we must study the type of the accompanying fever, and adapt our treatment to it, viewing each case by the light of its own peculiar symptoms, instead of vainly endeavouring to make one plan of treatment fit all.

Dr. Hughes thinks that if the remedies applied in the two following cases were similar, there are good grounds for believing that the results would not have been so favourable in both.

Case 1.—Anthony Sutton, aged 15, residing at Dundrum, a driver of a laundry cart, and previously in good health, got a severe wetting on the 22nd of April, while driving his cart, and kept his wet clothes on him to ten p.m. the same day.

On the 23rd he had rigors, and on the 24th he was admitted to the Mater Misericordiæ Hospital, under the care of Dr. Hughes.

At the time of his admission he was found to have rigors, and also pleuropneumonia of the base of the right lung.

On the 25th he had scanty and rusty sputa, accompanied with high fever. His tongue was foul, white-furred, and thickly coated. He suffered from pain in the side, and constant harassing hard cough. The respiration was 40; pulse 130; and the patient exhibited entire inability to lie on the affected side.

Physical Signs.—Slight dulness from the angle of the scapula downwards, with crepitus.

Treatment.—The patient was cupped on the back, then blistered on the side; and, after the bowels had been cleared out with calomel, he took small doses of tartar emetic, just enough to control the fever. His diet at the same time being what the French term *absolut.*

No vomiting, nausea, or other unfavourable symptoms ensued from the use of the tartar emetic.

After four days, and not before, the fever abated; first by cleaning of the tongue; the cough became bronchitic, and the physical signs became correspondingly altered.

A linseed poultice was applied to the side, and he progressed favourably with the aid of farinaceous diet, until the tenth day, when the cough had almost disappeared. At the end of fourteen days the lung was found to be normally sound.

In the preceding case Dr. Hughes did not attach any importance to the cupping.

Case 2.—Thomas Reilly, aged 23, residing at Drumcondra, by occupation a labourer, previously in good health, and yet of intemperate habits, as long as he can remember, was admitted into the Mater Misericordiæ Hospital, on the 27th April, 1866, under the care of Dr. Hughes, being then, as he himself expressed it, "screwed."

It appeared that on the 24th of April, he wheeled 50 tons (400 loads) of dung out of a canal boat at Lucan; he became greatly heated and drank two glasses of whisky with three pints of porter.

Next day (25th) he came into town in the canal boat; felt a pain in his right side; was not hungry; but being very thirsty, he took a large draught of cold water from a pump, and not feeling relieved, he drank so much as a pint of whisky during that day.

On the following morning (26th) he got up; drank a pint of porter, then a glass of whisky, after which he went to bed.

On the 27th, as before stated, he was admitted to hospital.

On the 28th Dr. Hughes saw him for the first time, and heard complaints to the effect that the patient throughout the preceding night had moaned in his sleep, and shouted so as to disturb the other inmates of the ward. His face was now of a mahogany colour; he lay on the right side, and moaned with pain; his breathing was very short, and catching; he was covered with a clammy perspiration, the pulse was small, weak, and 80, beyond which number it never rose; the respiration was 30; the tongue was coated with a white *blankety* fur, and was red at the tip.

Physical Signs.—Dulness on percussion from the angle of the scapula to the base of the lung; bronchial respiration, and bronchophony over the same space, with crepitus a little higher up. Sputa pneumonia (prune-juice) with troublesome cough.

Treatment.—For one day this man got calomel and opium, which, however, passed off by the bowels. Further, he took a stimulating mixture of æther, camphor and ammonia; one ounce of wine every two hours; beef-tea *ad libitum;* a blister to the affected side, followed by a large poultice, which was constantly repeated. He was convalescent on the sixth day after admission (1st May), and continued to gain strength from that time forward. The rapid convalescence in both these cases is particularly worthy of note.

Proceedings of Societies.

HARVEIAN SOCIETY OF LONDON.

MAY 17TH, 1866.

Dr. TYLER SMITH, President.

DEBATE ON INFANTICIDE.

Mr. Curgenven, in opening the "Debate on Infanticide," desired to direct the attention of gentlemen present to the consideration of the crime as it presented itself to them in its social aspect, rather than to the pathological evidences to be found in the various modes of death. This latter would involve a lengthened discussion on a subject with which they as practitioners were tolerably familiar. The former was a subject worthy their most serious attention, as it was surrounded by many difficulties and presented many debatable points. He would call their attention to the reported increase of infanticide in this metropolis. In one district alone—Central Middlesex—the numbers were

reported to have increased from 84 in 1863 to 114 in 1865. He hoped and believed that some of these cases were the bodies of still-born infants, or of those that had lived but a short time, placed where they had been found by persons in order to save the expense of burial. He believed many bodies of infants were disposed of by being thrown into the river, the canal, or other places, by paupers who were unable to pay 7s. 6d. for burial. Some gentlemen present might possibly suggest means for checking the crime, which, from the reported cases, appeared to be confined principally to the class of domestic servants. His opinion was that, if through an alteration in the bastardy laws, the mother was led to feel that she could rely on the father being compelled to support his offspring, she would in many instances be spared the temptation, which ruin and poverty brought upon her, of destroying the child which prevented her earning her livelihood. It was no use to shut their eyes to the fact that a great many illegitimate children were born of domestic servants; they could all call to mind numerous cases in their practice. No power could prevent their occurrence, but it was the duty of the Legislature to entail on the man some of the consequences of his acts, while it provided for the safety of the woman and her child. How was it at present? Why, the most guilty party escaped, having perhaps promised marriage or paid a trifle for a few weeks, until he could place himself out of the reach of his victim. She, helpless, with an infant in her arms, forsaken by her relatives and former friends, was unable to bear up against her poverty and difficulties, and was tempted to destroy the innocent cause of her sufferings. Again, many children were destroyed during or soon after birth, the woman seeing, in the discovery of her situation, her future ruin, was tempted to conceal her shame by the destruction and secretion of the infant. Did she know that the father would be called upon to support her and her child, and that she would meet with some sympathy from those around her, she probably would not be tempted to commit the greater crime.

He would now direct their attention to a class of cases ten times more numerous than infanticide, but which he considered were but one degree removed from child-murder—he alluded to the numerous deaths of illegitimate children through neglect, he would say *wilful* neglect, on the part of those having the care of them. As medical men they were usually called in a few hours before the child was expected to die, that they might certify that the child died of convulsions, bronchitis, diarrhœa, or marasmus, the most common forms of death of these ill-fed, neglected infants. It was very rare that the mother nursed or reared her illegitimate child; she was forced to get a situation, and work for its maintenance. The child was placed in the care of a woman who, perhaps, had several others, and she received a weekly sum, and undertook to rear the child. Should the remittances cease, which not uncommonly occurred, the child was neglected and did not long survive. They all knew how difficult it was to rear a child by hand with a mother always anxiously watching, and a medical man guiding the selection of its food and ministering to its ailments. How much more difficult, might he ask, was it to rear children by hand by paid or unpaid nurses, ignorant, and in many cases paupers, who had neither interest nor affection for the nursling. Some remedy must be sought for this state of things, and he saw no remedy but a more perfect and compulsory registration of births and deaths. The residence of the mother or nurse of the illegitimate child should be registered, that she might be under the surveillance of the parish authorities or the police for at least twelve months; and no child, mature or otherwise, still-born or not, should be buried without a medical certificate of the cause of death. The two classes of cases he had brought before them, he considered, deserved their earnest attention, and he hoped some suggestions of alterations in the laws would be offered that would be worthy the attention of the Legislature.

Dr. Ballard said that the mortality of infants was closely connected with the question of infanticide. With regard to infanticide, he feared it was difficult to suggest any remedy for it, as society was now constituted; but with regard to the excessive mortality of infants under the age of twelve months, he entertained very strong opinions as to the causation of a vast amount of it. Thus he thought the paper of the much esteemed lady, Mrs. Baines, who had written on this subject, and addressed a letter this evening to the Society enclosing her paper, contained some statements rather apt to mislead. He had often found that mothers, from a natural desire to suckle their own child, caused its death, on account of their being unfit to act as nurses. He believed that this was one of the great sources of infantile mortality. He had on several occasions urged this view of the matter on the profession, and had attempted to point out how many infantile maladies were caused by fruitless suckling of infants.

Dr. Drysdale said the causes of infanticide were not difficult to be understood. In the first place, there was—what medical men were least of all men apt to overlook—the intense appetite of sex, acting, like the force of gravitation, constantly to tempt to a union of the sexes. Then, again, there was the well-known evil of bringing new beings into the world without the means of securing their existence. In the case of the poor, who usually married young and begot large families, many of the children, it was well known, died from the privations they had to undergo from the poverty of their parents. If it was difficult, then, for poor persons to maintain their offspring, even when they had the sanction of society for begetting them, of course it was enormously more difficult for a poor single woman, whose motherhood procured her only ruin and disgrace, to do so? And thus it could readily be seen why domestic servants, rather than any other class of women, such as factory girls, committed infanticide, since with the former character was necessary for existence. Although he thought that possibly Dr. Lankester had a little exaggerated the frequency of infanticide in London, he could quite understand why this phenomenon was on the increase. In the first place, the number of marriages had of late years been decreasing in this country. Thus, the Registrar-General's reports showed that, from 1796 to 1805, there were 1716 marriages in 10,000 women; whilst from 1836 to 1845 there were only 1533 marriages to 10,000 women. Continental statistics told a similar tale. For example, Sir W. Wilde said that in Vienna one out of every two births was illegitimate; in Munich, in 1838, there were 270 more illegitimate than legitimate children born; in Paris, some authors said that one-third of the births were illegitimate. The causes of these remarkable facts were no longer a mystery. Ever since the publication of Malthus's great "Essay on Population," it had been well known to the thoughtful few that there was no hope of successfully coping with such topics as infanticide, unless parents in society were convinced of the great evils they inflicted both on society and on their children by the production of large families. The thoughtless conduct in this respect of the majority in this and other old countries inflicted the evils of low wages upon the great mass of the citizens, and infanticide and other distressing consequences followed. Mr. Stuart Mill had pointed out very frequently, in his splendid work on "Political Economy" (without reading which work, the speaker said, no one was, in his opinion, competent to discuss any question in social science or public hygiene), that the great hope for the future of the labouring classes of both sexes lay in the prospect of their soon being led to perceive that the production of a large family was a grave social offence, not something to be proud of, since it overcrowded the labour market in all trades and professions. The mortality of children in different countries was a good index of the state of society existing in the several states. Thus, in the long-lived country of Norway, where the condition of the peasantry was probably superior to that of any other European state, out of 100 children born 83 attained the age

of 5; in England 74; in Russia 62; and in Italy 61. Comparatively few children were wilfully killed by their parents; but there could be no doubt that the great distress caused by large families caused many mothers to neglect their children in a way which no less certainly caused death. The great dislike felt by many poor mothers to augmenting the numbers of their families was daily seen in hospital and dispensary practice, where mothers came so frequently with infants at the breast at the age of eighteen months. It was said that in Norway many suckled their children three years, in order to avoid another conception. He quite agreed with Mrs. Baines, that bringing up by hand was a most frequent cause of infantile mortality; three-fourths of all such children, it was well known, died shortly. All practical measures for lessening infanticide must be based on a knowledge of the facts he had stated. For example, with regard to foundling hospitals, as hitherto conducted, they were only a legalised state infanticide. Thus, in France the foundling hospitals received, according to M. Legoyt, 30,000 children annually, and the mortality in them was more than 50 per cent., whilst poor mothers only lost 29 per cent. of their children. In Austria, the Government of which country, according to Sir W. Wilde, encouraged illegitimacy and discouraged marriage, because married women were known to have so many more children than single ones, women were, it appeared, received into public lying-in hospitals, without any questions being asked, and their children sent to the Foundling Hospital if they desired it. It might, then, be presumed that infanticide was rare in Vienna; but, then, the mortality in the state foundling hospitals was very great. Again, a proposal had been made by an eminent writer, Dr. Farre, in a recent essay on "The Mortality of Children in different States in Europe," that, as some families were childless, adoption of the children of those who were prolific and poor should be encouraged. Such a suggestion was not, he conceived, practical, since no one but the few would think of such a thing, and besides, it would encourage persons to beget offspring, and then thrust them on others, who were more prudent and self-denying. Summing up the question, he thought that infanticide might be diminished by making the marriage law less severe than it now was, and permitting divorce without any loss of character to either party desiring it. This would doubtless make marriage more common. Again, women should be encouraged and permitted to take up any employment they pleased, by which means their wages would be increased, and they would not be obliged to take to prostitution or infanticide from the force of circumstances. But the most important point was, that the stigma of society should not, as now, be so severe against the maiden-mother, who had *one* child, whilst it was so lenient to the other woman who entailed, even in the married state, suffering and ignorance upon a numerous and guiltless progeny. Lastly, infanticide should not be punished by death, since this tended now to bring the law into contempt. Lying-in charities should, in the true Christian spirit, be made available for all poor pregnant women, not alone for married women. But, above all, this matter should be openly discussed, not ignored, as hitherto.

Dr. JOHN THOMPSON said he had had much experience of cases of infanticide in his capacity as local magistrate in a country district. He could not agree with Dr. Drysdale that infanticide was in any great degree attributable to poverty, since he had not found this to be the case during a residence of twenty-three years in North Devon. He did not remember more than one case where poverty was the cause. His own idea was that the present law, regarding the maintenance of illegitimate children by their fathers, required much alteration. He did not, however, think that much more money compensation could be exacted from them. As the law now stood, 2s. 6d. was the sum required to be paid weekly. It was no use asking a large sum in most cases, because the fathers were, in country districts, totally unable to pay more than a small weekly sum out of their wages. He had, however, often wondered that no one had called attention to the fact that, in the case of a man marrying a woman with an illegitimate child, the whole expense of that child after this devolved on the step-father. He thought some alteration was needed in the law with regard to this point.

Dr. HARDWICKE said he should not like the opportunity to pass without saying a few words, although he could add nothing to the remarks made by the coroner for Central Middlesex (Dr. Lankester) in his third report of inquests for 1865, to which he would refer for full details of circumstances relating to infanticide. If Dr. Lankester had apparently exaggerated the extent of the crime of infanticide in this country, it was not that evidence of it could be found in the verdict of coroners' courts, for they certainly did not take cognizance of half the cases, whilst many escaped observation by being buried as still-born children, there being no registration needed for the burial of this class of infants. An amendment of the bastardy law offered one chance of meeting the case of those unfortunate females who are badly protected by the law in the maintenance of their illegitimate children. That change in the law also recommended by the Commission on Capital Punishment, making it an offence punishable by imprisonment, or penal servitude, for a woman who maliciously or wilfully injures her child at or after birth, would bring many cases to justice, which now easily escape conviction under the present state of the law. Unfortunate and needy women, with a prospect of illegitimate offspring, required more protection than our institutions afforded them, and he (Dr. H.) was not inclined to endorse the opinion that foundling hospitals were sources of evil rather than good. Certainly industrial institutions, or houses, if maintained at the expense of the state or parish, would tend to avert much misery and disgrace to young women, and would save rather than increase the expense of crimes that sprung from the present way of dealing with mothers and their illegitimate offspring by the union workhouses.

Mr. BENSON BAKER had had large experince of infanticide and infantile mortality. He lived in a part of town where large nurseries for children existed. It was by no means uncommon to see in one room, three, five, or seven children nursed by one woman. The mortality among such children was very great, and in no one instance in which inquests had been made had he ever seen the father appear. Public opinion was required to put women in their proper position. Industrial homes ought, he thought, to be established, where women might enter after their confinement was over, as it was, ten days after this took place they left their children and entered service.

The PRESIDENT said he had often heard the Coroner Mr. Wakley, speak of infanticide. That gentleman held that the best policy was to stifle the matter and say as little as possible about such cases, and he consequently avoided inquests in cases of suspected infanticide. He (the President) believed the contrary, and thought it was much better, as Dr. Lankester was doing, to bring these questions before the public, and into the light of open discussion. He was sure that a great deal of infanticide escaped unknown. Thus, he had been told, that women were frequently delivered into wash-tubs, the room where they were confined being made to assume the appearance as if washing were going on. There was, he regretted to say, no efficient foundling hospital in London. He did not agree with Dr. Drysdale that, because so many children died in foundling hospitals in France, an equal number would die in this country, if similar institutions were in existence here.

Mr. SEDGWICK, in reply to an observation of the President that nothing had been done during the last hundred years to increase the provisions made for foundlings, remarked that, within the last two years, an institution, entitled "St. Saviour's Hospital and Refuge for Destitute Women and Children," had been established by private charity, with which he had the honour of being professionally associated. Its object was to check the increasing sin of infanticide, by affording a shelter to outcast and

friendless women and children. It contained a nursery, in which children were received from the earliest age; a boys' and a girls' school, in which the children received a plain education, and were trained for service, suitable situations being obtained for them before they leave; and, lastly, a Refuge, distinct from the rest of the house, and fitted up for the reception of outcast females, to which is attached a lying-in ward. Mr. Sedgwick, in conclusion, remarked that Dr. Lankester, as visitor, had cordially approved of the institution, and that Miss Willis Fleming of 35, Bryanston-street, who was its superintendent and chief support, would willingly give any further information on the subject.

Dr. Cleveland said there was a remark he wished to make—namely, that it was deplorable with what facilities certificates of death were procurable in some cases. He instanced the case of a girl who was delivered of twins, one of which died, and she obtained a certificate of its death; but on her coming again to demand a certificate for the second, it was refused until an examination was made. She immediately said it was of no consequence, as she knew a doctor at Islington who would give her the certificate without any trouble. He thought the Harveian Society would do well to bring some such matters before the attention of the Legislature.

Mr. Curgenven, in reply, said he was glad that some practical suggestions had been offered for checking the crime of infanticide and the excessive mortality obtaining among illegitimate children. The medical profession had always led the van in social and sanitary reforms, and he considered that the Harveian Society, from the labours it had devoted to the social evils, could not perform a higher duty than to act on the debate of this evening, and bring some suggestions, supported by evidence and facts, before the Legislature and Poor-law Board that might lead to alterations in the laws, whereby those evils might, in some degree, be checked. He would propose "that a committee be formed, consisting of the following members:—Dr. Tyler Smith, the President; Mr. Curgenven and Dr. Chas. Drysdale, the Honorary Secretaries; Dr. Hardwicke, the Deputy Coroner; Mr. Ernest Hart; Dr. Sanderson, Medical Officer of Health for Paddington; Mr. Benson Baker and Mr. Sedgwick, with whom should be associated Dr. Lankester, the Coroner for Central Middlesex, to draw up a report on Infanticide, with the object of suggesting the best means for checking the crime, and to report on the causes of death of young children, the best means for preventing excessive infantile mortality, and to suggest some plan for the care and rearing of illegitimate children other than the present workhouse system."

Dr. Hare seconded the motion. He considered that the labours of such a committee as proposed would be attended by many good results.

The proposition was put and unanimously adopted by the meeting.

Communications on this subject were invited to be sent to Mr. Curgenven, 11, Craven Hill Gardens, W.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS, IRELAND.

30th May, 1866.

EXTRA MEETING—SESSION, 1865-66.

Dr. HENRY KENNEDY in the Chair.

Dr. Marcus Eustace read a paper entitled

CASES OF INSANITY OF DIFFICULT DIAGNOSIS TENDING TO CRIME.

A number of cases were brought forward that had come under his observation, in which considerable difficulty of diagnosis had occurred in the earlier stages, but after a time, becoming more evident, it was ascertained that a tendency to crime had existed all through. He laid much stress on the fact that in the slighter forms of insanity the early symptoms are very obscure, and in relation to crime demand our serious consideration. The paper concluded with the following observations:—"We must not forget that, as one mind differs from another, so we find the manifestations of mental disease to vary in the slighter and more obscure forms. As insanity becomes evident, our power of comparison with similar cases is easier, and there is not much difficulty in the diagnosis of confirmed cases.

In dealing with the more obscure, we have to take the most trifling changes from the normal standard into consideration, feeling the weight of responsibility that is attached to our opinion in pronouncing these apparently slight changes in temper or capacity to be the first symptoms of incipient derangement, symptoms which, if not recognized, will ere long clear up the terrible doubt and render it easy to place them under one of the heads of confirmed insanity.

It is therefore desirable to place on record as many of the slighter forms as we can that we may be able, by comparison of history and sequence, to derive assistance in similar cases.

How much crime and misery and impossibility of cure from duration would be avoided by early correct diagnosis!

In judging the question of criminal responsibility, it is essential to take into consideration the form of delusion, and what bearing it has on the crime committed.

I hold that if the unsoundness of any particular faculty can be ascertained, the exercise of that faculty in all its bearings partakes of that unsoundness, and by its nature, if it bears upon other faculties, they will be also unsoundly influenced; but I consider grave doubts arise when a delusion or change of disposition manifests itself in such a way as to make it impossible to trace any connexion between it and the crime committed.

In the cases I have enumerated no sound decision can be arrived at without keeping this in view, and by its just application much of their difficulty is removed.

Homicidal and suicidal insanity are but varieties of the same morbid impulse, and in many cases alternate from one to the other occasionally; one form will maintain the predominance when unexpectedly it will be supplanted by the other, and an unforeseen tragedy be the result. I therefore lay much stress on suicidal impulse, believing it to be a symptom of insanity tending to similar crime, and that it should at all times claim our serious and anxious consideration.

The following gentlemen took part in the discussion:—Drs. Grattan, Duncan, Darby, Gordon, and the Chairman.

Dr. J. A. Byrne read the history of a case of

PUERPERAL FŒTID PULMONARY ABSCESS,

which occurred in private practice. The lady, a healthy primipara, aged 30, was ten hours in labour, the second stage having occupied five hours, and, with the exception of some post-partum hæmorrhage, there was nothing to complicate it.

On the third day she had a slight rigor, followed by pyrexial symptoms and some pain and tenderness in the pubic and iliac regions. This yielded to treatment; the pulse, however, remained quick, 108, and there was insomnia for several days and nights, for which opiates, &c., were employed.

On the sixth day she complained of a stitch in the right side, and had some dyspnœa and cough, but there was no evidence of pulmonary or pleuritic affection. She was ordered a small blister and anodyne expectorants; her pulse still retained its frequent character; she still passed the night without sleep; had no milk; had no care for food, &c.

On the seventh day she was attacked with maniacal symptoms of a most aggravated character, ushered in in the usual manner—viz., by excitement, sleeplessness, and then lost all control over herself; and there was decided

mania for several days. During this period the pain in the side was not complained of, nor was there any cough, dyspnœa, &c., nor any manifestation of metritis or peritoneal inflammation. In fact, the case seemed to be one of decided puerperal mania, and she went on thus for a few days. The symptoms at length yielded to treatment, and she became rational, began to take food and slept.

Simultaneously with the decline of the maniacal symptoms, the pain in the side and cough again became developed, and her pulse retained its quick character. She began to suffer from night perspirations, and complained of a peculiar offensive smell or fœtor coming into the mouth, and so great as to create a repugnance to food, when, on the twenty-sixth day after delivery, after a prolonged fit of coughing, dyspnœa, &c., she expectorated a large bowl of a greenish-coloured purulent fluid, possessing the most intolerable gangrenous fœtor. It was so strong that it seemed to pollute everything in the room, and caused herself the greatest disgust. There was no appearance of blood in it then nor at any subsequent period. The evacuation of this caused great temporary relief, but after some time the symptoms would return, and she then would cough up the same fluid with the same relief, and after some days this would be repeated.

Dr. Stokes saw her in consultation and agreed with the diagnosis. The treatment consisted in removal to the country, tonics, wine, &c. About this time a small abscess containing healthy pus was opened over the upper part of the spine.

She for some time improved, and the cough, expectoration, &c., would diminish, but at length she succumbed and died, three months exactly from the period of her confinement worn out by hectic.

Dr. Byrne remarked upon this pulmonary affection, so rare always, but, as a puerperal consequence, so rare that he was not aware of any case on record, nor had he himself ever seen a similar case whilst assistant in the Rotunda Lying-in Hospital, although he had seen every other form or variety of primary and secondary puerperal affections—nay, even he had seen once that exceedingly rare form—viz., deposit of pus in the anterior chamber of the eye—the most frequent site for puerperal deposits being in some of the articulations. Rokitansky, however, states that rheumatism is by no means infrequent in the Vienna Lying-in Hospital. The transitory nature of the mania which ushered in the attack, too, was a feature in the case possessing some interest, it ceasing as soon as the pulmonary mischief developed itself. Since he had detailed this case he had seen at Bray a case under the care of his friend, Dr. Darby, in which the patient, a primipara, manifested decided maniacal symptoms, preceding decided abdominal mischief after her confinement. So suddenly did it set in that the patient was half way up a chimney before the nurse was aware, and in this case the patient had quick pulse, &c. &c. Authors have dwelt only in a very cursory manner upon this form, as it may be termed, of symptomatic mania. Dr. Byrne also drew attention to the obscure nature of the pulmonary signs both preceding and accompanying the purulent fœtid expectoration. At no period was there any evidence of pleuritic effusion, pulmonary compression, or solidification, or pneumo-thorax, or cavity, in the cases related in Dr. Stokes' celebrated work upon pulmonary diseases and symptoms of cavity here diagnosed; but in this case, although Dr. Stokes and himself examined most carefully on two occasions, was there any sign except slight dulness at the lower part of the right lung posteriorly, and some laterally. However, it was possible that signs of a cavity became subsequently evident, as he did not see the case for five or six weeks preceding her death, as she had been removed to the country. Dr. Stokes lays particular stress upon the fœtor as a sign of this disease, and states that it may always be recognized by it. Dr. Byrne thought that the explanation of the occurrence of the pulmonary attack was this—viz., there was first metro-peritonitis, as evidenced by the pain, tenderness on pressure, and rigors, &c. &c. Phlebitis then took place, and the site selected for the pus to form was the lung, and during the intermediate stage mania shows itself, subsequently disappearing. The case was remarkable for presenting these three features of interest—viz., 1, a purulent depôt forming in the pulmonary textures; 2, the walls of this abscess being gangrenous; 3, mania, perspiration preceding the secondary development, and then subsiding.

SUMMARY OF SCIENCE.

(Specially Edited and Compiled for the Medical Press and Circular.)

By CHARLES R. C. TICHBORNE, F.C.S.L., F.R.G.S.I., &c.

[The Editor of this Summary wishes it to be understood that he is not responsible for the ideas, theories, or the correctness of statements made in any of the papers quoted in the compilation.]

Disinfectants and the Cattle Plague.—The last report elicited by the Royal Commission is from the pen of Mr. William Crookes, the well-known editor of the *Chemical News*. In the selection of disinfectants, Mr. Crookes remarks, "It is necessary to strike off at once a whole class of valuable agents which will not meet the requirements of the case." It appears to have been satisfactorily proved that the infectious matter passes off mainly from the lungs of diseased animals, and that the virus attacks healthy ones through the same channels. It is suspended in the air with fogs, vapour, and gaseous products of decomposition, settling on rafters, and in crevices, whence mechanical purification would be unlikely to dislodge it. Partaking in this manner of the physical properties of a vapour or of fine dust, it is clearly hopeless to attempt to combat the virus by non-volatile solids or liquid disinfectants, such as charcoal, chloride of zinc (Sir William Burnett's fluid), solutions of metallic salts, and similar substances.

What is wanted for this and all contagious diseases is a volatile and liquid disinfectant which, after first acting on the excreta, the floors, wall, &c., will by its quality of gaseous diffusion rise into the air, enter the lungs of the animals, pervade the whole building, and attack the hidden germs of infection which otherwise would escape.

The disinfectants particularly recommended by Mr. Crookes are the sulphites and carbolic, and we would add chloride of lime.

Local Anæsthesia by Freezing.—Rhigolene is the name used by Dr. Bigelow (Massachusetts Medical College) to designate the most volatile portion of petroleum naphtha. It boils at 70° F., and is the lightest of known liquids, having a specific gravity of 0·625. Kerosolene, it will no doubt be remembered by the readers of The Press, was introduced by Dr. Bigelow some few years since as an anæsthetic by inhalation. Kerosolene was a petroleum product boiling at 90° F. Ether vapour, says Dr. Bigelow, reduces the temperature to 6° below zero F. The mercury is easily depressed by rhigolene to 19° below zero F.

Sesquisulphide of Carbon.—M. O. Loew describes a sesquisulphide of carbon $C_4 S_3$, or as he formulates it,

$$\begin{matrix} CS \\ CS \end{matrix} \Big\} S$$

He says that it is constituted similarly to oxalic acid, into which it is directly convertible. It is a brown solid, decomposable by heat into sulphur, which volatilizes, and a bulky corbonaceous residue.

Recent Researches upon Glycogen.—Glycogen, which is well known to physiologists under the name of animal starch, or dextrin (the first term being the preferable one), occurs in the liver of most animals, and also in the placenta. It constitutes a considerable proportion of the tissues of the embryo. The chemical properties of this important substance and its physiological relations

have been carefully investigated by Bernard, Harley, McDonnell, Pavy, Schiff, and others. It bears an extraordinary resemblance as regards its chemical and physical properties to vegetable starch, except that it is amorphus and destitute of organic structure. It is white, inodorous, and tastes like starch; it is coloured, brownish, or violet on the addition of iodine, the solution becoming decolorized on warming, but regaining its colour again on cooling. It is converted instantly into sugar by the action of saliva, and into dextrine by the action of heat.

Mr. Michael Foster has found glycogen in the tissues of entozoa.

Although glycogen has been found by various observers in the tissues of many of the invertebrata, no one, as far as the author knew, had noticed the very remarkable amount which may be obtained from some of the entozoa.

The following remarks apply only to the round worm (*ascaris lumbricoides?*) which dwells in the intestines of the common pig. By mincing and boiling in water, with a drop of diluted acetic acid, one of these animals, a decoction was obtained which remained milky-looking and opalescent after several filtrations, and therefore at once suggests the idea of glycogen. This milky fluid strikes a deep port-wine red with iodine, the colour disappearing on the application of heat, and reappearing on cooling. It gave no reduction when boiled with the alkaline copper solution; but when treated with saliva at 35° C., the opalescence disappeared, leaving a fluid either perfectly clear, or exhibiting only a few flakes or a slight cloudy deposit of some albuminoid material, it containing much sugar, which was shown both by the copper and fermentation tests. In the ascaris little or no glycogen is to be found in the intestine, a small quantity in the generative apparatus, and a very considerable quantity in the spongy visceral tissue; by far the largest amount exists in the firmer muscular parietes. I failed to detect with iodine any distinct histological localization. It seems singular that an animal living in the midst of a fluid, one of whose chief functions is to change starch into sugar should thus be found amassing glycogen within its own body. The possible use of this glycogen is a matter of interest. Intestinal worms, inasmuch as they are animals and live, must needs consume oxygen. The amount of that gas they find in the intestinal juices, however, is very small, and having a constant temperature secured to them by warmth external to themselves, they are the very last of creatures to need what has been called "respiratory or calorifacient material." Whatever be the use of sugar, starch, or glycogen in the mammalian body, no "respiratory" use can be safely suggested for the large amount of glycogen occurring in the ascaris. Its abundance in the muscular parietes might suggest that it was material on its way to become muscle. If so, since the animals the author studied were adults, and ova-producing, the analogy of their glycogen would be, not with the glycogen of the muscles of the early mammalian embryo, but with the glycogen, or dextrine, occurring in smaller quantities in the full-grown muscles, unless one were to push an idea and say that the tissues of the lower animals were chemically homologous with the embryonic tissues of the higher ones. Dr. R. McDonnell has lately pointed out, in a paper read at the French Academy, the following facts in connexion with animal starch:—He says that, contrary to the opinions of some physiologists, there is no more starchy matter in the liver of animals fed on gelatine than there is in that of those which have been starved, these remarks being made in connexion with the subject "Relation of Starchy Matter in the Liver to Food." The quantity of amylaceous matter which the hepatic organ contains bears little proportion to the weight of the liver as compared with that of the body. The volume of the liver of a cat in a state of health and fed on flesh is nearly double that of the liver of a dog, during the most active period of the digestive process, nevertheless the liver of the cat in a state of health and fed on flesh possessed only about two-thirds of the starchy matter produced by the liver of a dog which had been fed on carrots and bread. Hence it may be concluded that the saccharine form of food gives origin to the amylaceous matter much more easily than nitrogenous food. The liver can, however, prepare the amylaceous substance from the fibrine of the blood, the gluten of corn, and also from fresh meat.

Anatomical Preparations.—M. Firrere recommends benzole for preserving morbid specimens. We cannot see the advantages to be derived from the use of this substance. In its general properties it would resemble turpentine, but with these disadvantages, that it would be liable to become coloured unless very highly rectified, and would be much more volatile—two properties, either of which would be detrimental to the preservation of specimens in good order.

Sulphur in Gas.—Dr. Letheby, in his evidence given before the Committee of the House of Commons, gave a table of the illuminating power and grains per 100 feet of sulphur of the gases of the most important towns in the United Kingdom. The value of gas may practically be viewed as dependent upon these two items. The illuminating power represents the money value, whilst, as sulphur is the most deleterious impurity found in gas, both as regards our health and its injurious effects upon property, it is necessary to have as small an amount of that substance as possible. But in looking over the tables given by Dr. Letheby, we are sorry to see that frequently the relative position of these two points are in inverse ratio to what they should be, and that as the percentage of sulphur increases the illuminating power decreases. In the large towns, such as Birmingham, Liverpool, Manchester, &c., we find the illuminating power great, but also a large percentage of sulphur. The increased illuminating power of gases in these places can be well understood, as it is no doubt due to competition, and the absolute necessity for good lighting in manufacturing and commercial districts; but still they do not seem to be alive to the importance of the absence of sulphur—a matter of serious danger to their goods, if they have no regard to their lungs. The gas in "Pusey" may be taken as a fair specimen. The illuminating power was put at 16·49, and it contained 3·3 grains of sulphur in every 100 feet.

Chatham may be viewed as an example of a bad specimen of gas, as its illuminating power was put at 8·46, and yet it contained 18·2 grains of sulphur in the 100 feet. It is a pity that Dublin cuts so sorry a figure in this respect.

Dr. Letheby gives the illuminating power of the Dublin gas as 14·3, and says that it contains about 18 grains of sulphur in the 100 feet (17·92). He attributes the large amount of the sulphur in the gas now in use to the substitution of oxide of iron in the purifiers instead of lime, the removal of the refuse lime from the purifiers being considered a nuisance by those residing in the neighbourhood of the gas-works; but we question if the pouring of eighteen grains of sulphur, which is equivalent to fifty-five grains of sulphuric acid, during the combustion of 100 feet of gas, will not be more deleterious in the long run than any local nuisance. Until a better mode of purifying the gas from sulphur than that now in use be devised, we should advocate a return to the lime purifiers. We believe that gas engineers wash the gas with the ammoniacal water, by which means a considerable percentage of sulphur is removed.

On the Fermentation of Urine.—In the spontaneous fermentation of urine, M. Béchamp says that, independently of carbonate of ammonium, alcohol, acetic acid, benzoic acid, and butyric acid are formed. The author has distinguished at least three forms of the genus vibrio attendant upon this fermentation.—*Bulletin de la Société Chimique.*

Preservation of Fruits, Viands, &c.—M. Shaler proposes to employ dry carbonic anhydride (carbonic acid gas) for this purpose.—*Bulletin de la Société Chimique.*

Abstracts of the Scientific Societies.

GEOLOGICAL.—May 23.—Professor A. C. Ramsay, V.P., in the chair.—The following communications were read:—"Notes on the Geology of Mount Sinai," by the Rev. F. W. Holland.—"On a New Genus of Phyllopodous Crustacea from the Moffat Shales (Lower Silurian), Dumfriesshire;" "On the oldest known British Crab (*Protocarcinus longipes*, Bell, M.S.), from the Forest Marble of Malmesbury, Wilts;" "On the Species of the Genus Eryon, Desm., from the Lias and Oolite of England and Bavaria," by Mr. H. Woodward.—"Notes relating to the Discovery of Primordial Fossils in the Lingula-flags in the Neighbourhood of Tyddynglwadis Silver-lead Mine," by Mr. J. Plant.

LINNEAN.—May 24.—Anniversary Meeting.—G. Bentham, Esq., President, in the chair.—The Treasurer, W. W. Saunders, Esq., read the financial statement, by which it appeared that there was a balance in favour of the Society on the year's account of £213 12s. 4d., derived principally from the increased sale of the Society's publications and a large influx of new members during the past year. This being the day appointed by the Charter for the election of council and officers, the following gentlemen were elected members of the Council in the room of others going out—viz., Messrs. J. W. Dunning, R. Hudson, J. G. Jeffreys, W. Carruthers, and Colonel Munroe. G. Bentham, Esq., was re-elected President; W. W. Saunders, Esq., Treasurer; and G. Busk and F. Currey, Secretaries, for the ensuing year.

ZOOLOGICAL.—May 22.—Mr. Sclater made some remarks on a rare American Monkey from Demerara (*Pithecia leucocephala*), lately presented to the Society by Mr. W. H. Barton.—A communication was read from Mr. J. Y. Johnson, describing a new species of Berycioid Fishes from Madeira, proposed to be called *Trachichthys Darwinii*. A paper was read by Mr. H. Adams, describing fifteen new species of shells from Formosa, collected by R. Swinhoe, Esq., H.M. Vice-Consul in that island.—Dr. J. E. Gray read some notes upon the specimens of Tortoises from South America in the collection of the British Museum.—Dr. Gray also made some remarks on the specimens of Porcupine (Hystrix) in the gardens of the Society and in the British Museum, and pointed out the characters of a supposed new species of this genus living in the Society's gardens, which he proposed to call *Acanthion Grotei*, after Mr. A. Grote, by whom the specimen in question had been presented to the menagerie.—A communication was read from Professor A. Newton, "On the Species of Birds of the Madagascarian genus Bernieria of Bonaparte."—Mr. P. L. Sclater exhibited and made remarks on six new passerine birds from America, belonging to the sub-order Oscines.—Mr. Flower exhibited some insects captured in the Atlantic on board the ship *Hotspur*, about 300 miles from land.

SOCIETY OF ARTS.—May 23.—W. Hawes, Esq., Chairman of Council, in the chair.—The paper read was, "On Granite Working," by Mr. G. W. Muir.

MATHEMATICAL.—May 21.—Professor De Morgan, President, in the chair.—The following gentlemen were elected members:—Professor W. J. Adams, Messrs. O. J. Downes and A. W. Young.—Professor Smith read a paper "On a Formula for the Multiplication of Four Theta Functions."

ON THE REDUCTION OF DISLOCATIONS OF THE SHOULDER BY SCHINZINGER'S METHOD.

PROFESSOR DUMREICHER brought Schinzinger's new mode of reducing this dislocation under the notice of the Vienna Medical Society, having of late had several occasions of proving its efficacy. Its simplicity and the small amount of force required for its execution are its chief recommendations as compared with other methods. An assistant having fixed the shoulder by crossing his hands over it, the operator takes hold of the upper arm and rotates it outwards to such an extent that its inner surface is brought round in front, also pressing the elbow against the trunk as much as possible. A second assistant having placed his forefinger on the inner side of the head of the bone, pressing it somewhat outwards, the operator now presses the humerus against the acetabulum rotating it slowly inwards, and the head of the bone slips into its cavity with a loud noise. In three cases which had recently occurred in his practice, Professor Dumreicher, the reduction, performed without anæsthetics, was effected by the exertion of very little force and without inducing any pain. Professors Roser and Bardeleben have objected to this method, that the strong rotation outwards might easily, in the case of adhesions existing, give rise to fracture of the humerus. There might certainly be some danger of such an occurrence if this rotation were performed in a very old dislocation, unless the adhesions had first been loosened by traction.

In the discussion which followed, Professor v. Pitha directed attention to Richet's method, which is of easy accomplishment by the exertion of little force, providing the muscles can be kept in a relaxed condition, and the patient's attention so occupied that he does not offer any resistance. The hand is passed into the axilla and an endeavour is made to surround the dislocated head by the fingers, which can be easily done unless the patient offers resistance. Indeed, the whole of the head need not be surrounded, for if the fingers can be planted into its larger circumference and slight traction be made on the head, the reduction may be accomplished. The force employed is so very slight that if the head is seized even by the left hand it may be reduced and neither preparations nor assistants are required. It is only necessary that the arm should be kept abducted in an easy position. This method succeeds even in very muscular subjects. As to Schinzinger's method v. Pitha recommends that it should be confined to recent dislocations; for, employing external rotation in a case of old dislocation, but to a less extent than here recommended, a cracking was produced, not from fracture of the bone, but from rupture of the tendon of the triceps. Dr. Dumreicher quite agreed that this plan must be resorted to only with great prudence for old dislocations. With respect to fractures occurring during reduction of old dislocations, he is of opinion that these are often the consequence of periostitis, to which repeated attempts at reduction have given rise. Such cases have repeatedly occurred at his Klinik. Professor v. Pitha added that Richet's method was especially indicated in cases in which fracture complicated the dislocation.—*Allgem. Wien. Med. Zeit.* and *Brit. and For. Med. Chir. Rev.*

TWO CASES OF CROUP SUCCESSFULLY TREATED BY FUMIGATIONS OF SULPHURIC ETHER.

THE Montreal *Gazette Médicale* publishes from *Abeille Médicale* the report of two cases of diphtheritic angina, or false membranous croup, treated with success by inhalations of ether, under charge of Dr. M. Besson.

The first patient was a girl, six years of age, who presented the following symptoms: swelling of the submaxillary glands, puffed face, pulse slightly accelerated, pain in the throat, difficulty of swallowing. Mucous membrane of fauces engorged and reddened, tonsils strongly tumefied, and presenting several patches of the pellicular exudation which characterizes diphtheritic angina. Voice gone; cough dry, choking, and croupy. Respiration short, accelerated, and laboured. The patient was at first treated in the usual manner by vomits of tartar emetic and ipecacuanha, &c., chlorate of potassa, mercurial frictions around the neck—with no effect, however, except the expulsion of some membranous shreds and patches. As a *dernier ressort*, Dr. B., thinking it unadvisable to resort to tracheotomy, inhalations of ether were employed. The effect was an attack of suffocation, accompanied by a violent respiratory struggle, lasting nearly a minute, during which a false membrane, over six centimetres in length, and three millimetres in thickness, very dense, like a piece of parchment, was expelled. The effects of this paroxysm gradually subsided and the patient soon went into a calm sleep. After about eight hours, the symptoms recurred, and again recourse was had to the ether fumigations, resulting in further expulsion of false membranous exudation. Calm and sleep again supervened, the croupy symptoms yielded, and in a few days complete recovery had taken place.

The *second* patient was a little boy, five years of age, who

was attacked with diphtheritic angina. Vomits of sulphate of copper, &c., had been used, followed by the expulsion of some false membrane, but still the symptoms became aggravated. There was complete aphonia, tonsils tumefied, and covered with whitish patches, cough insonorous and choking, successive dyspnœa, convulsive movements of the expiratory muscles, quick, sibilant inspiration, face congested, eyes injected, jugulars distended, extreme anxiety, convulsive agitation, and intense fever. In short, the patient was in the midst of these terrible paroxysms, which have hardly any remission, and which announce that the final symptoms of asphyxia are near at hand. In this condition the patient was made to inhale, in the space of several minutes, about five drachms of vaporized ether, and soon afterwards, in the midst of the violent efforts of a veritable strangulation, he expelled, enveloped in thready mucosities, a false membrane seven to eight centimetres long, two centimetres in its greatest circumference, and very dense. In half an hour the symptoms of amelioration had become so decided, that the disease was thought to be broken, and during the forepart of the night the little patient rested quietly. Towards midnight the dyspnœa and the paroxysms became again urgent and violent, so that the patient himself cried for the use of the ether. This second fumigation produced the expulsion of several pieces of false membrane, rolled upon themselves, but smaller than the previous one. Again, subsidence of the croupy symptoms, and their occasional reoccurrence during the next two days, when the ether was again applied. The patient finally recovered.

The evaporation of the ether in these cases was accomplished by very simple means,—placing a bottle containing the ether, and terminating in an extemporized tube, into a bowel of water of 40° Cent.: the ether fumes were thus carried from the tube with the air of inspiration into the air passages.—*Phil. Med. Rep.*

Reviews.

RESEARCHES ON THE MEDICAL PROPERTIES AND APPLICATIONS OF NITROUS OXIDE, PROTOXIDE OF NITROGEN, OR LAUGHING GAS. By George J. Ziegler, M.D., Physician to the Philadelphia Hospital, &c. Pp. 66. Philadelphia. 1865.

This little volume contains a number of details respecting the nature, preparation, and therapeutical properties of the well-known substance generally called laughing gas, the physiological operation of which was first experimentally proved by Sir Humphry Davy. That eminent chemist, as will be remembered, commenced his splendid career by an attempt to render different gases, only then beginning to be known to the scientific world, useful as medicinal agents, but the results were not very successful. Of late years, however, the nitrous oxide has been used as an anæsthetic in America, and Dr. Ziegler thinks that it will be found much more useful in therapeutics than has yet been supposed. But he gives no special cases in proof of his opinions, although he promises to communicate his experience at some future time.

ON THE SAFE ABOLITION OF PAIN IN LABOUR AND SURGICAL OPERATIONS, BY ANÆSTHESIA WITH MIXED VAPOURS. By Robert Ellis, Surgeon-Accoucheur to the Chelsea, Brompton, and Belgrave Dispensary, &c. Pp. 80. London: Hardwicke. 1866.

THE MYSTERY OF PAIN: a Book for the Sorrowful. Pp. 101. London: Smith, Elder & Co. 1866.

Although the titles of these two little books appear to refer to the same subject, the scope and tendency of each is entirely different from the other. The object of Mr. Ellis is to show how pain may be most safely alleviated by anæsthetic vapours administered, to patients by means of a peculiar mechanical contrivance of his own invention; the author of the "Mystery of Pain" treats the subject altogether in a moral and religious light, and without any reference to the special exigencies of surgical or obstetrical practice. As the latter work therefore has little or no bearing upon medicine, we may dismiss it with a word of commendation for the principles it inculcates, and for the spirit of piety by which it is pervaded.

Mr. Ellis, after joining in the general commendation of the use of anæsthetics, and especially of chloroform in obstetric practice and in surgical operations, expresses his feeling of insecurity in the use of unmixed chloroform. The risk, although small, undoubtedly exists, and he thinks that by a judicious modification of the nature and quantity of the anæsthetics employed, and by the adoption of particular instruments in their administration, all danger may be avoided. He quotes from the Report of the Committee on Chloroform lately appointed by the Medico-Chirurgical Society, and from other documents, to prove the danger often attending the use of pure chloroform; and agreeing generally with those who recommend the conjoined use of alcohol, ether, and chloroform, he inculcates the necessity of great care in the selection of these fluids, which in commerce are often found either adulterated or of insufficient strength.

Mr. Ellis concludes, from the result of experiments, that the effect of chloroform is to lower the power of the heart, and in a sudden strong dose even to paralyze it at once, while ether, on the other hand, acts chiefly on the respiratory functions, and not upon these until after inhalation has been carried on to a very considerable extent. Thus it is fair to suppose that chloroform and ether in proper combination will neutralize each other, the latter furnishing to the heart the stimulus required to enable it to resist the action of the former. Mr. Ellis also attaches great importance to the amount of alcohol vapour administered, this agent being useful in stimulating and sustaining the action of the heart. In the apparatus he has devised, he effects the vaporisation of a sufficient quantity of alcohol to produce a sensible effect in inhalation, by a fringed arrangement resembling the gills of a fish, by which means a very large extent of surface is exposed within a small compass. Another feature of Mr. Ellis's apparatus is, that the condition of the person who breathes the vapour may be controlled by the finger of the operator; thus he may be slightly excited in the first instance, then the sense of pain may be benumbed or destroyed, and lastly full anæsthesia may be induced. Plates are given showing the construction of the apparatus recommended. Mr. Ellis concludes his book by stating his conviction that chloroform ought not to be given alone, as a rule, but in combination with a stimulant, and that there is no method of accurately administering it, either separately or in combination, but by some mechanical contrivance, and we may add that his instrument appears likely to attain the objects for which it is designed.

VEGETABLE CHARCOAL: its Medicinal and Economic Properties, with Practical Remarks on its Use in Chronic Affections of the Stomach and Bowels. By James Bird, M.R.C.S. Cheap edition. Pp. 90. London: Hardwicke.

At a time when simple remedies are being tested as antagonists to disease, when the properties of air and water, and light, as preservers of health, are becoming more and more generally recognized, it is only right that carbon, of which in London, at least, we seem to have too much in the form of vapour, should receive a word of commendation as a medicinal agent. Even London smoke has its hygienic mission in destroying or neutralising principles far more noxious than itself, and when introduced into the stomach, as recommended by Mr. Bird, it possesses indubitable efficacy in relieving some of the disordered conditions of that viscus. Mr. Bird's pamphlet deserves to be extensively read, and the very small price at which it is sold, will make it accessible to all classes.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 13, 1866.

MEDICAL EDUCATION AND THE MEDICAL COUNCIL.

MANY of the shortcomings of the Medical Council, and many of the failures which it experiences, are due not so much to erroneous, or extravagant, or interested views on the part of its members, as to the nature and the terms of the Medical Act from which the Council derives its origin, and the provisions of which the Council is appointed to carry into execution. That Act being a compromise among conflicting parties in the Medical Profession, and in some measure also a compromise between the profession and the homœopathic and other quacks, the measure seemed to resemble the bed of Procrustes in levelling all distinctions, in drawing out short people into long ones, and cutting down the long people into short ones, so as to make them all fit into one mould by assuming certain uniform dimensions. Added to all this, instead of making the profession govern the corporations, it allowed the corporations to govern the profession, and much of the conflict of opinion in the discussions has arisen from the ardour of contending parties in prosecuting the particular views advocated or adopted by the chartered bodies which send representatives to the Council.

Among some of the bodies which the Medical Act would have almost annihilated, if its provisions had been fully carried out, and if timely concessions had not averted the impending blow, was the Royal College of Physicians of London, and we confess to a feeling of something like mortification at the present altered condition of that ancient corporation, as compared with its former venerable, though somewhat frigid magnificence as the chief medical institution in the metropolis of the world. This College, although never rich, and disdaining for centuries to become a popular institution, was nevertheless in the very highest degree respectable, and even illustrious; and we are conservative enough and perhaps old-fashioned enough to remember with reverence the time when Latinity was cultivated within its walls, and when a real University education was required as a *sine quâ non* in the candidates for its honours. It is true that time sweeps away many of our prejudices and demolishes some of our most cherished idols, and the literature and the science of our own country as well as those of France, Germany, and Italy, have supplanted the dicta of the sages of Greece and Rome, and have enshrined perhaps much more practical and useful medical knowledge than is to be found in the writings of the ancient world. Still we cannot but regret that the College of Physicians has been so pressed by necessity as to give up by degrees its former high standard of scholarly acquirements, and to float so readily with the stream of some modern opinions as almost to drop its classical pretensions altogether.

The College of Physicians instead of being what it once was, the *facile princeps* of all British Medical Institutions, is now obliged to take its chance with the rest, and join in the general scuffle for medical candidates. Not that we assert that the College has made any unworthy concessions, or that its examinations are not conducted with fairness, impartiality, and completeness; but still we cannot help concluding that, if the Medical Act had not passed, and thus practically levelled the College of Physicians with all the other Medical Corporations, the College would have gone on in its ancient somewhat lofty style, and would have disdained to soil its fingers with receiving money from candidates for general practice. One proceeding on the part of the College was, we conceive, deserving of censure—namely, its admission, without examination, for a small sum of money in 1859, of a great number of members, whom it had formerly excluded from its walls; an act which was grossly and monstrously unfair to those who had in former years paid large sums for the honour of the membership, and had besides submitted themselves to the very stringent and comprehensive examination which was then conducted. The only excuse for the College was no doubt the plea of necessity, and it must be admitted that it did not go the length of the sister institution in a northern city in actually selling its diplomas, for all the members admitted by the London College were already in possession of degrees, while in the other instance to which we allude, admission was granted on much easier terms.

Now the Medical Council is intrusted with the Herculean task of making all the Corporations fit into the Procrustean bed; so that if any one of the licensing and examining bodies endeavours to enforce a superior education, it finds itself tripped up by others which are not so particular, and the Council has no power to make any distinction. The College of Physicians of London, the University of London, the English College of Surgeons, the London Apothecaries' Society, the Universities of Oxford and Cambridge, are all the same in the eye of the law, so far as medical qualifications are concerned, although the mode of education andexamination conducted by these bodies is and must remain, in many respects, essentially different.

But whatever the advocates of the so-called "one-faculty" scheme may think, we believe it quite unadvisable to insist that boys intended for the Medical Profession should proceed to Oxford or Cambridge at fourteen years old, in order that their curriculum of medical and general education should be completed at twenty-one, as may be done and must be done at Apothecaries' Hall, to suit the exigencies of the public; and on the other hand, we maintain that a person who has delayed his entrance into the Profession until he is twenty-two or twenty-three years old, because he has spent more

time, more money, and more labour on the acquisition of learning, deserves to hold a somewhat better position than his younger and less accomplished rival. Both perform, and perform well, their alloted tasks in society, but it is downright folly to level both together, and thus to discourage the scientific study of the Profession.

We conceive that this plan of general levelling is one of the greatest defects in the Medical Act, and that it practically obstructs all attempts to enforce a high class medical education.

THE LONDON WORKHOUSE INFIRMARIES AGAIN!

"Why is it," writes the *Times*, in a recent sensation leader, "That with a department (the Poor-law Board) established to protect both ratepayers and paupers, especially charged with the duty of checking abuses, and provided with an ample staff of officers *for no other object*, we are left to learn from the voluntary information of a nurse the wholesale inhumanity that is being practised in some of our workhouses under the outraged name of charity?"

This spirited language addressed to the Poor-law Board is suggested by the details of an inquiry which has been held upon some proceedings in the Strand Union Workhouse, and presided over by Mr. R. B. Cane, one of the Inspectors of the Poor-law Board, who, by the way, has not long ago distinguished himself by opposing Mr. Griffin's conscientious and praiseworthy labours for Poor-law Medical Reform. The case against the Strand Union officials is a capital one, and is precisely what was wanted to bring the whole question of workhouse abuses in a prominent form before the public, for it happens here that there is no particular case of individual ill-treatment to be investigated, and we may add there is no underpaid and overworked Medical Officer to be brow-beaten, censured, and abused. It is the whole system of workhouse mismanagement which is called into question, and the principal witness is a nurse, who does not appear to be actuated by any other motive than a desire to speak the truth, and who, fortunately for herself, has nothing to fear from the vengeance of the local Guardians or from the tender mercies of the Poor-law Board. The Medical Officer of the Workhouse, too, has spoken out, although, as he tells us, under the fear that his scanty salary may suffer from his boldness; but although the Strand Guardians, and Mr. R. B. Cane, and his employers, the Poor-law Board, would, we have no doubt, readily connive at the dismissal of this gentleman if it could be done quietly, yet we give all of them credit for not daring to outrage public opinion by such a proceeding, now that the matter is ventilated in the newspapers and in the Houses of Parliament. We do not think it necessary to go through the details of mismanagement in the Strand Union Workhouse; the appointment of aged and drunken and thievish and ignorant pauper nurses; the habitual neglect and robbery of the sick patients; the ineffectual remonstrances of the Medical Officer and the threats of reduction of his salary and his fear of dismissal if he did not hold his tongue; the huddling together of the sick and the infirm in close and ill-ventilated rooms, and many other monstrosities. We knew it all already, and so does Mr. R. B. Cane, and so do his employers, the Poor-law Board; and we knew perfectly well that this well-paid official can keep his knowledge to himself when it suits him or them to bolster up the local Guardians. It is positively disgusting to witness the hypocritical and spasmodic zeal which the Poor-law Board and their Inspectors are now manifesting in behalf of the sick poor, and we have only to echo the sentiment expressed by the *Times*, as to the flagrant neglect of duty chargeable upon this Board, which we think is quite as blameable as the local Guardians, and even more so, for the latter are often ignorant and low persons, and are certainly unpaid for their services; while the officials of the Poor-law Board are educated men, some of them Members of Parliament or hangers on of the Government, some of them appointed to their places by patronage, and the subordinates by competitive examination and patronage combined, and they are all amply paid for the discharge of duties which it now turns out they have never hitherto properly performed.

As we are writing, the *Times* has come out again with the following denunciation of the Poor-law Board, in ever word of which we heartily concur, and we may add that when the inquiry as to the working of Poor-law Inspection takes place, Mr. R. B. Cane will have personally plenty to answer for:—

"There is one plain question which the public is bound to press home, again and again, before the impression made by these disclosures has passed away. What is our Poor-law Board about if it fails to discover such enormous and patent defects in the management of metropolitan workhouses, and what is it worth if, knowing them, it fails to enforce a remedy? The heartless indifference of parochial busybodies to the wants of the suffering poor may be more shocking to our feelings, but it is not so humiliating to our system of government as the default of the very department which is maintained for the sole purpose of controlling local administration. We have a staff of twelve Poor-law Inspectors, each provided with a clerk at the public expense, whose special business it is to find out and report the weak points in each workhouse and district, yet we are indebted to voluntary agency for the knowledge of horrors which it makes our blood boil to read. But for the *Lancet* Commission, and the Association that has growing out of it, we should not yet have been aware that poor men and women, dependent on our national charity, are left to lie down and die almost unheeded, and with all the thousand needs of illness unsupplied, in institutions superintended by the Poor-law Board, and supposed to be under the immediate eye of independent Visiting Committees. It is not as if the evils now brought to light were recondite or easy to conceal; they would at once strike any competent person who should walk through the wards. We are told, on good authority, 'that where the most gross mismanagement and excessive abuses have been discovered by medical inspectors within a few hours the Visiting Committees have been most regular in their attendance and systematic in their reports.' If this be true, it is time to institute such an inquiry into the working of Poor-law Inspection as may satisfy us that worse than what we already know does not remain behind."

A dispute has occurred between Drs. Bonney and Button, which has been referred to the Southwark Medical Association.

THE VIS MEDICATRIX NATURÆ IN THE DISEASES OF CHILDREN.

In these days when the respective merits of different medicinal agents and methods of treatment are so keenly discussed, there is, we think, a tendency to ignore, or at least to undervalue the efforts which Nature herself puts forth to rectify morbid conditions and cure disease. When a few years ago the great bloodletting controversy shook the ranks of the profession and broke them up into contending companies, attention was aroused to the fact, that patients attacked by acute inflammation did not succumb although depletion was not had recourse to, but on the contrary, made speedier recoveries than those who were bled, and the result was that there was an immediate revulsion towards what has been called "the expectant plan" of treatment. The lancet, salivation by mercury, depressents, and all drugs of a violent kind were given up, while their places were taken by tonics, stimulants, and a liberal diet. We are rather inclined to think, however, that there is anew a spirit growing up in many quarters which is striving to drive Nature again into the shade—a spirit which has taken its origin in that insatiable longing after new remedies and fashionable preparations, which characterises the age. Taken possession of by this desire for novelty, impatient and jealous perhaps of the "vis medicatrix naturæ," and concussed into doing something when it is only necessary to stand by and observe, the practitioner is too often led into prescribing remedies which only complicate and confuse the symptoms of disease. We know of nothing which illustrates more clearly the error and utter folly of such conduct, nothing which can demonstrate more forcibly how great the restorative powers of Nature are, than an attentive study of the diseases of early life. It is there more than in the affections of adults that one may learn how great the tendency is of almost all maladies to terminate in recovery and health.

To learn this important lesson aright, however, it must be studied at an hospital; in one of those institutions which in recent times the kindly benevolence of the public has opened for the reception of sick and suffering children. For anywhere else, even in the best regulated homes, the patients are never so thoroughly under our control; out of an hospital many little things are done by affectionate friends which would not be permitted there, and too frequently the doctor's orders are not carried out with that precision and regularity which are so indispensible to accurate observation.

The wonderful efforts made by Nature to overcome the disease which has seized upon the system, are perhaps most striking as witnessed in the fevers of childhood. To watch from day to day the struggle that is waged—how almost every organ in the body labours to throw off the morbid influences which are operating injuriously on the constitution—how gradually these efforts are attended by success, till through the united and harmonious action of lung and liver, kidney and skin, the blood is once more purified, and the little sufferer passes from the hot frenzy of fever into the cool calm happiness of health—is a study which is full of interest and instruction.

In simple uncomplicated cases of febrile disease we now know that very little in the way of treatment is required, and that, provided the child be placed in favourable sanitary and hygienic conditions, the fever will run its course to a favourable termination. There is no need to trouble the young patient with frequent and nauseous doses of physic, for milk and some simple cooling drink will, in such cases, be all that Nature requires to set things to right.

Then, again, how many of the nervous affections to which children are liable get better without the administration of drugs?

We know, for example, that chorea—a disease so generally regarded by parents with great alarm—often disappears entirely if the patient is removed from excitement and undergoes a little moral treatment. We have over and over again seen the spasms and twitchings removed and perfect steadiness regained under the use of the cold douche alone.

A pneumonia will generally terminate in recovery without blistering or bleeding, if the vital powers be sustained and some gentle stimulus given to the eliminating organs. The truth of this we are glad to see admitted by Dr. West in the last edition of his valuable work on the "Diseases of Infancy and Childhood," for in former editions bleeding and antimony were recommended.

Dr. Dickinson of London, has shown that albuminous dropsy frequently gets well under full doses of distilled water alone, which appears to act by washing out the kidneys; and we have ourselves pursued this plan in numerous cases of post-scarlatinal dropsy with success.

We might go on enumerating many other affections which, as a rule, get better without the use of active medicinal agents, but we shall only give another illustration. Some time ago a pale, unhealthy looking boy came under our care suffering from bronchitis. His breathing was rather hurried, and he had slight cough. Auscultation of the chest revealed large moist râles, and *over the heart a distinct loud double friction murmur*, so harsh as to resemble the rubbing together of two pieces of sand paper. The pulse was quick, but as the boy was not suffering at all quiet and rest in the recumbent posture were enjoined, and fomentations were applied to the chest. Under this treatment the friction sounds entirely vanished, and the patient in a short time got completely restored. Here were symptoms that were calculated to awake alarm, and would undoubtedly have led to very active treatment had the boy come under the care of most medical men. Yet with the simplest precautions the case terminated in health. What we contend for, therefore, is, that Nature should be more trusted and less interfered with, especially in the treatment of the diseases of early life. It is because of a lack of confidence in her recuperative powers, and a restless desire to be "doing something," that practitioners will not become more simple in their dealings with disease. We know that in thus writing we may draw down upon us the disdain of those who will likely regard us as belonging to that class in the profession who would introduce into general practice a "do-nothing" system. But we hold that it is a very different thing for a medical man to stand by the bedside, an intelligent observer of Nature's operations, ready when he sees she is hard pressed to come to her aid with the appropriate remedy, yet not rudely interfering with her efforts and to stand by listless and heedless, and doing nothing at all. For in the former case he may, by his well-timed help, turn the balance which trembles between death and recovery, while in the latter, the result, whatever it may be, is effected without and in spite of anything that he has done.

What we desire to see is a simpler and more philosophic

treatment substituted for that blind routine which yet too widely prevails. But this desire we do not hope to have realized till the attention of our students and junior medical practitioners is more closely applied to the study of that large and important class of diseases which are peculiar to the opening years of life. For we believe that it is in this way that clear and accurate views of the immense powers of Nature to resist and overcome disease can best be attained.

THE EDINBURGH VETERINARY SCHOOL.

In our last week's issue attention was directed in the leading columns to the present position of the veterinary school, and the serious damage to her interests that would result should Mr. Holland succeed in carrying his bill through Parliament. We are glad to be able to announce that every exertion is now being made to secure to the Edinburgh College the right to grant diplomas; and Mr. Stevenson, the able conductor of the *N. B. Agriculturist*, is now in London endeavouring to obtain this boon from Government.

It is seldom that any Medical Journal devotes its editorial pen to a notice of a Medical Work, and still more rare for our autocratic contemporary, the *Lancet*, to go out of its way to damn a book in large print. That task is usually confided to the reviewer, and any supplementary opinions are restricted to the limits of correspondence, real or imaginary, or the small type of "Notices to Correspondents." It appears, however, that Dr. Foster of Birmingham, whose work on the "Spygmograph" we reviewed the week before last, has hit upon some "pet corn" of our contemporary with so acute a sting that a bitter cry comes out. Dr. Foster's book is reviled as "scarcely more than a collection of cuttings" from M. Marey's work, and its author is accused of having plagiarised the labours of Dr. Anstie, and represented himself as the first writer on the subject in Great Britain.

The reviewer of Dr. Foster's work for The Medical Press and Circular assures us that these charges are utterly groundless, that Dr. Foster in several parts of his *brochure* not only acknowledges Dr. Anstie's priority, but quotes his cases and opinions. Furthermore, that every line which was translated from M. Marey's book was acknowledged by Dr. Foster and published with inverted commas, and that every one of the pulse traces, which form the most important portion of the book, are from Dr. Foster's own observations, and have never been anticipated by M. Marey, Dr. Anstie, or any one else. The injustice of the *Lancet's* accusation is shown by the fact that M. Marey himself has accepted the dedication of a forthcoming work on the subject from Dr. Foster, thanked him for his praise of his book and asked permission to quote in a forthcoming work the very observations which the *Lancet* says are "scarcely more than a collection of cuttings" from his own work.

We are certain the *Lancet*, having read its own condemnation and Dr. Foster's letter, will feel that the process of crushing out a young practitioner is little dignified even where there is a legitimate reason, and that in the absence of such causes it is not large-minded to permit personal attacks on an author who may be so unfortunate as to infringe a monopoly. There is no journalistic despotism so strong that it can afford to despise the common rules of justice, equity, and courtesy. We may add that the opinions of the *Lancet* were not solicited by Dr. Foster, and that it is not true, as stated in that journal, that a copy was sent to the office for review.

Our Weekly Retrospect of the Medical Journals.

June 9th, 1866.

The *Lancet* refers to the coming election at the College of Surgeons, Lincoln's-inn Fields. Mr. Charles Hawkins and Mr. Spencer Smith are the two new candidates. Mr. Luke and Mr. Hilton propose themselves for re-election. Mr. Hawkins promises that, if elected to the Council, he will not seek to be appointed Examiner; consequently, our contemporary supports his candidature in opposition to Mr. Luke, who is said to have occupied his seat sufficiently long.

Dr. Lankester has been unfortunate enough again to have fallen foul of the medical profession in Dr. Sansom. The question of dispute at present lies in the custom of getting a receipt from the medical witness before he receives the fee, which latter is further curtailed by the abstraction of the shillings of the guineas by the coroner's officer.

The report of the Colonial Surgeon of Hong-Kong, Dr. Murray, describes the health of that town in 1865. The disease which proved most destructive, and that, too, among the native population, was a species of yellow fever, which is new as far as China is concerned.

Under the head of "Cacoethes Scribendi," the modern system of medical writing is contrasted with that adopted by our forefathers, very much to the disadvantage of the former.

An approver has turned up in Mrs. Beeton, late head-nurse of the Strand Union Workhouse Infirmary, who has been examined with reference to the disgraceful administration of this and similar institutions.

Dr. Hassall writes to the effect that the bran biscuits made for the diabetic are perfectly useless, as they contain twenty-eight per cent. of starch. He proposes a "flour of bran," this, when mixed with his "flour of meat," is about the best diet for the diabetic.

The first of Professor Hancock's lectures "On the Anatomy and Surgery of the Foot," at the College of Surgeons, is announced. He adopts the arrangement of Bishop in describing the bones. He alludes to the round elastic ligament filling up the space between the os calcis and scaphoid bones. He also proved, by the dissection of the fœtus, that the sesamoid bones beneath the metatarso-phalangeal articulation of the great toe, are not produced by pressure, but that they are developed in the tendons for a particular purpose. The whole lecture is well worth attention.

Dr. Pilcher relates a very curious case of a lunatic lady who was in the habit of eating large quantities of nails, stones, and crockery. They were retained in the intestines for ten weeks, and subsequently passed per anum without having caused much mischief.

From Guy's is related a case of croup in which tracheotomy was performed. The child died on the fifth day from hæmorrhage from the innominate artery, caused by pressure of the edge of the tracheotomy tube.

The *Medical Times and Gazette* devotes a leader to the practice in cholera. It regrets that Dr. George Johnson's theory is not reconcilable with the practical experience of the profession.

A case of suspected rinderpest in man has been recorded.

Dr. Spencer Wells relates his 82nd case of ovariotomy.

Correspondence.

THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—In these days of Congresses, Social Science gatherings, Council meetings, &c., one naturally looks for the results of the time and labour expended on them ; and as there are many sceptics who narrowly scan the progress of each meeting, and the profit to be got from the long, and in most cases needless, debates on unimportant topics forms a theme for the sceptic and a butt for the searching marksman, whose aim is to scatter piteously to the winds the exalted imaginings of those who go up with enlarged ideas of their own individual mightiness and persuasive eloquence ; to all of whom nevertheless we are bound to give the credit of intending to do something grand, even though it may afterwards turn out in "moonshine."

What, then, has been done in the last session of the General Medical Council? For the last three weeks I have read the reports of their proceedings in your excellent journal, and have arrived at this conclusion—which as far as I have been able to glean is very general among the profession—that very little has been done conducive to the welfare or the protection of medical men. I cannot say *nothing* has been done, because one or two insignificant measures have passed, to which significance has been given by their being inserted on the minutes, and several committees were also formed, each drawing up its own special report, which eventually turned up as a subject for a long and tedious debate. There were also some nice little speeches, interspersed with a few not very parliamentary expressions, almost tempting me to ask you, Mr. Editor, to what shall I liken this great Medical Council—"The Happy Family" one sometimes meets in the streets of London.

Comparisons are odious, but I trust you and the members of the Council will pardon me for this one.

Those who talk the loudest and indulge in all sorts of arrogant expressions are not generally the first to back up their remarks with proofs. Like the inhabitants of the cage of the "Happy Family," they will snarl and growl and bark at one another, each determined to have his own way at the smallest possible cost ; they will appropriate each other's food, and if it happens a savoury piece is thrown in a general rush is made for supremacy. They all may and do snarl but few may fight, the dog may bark but must not bite ; because it would be indecorous in a "happy family" to fight, besides there stands the superior whose baton might unluckily fall upon the head of the disturber of the peace. We are at no loss to perceive the millennium has not yet made its appearance, the lion does not lie down with ox, or the wolf with the lamb.

Turn, then, with me, Mr. Editor, for a peep into that assembly whose sittings are annually held in Trafalgar Square. Enter the noble hall, so kindly lent by the Royal College of Physicians, on the walls of which are hung the portraits of many of the *great men of the past;* cast your eyes downwards, and you will then see some of the *great men of the present*, sitting round the large table in the centre, with books and papers piled before them *en masse;* you ask yourselves the question—what measure will be the issue of all this? With the President's kind assent you shall stay an hour or so and listen to the debate. It may be on the "New Medical Act," the "Visitations of Examinations," or the fitting in of some necessary spoke to make the wheels of the profession run more moothly.

Now, you will see the point of my illustration as you hear the big dog bark, and bark loudly too, and the spaniel joins issue ; there is a bone of contention. What a mighty chorus of voices, as they each nibble at this bone ; even the little mouse has stolen his mite. Now they warm to their work, each seeming desirous to get a firmer hold of the bone than his neighbour. There is a pause, and you naturally imagine the one who has been making the most noise has got it all his own side ; another fierce growl and he resumes his seat, being apparently satisfied within himself as to the results of his splendid attack.

Now, perhaps, you will hear something from the other side ; one equally on good terms with himself will rise, and you may see the lion bearded in his den, his nose rubbed and scrubbed with his own vituperations by the tiger opposite, whilst poor Leo's paws are tied ; and then you hear the chuckling of some of the little one's, and, hear, hear, will escape their lips, with perhaps a consolatory mew from the other side. Mr. President must stop this at once, and his authoritive voice is listened to with profound respect, the bantering and bickering must and does cease, after a storm comes a calm.

Now, having quitted the scene, some such thoughts as these will probably suggest themselves, as they have done to me. These Councils may be all very well for the display of oratorical powers, a capital school for instruction for those of the big guns, who aspire to shoot for oratorical honours, first-rate chances for these things at the expense of the profession. But, as *Punch* said in a recent number, "business is business." Therfeore, the business of the medical profession executed at as litte cost as possible, in the least possible time, and in the best manner, should be the primary study of the Council.

What has been done for our protection from the imposition of quacks who infest the metropolis and the provinces, robbing not only the pockets of the victim, but the registered practitioner of his legitimate claim? The major portion of the members of the Council are men with large practices, or with lucrative appointments at the universities; these, I maintain, are not the men who feel the grievances of the profession, they are above it. How, then, can we expect them to legislate upon questions they do not understand.

I trust, Mr. Editor, you will kindly allow space for this letter which may, perhaps, induce others to express their opinions on matters of such vital importance to the medical profession at large.—I have the honour to be, Sir, your obedient servant,

A SUBSCRIBER.

London, W.C., June, 1866.

THE MEDICAL COUNCIL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—As it appears from the proceedings of the Medical Council that the Home Secretary has in contemplation an Amendment of the Medical Act, and as the profession and the public have gained comparatively little from the deliberations of our medical parliament during the eight years of its existence, it may not be inopportune to inquire whether the failure be owing to any defect in the Act itself, or to something wrong in the machinery by which it is worked. Now, while I admit that the Medical Act may be improved by the alteration of some clauses and the addition of others, I contend that the present *constitution* of the Council is radically defective, and I believe that defect to consist in its being a representative body, for as long as it possesses its present representative character it never will be an independent body.

The proceedings of the Council at all its meetings prove this, and show clearly that self-interest influences the representatives of most of our medical corporations; and, accordingly, any change which is calculated to diminish the number of candidates for examination at our Universities (such as the introduction of Greek into the preliminary education of students) is sure to be vigorously opposed by

those members whose emoluments are likely to be lessened by the adoption of a more stringent curriculum. The difficulty of reconciling conflicting interests was strikingly illustrated in the case of the Pharmacopœia, the compilation of which occupied so much time, and which is now admitted to be anything but an improvement on its predecessors; if the compilation of this work had been intrusted to one or two competent men, it would have been prepared in a shorter time at less expense and with more satisfactory results. The recent passage-at-arms between Sir Dominic Corrigan and Dr. Alexander Wood furnishes additional proof of the hopelessness of expecting any harmonious action on the part of this strangely constituted body, and fully bears out your remarks in THE PRESS of the 16th ult., where you say the very *constitution* of the Council is of such a heterogeneous nature and represents so many conflicting interests that uniform action in any one direction seems to be utterly impossible; and, indeed, the Council themselves appear to be of the same opinion, for Dr. Acland is reported to have said that the *constitution* of the Council was extremely difficult to work, and, as an executive, almost impossible. No matter, then, what amendments may be introduced into the Medical Act, it appears to me that any efforts at reform by a Council constituted like the present must be necessarily abortive, and I would, therefore, suggest, as the only effectual way of remedying existing abuses and securing to the profession an impartial administration of the law, to abolish the Council and appoint a medical board of three or four eminent men similar to the Poor-law Board. The expense attending this arrangement need not be greater than is incurred by the annual meeting of our present councillors in the metropolis, while a board so constituted could enforce rules for the general good of the profession regardless of the usages of any particular corporation. Such a board would have no constituents to please, no personal interests to serve, and having no opportunity for oratorical display, could devote its attention to practical details, instead of wasting its time in unseemly altercation and angry debates.—Very truly yours, D. B. O'FLYNN, M.D.

Carrignavar, June 9, 1866.

ELECTION OF COUNCIL FOR THE ROYAL COLLEGE OF SURGEONS IN IRELAND.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I do not address you to comment on the way in which you introduce me to your readers in the leader of your last issue, for they can judge of me by what I have written in your pages for the last few years, nor to refer to the active canvass which was made against me in the election-room of the College, for it proved unsuccessful; but I write in reply to a letter signed "B. Wills Richardson, F.R.C.S.I., Examiner in the Royal College of Surgeons, and Surgeon to the Adelaide Hospital." Its principle is contained in the following sentence:—"Now, I hold that a Council composed to any extent of medical tutors must eventually lead to the destruction of the independence of the Examiners, because those gentlemen, being in the capacity of tutor and elector of Examiners, and, at the same time, having the common privilege of attending the examinations, must, in virtue of that triple capacity, unconsciously exercise a kind of influence over many Examiners which might cause a bias in favour of a candidate that the College should most jealously endeavour to prevent."

These words imply suspicion of the honesty and the regard for a solemn oath of the present Examiners, or those Fellows who may succeed them, which, I think, wholly unwarrantable, and which, with respect to every gentleman who has filled the office for the last twelve years, I could refute by numerous instances of independence and disinterestedness. As I can discover in Mr. Richardson's letter no direct reflection upon medical tutors, I do not submit a defence of that order, in the ranks of which I feel proud to say I have conducted myself in such a way as to gain its universal support at the election for Council.

In your leader you say, "Dr. Mapother's candidature was vigorously supported by a considerable number of the Fellows of a more junior standing, and would have probably been well received by the great majority of the electors, &c." I feel bound to test these assertions by the statistics of the ballot: 130 Fellows voted, but over 20 papers were cast, as the names of candidates for other offices were retained upon them. Several late Councillors, whose great claims for re-election were probably remembered by every elector, had 105 marks, while 71 were scored for me. Of those Fellows, who, having obtained their position by examination since 1845, may be distinguished as "junior," but 42 voted, so that, even if I had the support of every one of them, I must have also enjoyed the confidence of a considerable number of "seniors" to make a total of 71. Feeling that the Charter contemplated an annual election—not re-election of Council—I did not wait for what you term "an opening in the death or resignation of any of the existing Council;" firstly, because I would not calculate on the former deplorable or the latter unheard-of event; and, secondly, I am favourable to the practice of retirement by rotation, which is established in the London College of Surgeons, and nearly every public body.

The Council and Examiners count as thirty-two Fellows—a figure which approaches within two of what you call "a large number of Fellows, who, however, supported the ex-Council against all comers," if this quantity can be fairly obtained by the subtraction of my 71 votes from the 105 received by several of the ex-Councillors, who were quite unopposed. Your leader also implies that the contest was directed against the ex-President, Mr. Wilmot. This I deny on my own part and that of the other candidate for Council.

Having in this letter replied to statements which I could not suffer to remain uncontradicted, I will enter the Council-room on Thursday without the slightest feeling of regret for any act by which I achieved my election, or of acrimony towards those who opposed it, but with the sole object of using any energy I may have in the interests of the College.—Yours faithfully, E. D. MAPOTHER.

Monday, June 11, 1866.

ANALYSIS OF THE WATER OF THE RED SEA.

MM. ROBINET and LE FORT have lately analyzed a specimen of water taken from the Red Sea, with a view of discovering the cause of its peculiar tinge of colour. They found only very slight distinction between it and the water of other seas, except a larger proportion of the usual salts to the extent of 43·97 grammes per 1000, and a consequent increased density of 1·0306. The authors say:—

"This sea, which has been compared to a straight canal of 1000 miles long, is situated between banks of broiling sand in the middle of a country whose mean temperature is not less than 32° Cent., where neither river nor rain can compensate for the enormous and continued evaporation, and where the vapours which rise from the surface never return in any form. Under these circumstances it is not wonderful that the water of the Red Sea should be more highly saturated than that of the Mediterranean."

A CHOLERA HOSPITAL SHIP FOR THE THAMES.—The Lords of the Admiralty have granted the ship *Belleisle* for use in the Thames as a cholera hospital. It is to be under the charge of the Committee of the Seamen's Hospital Society, and will be moored in the neighbourhood of the *Dreadnought*.

THE post of head surgeon to the Emperor of the French has been assigned the celebrated M. Nélaton.

METROPOLITAN COUNTIES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

EDWARD H. SIEVEKING, M.D., President, in the Chair.

DISCUSSION ON PUBLIC VACCINATION.

An ordinary meeting of the Metropolitan Counties Branch was holden at 37, Soho-square, on Friday, May 25th, at eight p.m. Twenty members and visitors were present.

Dr. B. W. Richardson commenced by pointing out that members of the medical profession in considering the subject of vaccination, ought first to place themselves in the position of the public at large, and to respect many of what might be called the prejudices of the people. These prejudices, even though the result of ignorance, should not be severely criticised, but rather removed by reason and by judicious instruction. In many points bearing upon vaccination, medical men themselves required more light; and amongst them there was the widest difference of opinion as to the measures that were required to ensure aperfect and general system of vaccination. In considering vaccination in its legal bearings, it was a primary question, whether compulsory vaccination is really necessary? To ensure the success of compulsory vaccination, a purely despotic action must be sustained. In addition, there must be some test or standard by which the success may be proved. 1. Either a child must be forbidden communion with a church until vaccinated; 2. Or it must be forbidden registration; 3. Or it must be officially inspected at a given time after birth; 4. Or a public officer must be empowered to visit exery child at some period, and, *vi et armis*, vaccinate it. Dr. Richardson contended that, in Great Britain and Ireland, not one of these methods could be carried out. This fact had been recognised by all our legislators; and, as a consequence, every legislative scheme became a half-and-half measure, sufficiently despotic to excite vehement opposition, and sufficiently inoperative to breed contempt. Dr. Richardson next analysed Mr. Bruce's Bill, and maintained that it had all the faults of previous measures. The registration scheme would fail, because there was and could be no such thing as enforced registration. The machinery for carrying out the purposes of the Act was loose and feeble; the law was left entirely permissive; there was no attempt made to secure revaccination; and the means were not afforded for giving the Registrar or other appointed officer the power to inspect. On the medical side of the question, Dr. Richardson urged that vaccination could only be carried out efficiently by and through the moral suasion and influence of the medical body as a whole. He held that the plan proposed by Dr. Lilley, for making every medical man a public vaccinator, and for paying small fee (say of 1s. 6d.) *for every certificate of successful vaccination* supplied to the registrar by the medical man, would be the most efficient plan that could be carried out. The payment of the certificate-fee would not interfere with the payment for the operation by the friends of the child; and it would be an inducement in every case to the practitioner to see every child under his care properly vaccinated. It was vain to say that every child, whose parents could not pay their own medical man, must perforce be vaccinated by another medical man. On this point of selection of the operator, the poor, not less that the rich, had deep feeling; and that feeling in both classes, in one as much as in the other, must be respected. It was a correct feeling, and an Englifhman who ignored it would not be worth legislating for at all. The only argument worthy of notice against the principle of making every medical man a public vaccinator was, that under such a system the supply of fresh lymph could not be kept up. In reply to this, Dr. Richardson said that at present the supply from the vaccine stations was ineffective, and could never be regulated by law, inasmuch as the Act did not and could not give any vaccinator the right to take matter from the arm of any child without the consent of the parent. On this topic he read a letter from Mr. H. Terry, jun., of Northampton, in which the same fact was brought out. He then passed on to explain that, if every man were a public vaccinator, there would be more vaccination; and that it could not be of moment whether one man vaccinated one hundred children on a given day, or whether a hundred men did it. Mr. Richardson summed up by suggesting the formation of a Central Vaccine Board which should collate all the facts respecting vaccination and small-pox throughout the country; which should receive the certificates of vaccination, and be a board of reference and general control. Such a board, supervising the whole kingdom, and having every qualified medical man who wished to become so its officer, would be most efficient; it would secure by its moral influence a thorough vaccination of the whole kingdom; and the people would soon learn, without coercion, the great blessing bestowed on them, by the great practical good that would follow.

The President, after some remarks on the importance of the subject brought forward, observed that there had been a great reduction of liability to small-pox in this country since the introduction of vaccination; but still the rate of mortality from the disease was higher than in some parts of the Continent. With regard to the objection against compulsion, the misfortune was that, by leaving vaccination in the hands of the public, and through its consequent neglect, the enlightened portion suffered as well as the unenlightened. It would not be right to introduce despotic means of enforcing vaccination; but still it would be a pity if some measures were not taken. He agreed with Dr. Richardson that it would not be practicable to enforce vaccination through the Church. Nor could its universal performance be guaranteed by means of the registration of births; for a very large number of births—which he believed might be estimated at 500,000—were never reported. He feared that it would not be possible to make such new enactments as would thoroughly meet the demands of the case; but that much must be left to the march of intellect.

Mr. Hunt said that, ten or twelve years ago, he was a member of a Vaccination Committee of the Epidemiological Society. At that time Lord Lyttelton's Bill was under consideration, and the Committee waited on his lordship, and expressed their opinion that any plan for compulsory vaccination would never succeed. The result proved that this opinion was correct: the Act had been again and again altered, but an efficient system of public vaccination was as distant as ever. He agreed with Dr. Richardson that there was very little hope of success from compulsory vaccination; but, at the same time, it must be remembered that in many continental countries it has been successful. He (Mr. Hunt) had had occasion, as a member of the Committee he had mentioned, to examine returns on small-pox and vaccination sent from Bengal and Bombay. In Bengal vaccination could not be made general, on account of the religious prejudices of the natives, and hence there had been severe inroads of small-pox in Calcutta and other places. This evil state of matters extended over the whole of the Bengal presidency. In Bombay, on the other hand, compulsory vaccination was carried out most successfully; and small-pox was of extremely rare occurrence in the entire presidency, scarcely any cases occurring but such as were imported by strangers. These facts taught two lessons: first, that vaccination was capable of abolishing small-pox; and, second, that compulsory vaccination could not be carried out where political or religious prejudices prevailed. The great thing to be done was to enlighten the public—to show them that the occurrence of small-pox could be prevented by vaccination. As an illustration of the efficacy of thorough vaccination, he mentioned that, from 1812 to 1820, he had been in practice in a district extending over sixty or seventy square miles, and during that time he heard of only two cases of small-pox. There was no reason why, in like manner, small-pox should not

be abolished over the entire country. He felt strongly that, if the whole population could be vaccinated, the country would be free from small-pox; but the great difficulty was, how to effect this universal vaccination.

Dr. FitzPatrick had been in charge of large districts in the Madras presidency, where attempts had been made to enforce vaccination, but had been defeated by religious prejudices, the native vaccinators being mostly men of low caste. Subsequently, vaccination had been more extensively carried out, and the amount of small-pox was much diminished; but still the disease was very frequent. The natives endeavoured to escape vaccination; and would often, when vaccinators were sent among them, retreat into the jungle. There was this difficulty attending the attempt to carry out vaccination in Madras, that it was an object with the vaccinators to report as many successful cases as possible for the sake of the pay, but there was no guarantee that the operations had been properly performed. It had been found on examination, indeed, that many of the vaccinators did not understand their duty; and that many thousands of those reported to be succesfully vaccinated were not safe against small-pox. Within the last few years, inspectors had been appointed, to examine the cases reported to have been vaccinated. With regard to bad vaccination, he would observe that, even in this country, the operation was not always properly performed; the vaccine matter, as he had seen in cases which had come under his notice while attached to the dispensary in Bath, was sometimes taken from diseased children. The main point in carrying out vaccination was to take care that the lymph was good; and he saw no reason why vaccination should not be made compulsory.

Dr. Hillier differed greatly from the opinions expressed by Dr. Richardson. Much must, indeed, be done by educating the people—and this was a most important matter. But compulsory vaccination was not only possible, but advisable. He would not say that an absolute compulsory system could be carried out; but, in a modified form, it would be likely to prevent the omission of vaccination through pure negligence. It was for the children of parents who cared little about them, or whf were constantly moving about, that an authoritative plan of vaccination was most required. In order that any plan of compulsory vaccination might be useful, it was indispensable that the vaccination should be efficiently performed, and that there should be a supply of good vaccine lymph; imperfect or careless vaccination, and the employment of bad and useless lymph, furnished a reason for opposition. In order to ensure a supply of good lymph, there should be a reduction of the number of vaccinators; they should be appointed by Government, and the vaccine stations should be placed under careful inspection. So long as a multiplicity of vaccinators was kept up, they must be necessarily driven to employ all kinds of expedients for obtaining good lymph, unless they could keep up the supply o vaccinated children. If public vaccinators were appointed in the way he proposed, it might be that the English feeling would prevent many persons from employing them; but he believed that ultimately even those persons who could pay for the operation would bring their children to them. Mr. Bruce's Bill was not altogether satisfactory as a means of enforcing vaccination; but it was an improvement on previous measures, as the onus of non-compliance would rest with the parents or guardians of the child. He saw no reason why the registration of births should not be made compulsory. There was a way in which vaccination might be encouraged: every child, before entering a national school, or being entitled to Government aid of any kind, should be required to present proof of vaccination; and the large employers of labour should be recommended to enforce a similar rule.

Dr. T. Ballard expressed his want of belief in the occurrence of the disastrous consequences which were alleged to follow vaccination—except syphilis, the communication of which by vaccination was still *sub judice*, and was certainly very rare. So long as medical men recognised such consequences, the public would believe in their occurrence. The symptoms which were alleged to follow vaccination, he believed, were not due to this; but the subject required investigation.

Mr. Lilley (who was present as a visitor) said that the inefficiency of the Vaccination Act now in force had been made apparent to him by the increase of small-pox among adults in his practice. He attended a number of mechanics and persons in similar circumstances, whose children were not vaccinated because the parents would not take them to the public vaccinator. He would make the law even more compulsory in one respect, by imprisoning those who neglected to have their children vaccinated. But he believed that the best way of overcoming objections was to recognise every medical man as a public vaccinator; so that, after attending a case of labour, he might vaccinate the child and furnish the necessary certificate, the payment for which should not interfere with his private fee.

Mr. Henry Lee objected to the principle that Government should be expected to pay for vaccination in cases where the parents themselves were able to pay their medical advisers. He believed that the great impediment to vaccination lay in the prejudices which prevailed among the people, especially in the midland districts. There was, without doubt, a notion extensively prevailing that various diseases were produced by vaccination; and, he believed, this notion was supported by the circumstance that many had died after so-called syphilitic inoculation. In England there was, beyond question, a great deal of careless vaccination; and even on the Continent the common use of the word "pustule" indicated a misconception, for the pustular stage was not that in which lymph should be taken from the arm. But that vaccination produced all the diseases attributed to it he did not admit. It probably caused the development of latent diseases already existing; and it should be impressed on the public that the symptoms occasionally following vaccination arose in this way, and not from actual introduction; and that it was probably better that they should thus appear than become developed, perhaps under more unfavourable circumstances, at a later period. Syphilis, he believed, might be introduced by vaccination; but the accident was of very rare occurrence. Mr. Lee concluded by stating his conviction that it was most important that medical men should thoroughly understand the subject of vaccination, and that the public should be taught to feel confidence in the operation.

Mr. William Martin asked how far the Government encouraged vaccination among public *employés*, except in the army, navy, and police. It might with advantage be enforced in the Post-office and other public departments. He suggested that the best means of promoting vaccination would be the formation of an association for the purpose.

Dr. Cormack said that the great diversity of opinion which had been expressed in the course of the debate upon some of the most vital questions connected with vaccination, showed that medical men ought to criticise very leniently recent legislation on this subject. If the members of such a meeting as the present were at variance upon the fundamental scientific principles, whence was Parliament to derive its guidance? But was the diversity of medical opinion, which had cropped out in the debate, justifiable? He thought that it was at least very difficult to explain. Innumerable facts, and a constantly cumulating medical experience, showed that when there was an universally enforced system of efficient vaccination in a district, a total or nearly total immunity from small-pox was secured to the inhabitants of that district. As this fact had been kept in view in all recent legislation upon vaccination—from Lord Lyttelton's Act to the Bill of Mr. Bruce now before the House of Commons—some praise at least was due to Parliament; and the results of recent legislation proved, likewise, that it had not been altogether valueless. The appointment of public vaccinators had diminished the

prevalence of small-pox, and had almost banished it from some districts in which, up to the passing of Lord Lyttelton's Act, it had existed as a chronic scourge. No doubt the Vaccination Acts were still very faulty; but this had not arisen from ignorance by those who prepared them of what was required, but from the prejudices to which they had to yield, and the obstructions which they had to try to smooth down but dared not remove. The debates in Parliament proved the correctness of this statement. If the meeting proposed to take any action in this matter, by petition or otherwise, he (Dr. Cormack) would suggest that it gave chief prominence to the two points upon which Dr. Hillier had so well insisted—that provision must be made for *efficient* vaccination, and that the practice must be *compulsorily enforced* to the utmost possible extent consistent with public opinion. He (Dr. Cormack) thought that, if all medical men were recognised and paid as public vaccinators, according to Dr. Richardson's plan, it would be impossible to obtain security for efficiency: first, there would be an immense difficulty in keeping up over the kingdom an abundant supply and distribution of good vaccine matter; and, second, thorough inspection of the vaccinators would be impracticable. Now, unless the lymph were good and always forthcoming when required, there could be no such thing as an efficient system of national vaccination; and it would be equally in vain to look for such a system unless there were a very thorough inspection of the vaccination of the people independent of local authority. Vaccination was in itself a simple affair; but, nevertheless, it had been shown that all medical men were not trustworthy vaccinators. To prevent the natural jealousy of public vaccinators which many private practitioners entertained, it might be necessary to debar public vaccinators from private practice, and to make their posts adequately remunerative by diminishing their number in large towns. This would facilitate vigilant inspection, without which no system could be trustworthy. The principle of compulsion was difficult to carry out, but in itself it was not unconstitutional. The law did not allow a man to set fire to his house, as, by so doing, he endangered his neighbour's house. Why, then, should it allow a man to abstain from vaccinating his children? Was it less constitutional to restrain individual liberty, with a view to prevent a general conflagration, than for the purpose of preventing a general pestilence? Surely not. The principle of compulsion was in theory perfectly sound; the difficulty was how to carry it largely into practice, in such a way as not to make it offensive. More might be done by indirect methods of compulsion than had yet been tried. All children before admission to public or private schools ought to show proof of having been properly vaccinated; and the same rule might be applied to all workers in factories and to all such like assemblages, just as it was carried out in the military and police services. The objections to vaccination were applicable only under certain exceptional circumstances, and in a few cases. The scanty credit which vaccination received in some quarters was chiefly due to the want of a system to apply it efficiently to the whole community. That was a great social truth, which physicians ought to proclaim whenever there was an opportunity. To attract public attention to controversial questions, and to matters of mere medical curiosity connected with the subject, was a course to be avoided. It was calculated to obscure truth.

Dr. Duplex said that, in France, there was a law that no child should be admitted into a school before having been vacinated; and that this regulation proved very effective.

Dr. Stewart said that the subject was one of increasing public importance. He differed to some extent from the views expressed by Dr. Richardson; and was strongly impressed with the importance of of making vaccinnation in some sense compulsory. To hold out inducements might be a useful means of promoting vaccination; but that there was an effectual method was evident from a fact with which he had been much struck—that over nearly the whole of Northern Europe small-pox might be said to be extinct. The English Government had already partially adopted the Continental system, by requiring that the men in the public services should be vaccinated; and he saw no reason why this experiment should not be carried out to a much greater extent. At present, instead of diminishing, the mortality from small-pox in this country was increasing. The prejudices which existed against vaccination in many parts of the country were greater than was commonly known. Mr. Lee had referred to the midland counties; and he (Dr. Stewart) had been repeatedly informed by his pupils of the prejudices which prevailed in the south-western counties—Devonshire and Cornwall. He had been informed that, in a town in the former county, there had been repeated epidemics of variola arising from inoculation, to which the inhabitants were accustomed to have recourse when there was any fear of small-pox. More recently, however, the prejudice against vaccination had been diminishing, principally in consequence of the action of the medical officers and public vaccinators. This fact showed that, by dealing with the people in the right way, their prejudices would be overcome. He agreed with the observation already made, that there were a large number of cases of imperfect vaccination; and he had found repeated evidences of this on inspecting the arms of his patients. Much of this imperfect vaccination, he believed, arose from the difficulty which private practitioners experienced in keeping up a supply of lymph. With regard to the proposed plan of appointing public vaccinators, he thought that it would be attended with much difficulty in country districts, where either the children must, with difficulty and perhaps with danger to their lives, be brought to the vaccinator, or the vaccinator must be paid large fees in consideration of the distances over which he had to travel. In large and populous centres, on the other hand, this difficulty did not exist; and in these the appointment of public vaccinators would be advantageous.

Dr. Richardson had been much interested by the discussion, and hoped that the subject would not be dropped, but that the Branch would again meet and take some action in the matter. Even in the present meeting all phases of public opinion were represented; some of the members being in favour of compulsory vaccination, while others were opposed to it. Seeing that there was such difference of opinion among medical men, it was right that, as Dr. Cormack had suggested, the public should be treated leniently. The discussion had only strengthened his conviction of the impossibility of enforcing vaccination. There was a way of endeavouring to gain an object by always catching at it without success. This was the way in which it had been attempted to carry out vaccination; and to it he attributed the retrograde movement which had taken place in this direction. It was impossible to make vaccination compulsory; and the attempt only brought discredit on the proceeding. How could compulsory regulations be effective in the face of prejudices? Again, compulsory vaccination was opposed to the common law. He repeated, that Mr. Bruce's Bill showed the futility of attempts to enforce vaccination. The bill was permissive in some most important parts; the twenty-ninth clause was of this character. The clause spoke of a "Registrar, or any officer appointed by the Guardians to enforce the provisions of this Act." Was it certain that the Guardians would appoint such an officer? Again, if such officer "had reason to believe that any child under the age of 13 years had not been vaccinated, etc." How was he to prove the grounds of his belief? He had no power to do so. What, too, was to be done in the case of non-vaccinated persons above the age of 13? The clause further provided that the Justice receiving the information may summon before him the person having the custody of the child, and make an order for vaccination. Would this provision be carried out by the Justices? The neglect of the order rendered the offender liable to a penalty not exceeding twenty shillings. Was this likely to be a sufficient

penalty? Again, the bill was defective, inasmuch as it made no provision for revaccination, nor for the vaccination of unregistered persons. Gipsies, for instance, did not have their children registered, and were constantly moving from place to place; and he (Dr. Richardson) had known an epidemic of small-pox to have been introduced by them. It would be better to have no Act at all than one of which the provisions could be so extensively evaded. With regard to the enforcement of vaccination on children before being admitted to schools, he did not see how it could be carried out; as a matter of feeling he did not think that the proceeding would be a right one. To imprison persons for not having their children vaccinated would do more than anything else to establish prejudices against vaccination. The plan of having independent vaccinators, proposed by Dr. Cormack, would lead to great expense. Supposing that only one vaccinator were appointed for every four union medical officers, an outlay of £72,000, not including travelling expenses, would be required. The plan would, he believed, be impracticable. The effect of the plan proposed by Dr. Lilley would be, that every medical man would feel an interest in vaccination, as it would be productive of addition to his income. It was objected that under this plan it would be difficult to keep up a supply of lymph; but in answer to this he would observe, that the same difficulty was met with at present in obtaining lymph from the central stations, and that, if the vaccination were efficiently carried out, the supply must be the same, whether there be one vaccinator or twenty thousand.

THE LONDON COLLEGE FELLOWSHIP.

During the last few days the usual half-yearly examination of members for the Fellowship of the College has taken place; it is stated that there were six senior candidates, and only four juniors. The following were the questions on anatomy and physiology submitted on this occasion to both seniors and juniors—viz.:

1. Describe the head and neck of the femur, and the trochanter major in the child. What are the bloodvessels and nerves which supply them? and enumerate the changes which take place in these parts until old age.

2. Describe the various means by which the urinary organs and their appendages are maintained in their position, and all the differences which exist between them in a male child and in an adult.

3. Describe accurately the course of the tendons at the inner and outer ankle and in the sole of the foot, their insertions and relations, and all the functions these tendons perform.

4. Give an account of the structure of the spinal cord. Enumerate the experiments which have been performed with the view of ascertaining its functions.

5. Describe the minute structure of the skin and its appendages, and the functions they perform.

6. By what means is the heat of the animal body produced, regulated, and maintained?

The following are the questions on surgery and pathology,—viz.:

1. Describe the causes, the symptoms, and the progress of acute inflammation and necrosis of the femur, the several means adopted by nature to effect a cure, and the surgical aid you would employ.

2. Describe the various fractures which may occur to the neck of the femur, the trochanter major, and the acetabulum, with the symptoms and the appropriate treatment in each case.

3. How are fractures of the base of the cranium caused? What symptoms usually accompany these injuries? What effects may they produce on the brain and cerebral nerves? What treatment would you adopt?

4. Under what circumstances would you consider it advisable to perform the operation of ovariotomy? Describe what would be the best manner of proceeding, the means by which you would secure the bleeding vessels, the difficulties and the dangers which attend this operation, the after-treatment, and the proportion of cases which prove fatal.

5. Under what circumstances is it necessary to remove the astragalus? Describe the difficulties which attend this operation, and the probable results.

6. Describe the various diseases of the iris and the accidents to which it is subject, the effects they produce, and the constitutional and surgical treatment you would employ for their cure or relief.

Medical Obituary Notices.

WILLIAM DAWSON, M.D.,

NEWCASTLE-ON-TYNE.

Dr. Dawson was a native of Newcastle-on-Tyne, and was born in the year 1805. He served his apprenticeship to Mr. Thomas Elliott, a gentleman who conducted an extensive general practice at the time in Newcastle, and who was afterwards founder of the lying-in hospital there. He passed his examination at the College and the Hall at an early age, and commenced practice in a very populous district in his own town. Being a man of remarkable energy, fond of the work of his profession for its sake, he soon acquired a very extensive obstetric practice—not a lucrative one by any means, as he often himself remarked, but still valuable to him or to any man like him who could profit by the opportunity it afforded of displaying great natural abilities, and as yielding a rich mine of experience, to be turned to account at a future day. Year after year he toiled on, and at one period of his career it was doubtful if any of his competitors had attended half so many midwifery cases; but there was another thing which admitted of no doubt—namely, that there was no man who had attended so many cases, or worked so hard, for so little remuneration. In the year 1846 he received his degree of M.D. from St. Andrews, and removing to a more commodious residence, and a better locality in the town, his practice as a consulting accoucheur increased rapidly; and, indeed, few difficult cases occurred in the town or surrounding counties without his advice or aid being sought. Nor was his fame in his own department confined solely to the north, for of late years he was accustomed to make very long professional journeys; and only a few weeks ago a lady came from China to place herself under his care. As a practitioner he was ready in diagnosis, his immense experience enabling him to apprehend the leading points of a case as if by instinct; fertile in resources as a prescriber, rarely giving a patient up, trying means after means, infusing by his manner, and, as it were, by his very presence, confidence and hope. By his natural gifts he was well adapted for the position which he occupied, and he achieved an amount of success rarely attained by a provincial practitioner—a success legitimate and well deserved, because it was founded upon years of hard work and rectitude of conduct. He was a lecturer on midwifery for many years, and held the office of physician accoucheur to the Lying-in Hospital, and was likewise President of the North of England Obstetrical Society, in the foundation and progress of which he took a very great interest. As a teacher he was clear, forcible, and practical, quoting case after case, and leaving his pupils in no doubt as what was best to be done; others might, perhaps, talk and theorize with more effect, whilst he possessed the art, and to see him perform some difficult obstetric operation was to receive a lesson of value never to be forgotten.

For some time past it was apparent to his friends that he was not in his usual state of health. About two years ago his only son, a surgeon, died; and soon after this he sustained an injury to his leg in a railway collision. These circumstances made an evident inroad on his constitution. On the 7th of May he went up to London for a little relaxation, and on the 15th he felt unwell. Next day he was suddenly seized with erysipelas of the face, followed by great tumefaction and cerebral symptoms. These continued to increase, and exhaustion soon setting in, he died on Sunday, May 20th, in the sixty-first year of his age.

He was attended by Dr. Leared, Mr. Wetherfield, and his townsman, Dr. Embleton. His remains were removed

to his native town, where they were followed to the last resting-place by most of the profession, the students of the Medical College, old friends, and patients, and many brethren as mourners from long distances. Kind-hearted, unselfish, and generous almost to a fault, a life like his gone from amongst us leaves a blank impossible to fill up; for of the many losses the profession in Newcastle has sustained by death of late, no one has been so generally missed, so universally esteemed and regretted, as Dr. William Dawson.

SAMUEL SMITH, Esq., M.R.C.S.

On the 15th of April, at his residence at Ardres, in the Pas-de-Calais, after a short illness, died, in his ninety-second year, Mr. Samuel Smith, one of the oldest members, if not the oldest member, of the Royal College of Surgeons of England, he having been a member upwards of seventy-two years. He was son of Samuel Smith, Esq. (*ex officio*), of Kilburn, Middlesex, and Shute, Devon, whose ancestors were freeholders in Devon and Cornwall before the Reformation. As affording an illustration of hereditary longevity, it may be stated that for the last 250 years several among the ancestors of Mr. Smith, who himself lived during six generations in the direct ascending and descending lines, had lived to see the fourth generation in descent from themselves. Mr. Smith was born on the 8th of September, 1774, at St. Martin's-le-Grand, London, received his general education at the public grammar school, Lostwithiel, and was apprenticed in May, 1787, to his first cousin, Dr. Davis, of Fowey. He afterwards studied at the University of Cambridge, attending the anatomical lectures of Sir Busick Harwood. Being desirous of entering the public service, he passed, in the year 1793, an examination before the Society of Apothecaries, a body which in those days examined in pharmacy, and was recommended by the Hall to the Admiralty, Somerset House, for an appointment at the Naval Hospital, Haslar, where he was appointed visiting apothecary under Dr. Lind, many of whose clinical notes are in Mr. Smith's handwriting. Here, in 1793, he was nearly carried off by an attack of fever, caught while attending the crew of the Portuguese fleet. After his recovery, wishing to leave the medical for the surgical practice of the hospital, he presented himself, when nineteen years of age, before the Corporation of Surgeons of London, and passed his examination (as shown by the manuscript list preserved in the College) on the 2nd of January, 1794, although his diploma is dated the 17th of April, 1800, when he commenced practice in London. Mr. Smith was deputed by the naval authorities to take the sole surgical charge at Forton of the French prisoners brought in by Lord Howe's fleet after the battle of June 1st, 1794. He continued in the naval service at Haslar until he joined as surgeon the Northumberland Fencibles, a regiment raised by Sir Francis Drake for suppressing the Irish rebellion of 1798. In April, 1800 (as before stated), Mr. Smith commenced private practice as successor to Mr. Farley, of Holborn-bars. Thence he removed to Bedford-row, and since his retirement, upwards of forty years ago, he has chiefly resided in the north of France. He was twice married, and has left several sons, all of whom are members of his own profession.—*Lancet.*

MEDICINAL VIRTUES OF EXTRACTUM JALAPÆ.

In answer to the query published by the American Pharm. Assoc.:—"Does the aqueous extract, prepared from jalap that has been previously extracted by alcohol, possess any medicinal properties; or does the alcoholic extract of jalap fully represent its virtues?" Mr. A. B. Taylor states that he prepared an extract, and subjected it to experiment. He took 30 grs. at 10 a.m.; at 12 a.m. no action having been produced, he repeated the dose. This dose was repeated every hour until eight doses were taken—no apparent effect being produced from a total dose of 240 grains.

From this experiment it would appear that "Extractum Jalapæ," U.S.P., is an unscientific preparation.—*Year-Book of Pharmacy.*

Medical News.

Royal College of Surgeons, Ireland.—The following gentlemen passed the first half-examination, May 9th:—

Mark Anthony,	Charles M'Causland,
Frederick Barker,	Hickman Morgan,
Joseph C. Baker,	Rowland Mosse,
John O. Blunden,	Alfred O'Connor,
Anthony L. Brown,	Denzil Ormsby,
Fenwick Carr,	Thomas O'Reilly,
James B. Drew,	Richard Parks,
Joseph H. Hatchell,	George P. Stokes,
Thomas J. P. Holmes,	Henry G. Thompson,
Bernard O. C. Keelan,	Charles Wolfenwarth.
W. McConaghy,	

The following gentlemen passed the final examination, May 16th:—

John O. Blunden,	Rowland Mosse,
Thomas J. P. Holmes,	Thomas O'Reilly.
Hickman Morgan,	

Dr. Richard Cross has been appointed one of her Majesty's Justices of the Peace for Scarborough.

Reports addressed to the Italian Minister of War state that fever has broken out among the troops at Florence, and typhus is feared.

Mr. J. Bockett has just pointed out a serious defect in the "double objective holder" now used by microscopists. It consists in the want of correspondence between the optical centres of any two object-glasses. Mr. Bockett has contrived an ingenious apparatus for obviating the error.

One thousand and fifty-seven dogs were drowned in Belfast during the last month. This is the report of the sanitary inspector, who appears to have more trouble with dead dogs than with his legitimate duty. The hauling of these dogs out of the water and their interment cost £2 7s. 6d.—*Northern Whig.*

Heartrending accounts continue to be received of the famine in Orissa, India; it is even said that cases of cannibalism have occurred.

Authentic advices received at Alexandria from Djeddah report that cholera has broken out among the returning pilgrims from Mecca, and that there is great mortality among the Egyptian soldiers.

The Cattle Plague in Ireland.—The Mansion House Cattle Plague Committee met one day last week at the Mansion House, Dublin, when resolutions were passed requesting the Government to have reports published in the newspapers, and also than an experienced non-professional man be associated with a veterinary surgeon in each case of reported rinderpest.

On Saturday week, the usual dinner of the Royal College of Surgeons of Ireland took place at Bray, and was attended by some of the leading medical men of Dublin. The dinner was given by the Council of the College to the President, Mr. Willmott; Dr. Butcher occupying the chair, and Dr. J. S. Hughes the vice-chair.

In the week just ended the births in London were 1919, and the deaths, 1467.

A German physician is publishing a series of letters in the *Augsburg Gazette*, affirming that there exist at the present moment in Germany such germs of disease, that if war should break out, it would inevitably lead, in consequence of the conglomeration of large masses of men, to the most terrible epidemic of cholera ever witnessed.

The Edinburgh Medico-Chirurgical Society held the tenth meeting of the forty fifth session in their hall, 117, George-street, on Wednesday, the 6th inst., at eight o'clock, p.m.,—Dr. Moir in the chair. Dr. J. D. Gillespie read a "Case of Removal of a Fibrous Tumour of the Uterus, weighing twenty-nine pounds," and Dr. Warburton Begbie read a case of "Addison's Disease," observed and related by Dr. Whiteford, Greenock.

There is such a dearth of physicians and surgeons in the Austrian navy that the Government offers to engage young men who have not yet completed their medical studies.

Mr. William Macgill has bequeathed to the Edinburgh Royal Infirmary a property of the present value of

£10 000. Mr. Macgill directs that the property shall not be sold, but retained by the incorporation, and the rents applied to the purposes of the calamity.

THE *Brighton Guardian* records the death of a man in that town from eating a large quantity of mussels.

A CASE of anthropophagy has been before the French tribunals last week. A young girl, of eleven years of age, attempted successively the life of her mother and sister for the purpose of drinking their blood. Her extreme youth leads the physicians to hope that her cure may be accomplished.

Notices to Correspondents.

Another Victim of Quackery, Edingburgh.—The gentleman named has had considerable experience in the treatment of the complaint alluded to.

W. C. T.—The communication has been received.

A. B.—The subject shall receive our early attention.

Amicus.—We believe the strictures to be just, and therefore we do not feel disposed to take up the cudgels in defence of the persons alluded to.

Dr. T.—According to the version of the affair laid before us, it does not appear that our correspondent has committed any breach of professional etiquette.

The Royal Institution of Great Britain.—The notice has been received.

A Student.—The particulars will be found in our Reports of the Proceedings of the Medical Council.

Mr. H. informs us that there are certain unqualified persons in his vicinity, who, being unable to practise legally, procure the services of qualified members of the profession and, *with the latter*, visit patients. Our correspondent indignantly asks how it is that duly qualified practitioners can condescend to such a questionable mode of making money?

Mr. Griffin, Weymouth.—The paper on Poor-law Medical Reform has been received.

Vacancies.

Braintree Union (Parish of Finchingfield)—Medical Officer.
Brighton and Hove Dispensary—Resident Medical Officer and Dispenser for the Western Branch.
Dartford Union Workhouse—Medical Officer.
Denbighshire Infirmary—House-Surgeon.
House of Correction, Northallerton—Surgeon.
Kent and Canterbury Hospital—Assistant House-Surgeon.
Birkenhead—Medical Officer of Health.
Salford and Pendleton Royal Hospital and Dispensary—Two District Surgeons.

Appointments.

R. J. CANE, L.R.C.S.I., L.M.R.C.S., Resident Surgeon to the Birmingham Lying-in Hospital and Midland Counties Dispensary for the Diseases of Women and Children, has been elected a Fellow of the London Obstetrical Society.

F. CLARKE, M.B., F.R.C.S.I., has been appointed Surgeon to the Constabulary, and Surgeon and Agent to the Coast-Guard, Dunfanaghy, Co. Donegal, vice R. H. Macloghlin, M.B., C.M. Dub., appointed Medical Officer for the Terryglass Dispensary District, Borrisokane Union.

F. W. CLARKE, M.R.C.S., L.S.A., has been appointed Medical Officer to District No. 2. of the Oxford Lying-in Charity.

G. CLEMENTS, M.R.C.S.E., late Senior House-Surgeon to the Manchester Royal Infirmary, has been appointed Resident Medical Officer to the Salford Union.

E. ELLIS, M.D., has been appointed a Physician for Out-Patients to the Samaritan Free Hospital for Women and Children.

A. EYTON, L.R.C.P. Ed., has been appointed Medical Officer for District No. 4 of the Wrexham Union, Denbighshire, vice J. F. Churchill, L.R.C.P.L., resigned.

M. W. FISHER, L.K.Q.C.P.I., has been appointed Medical Officer to the Constabulary, Mountrath, Queen's County, vice F. Clarke, M.B., resigned, on being appointed Medical Officer to the Dunfanaghy Dispensary District and the Workhouse of the Dunfanaghy Union.

Mr. R HUDSON, Surgeon Royal West Indian Mail Service, has been elected a Fellow of the Anthropological Society. Mr. Hudson has also been elected a Fellow of the Royal Geographical Society.

R. N. INGLE, M.D., of Pendleton, has been elected Visiting Surgeon to the Salford Workhouse, vice M. O. Larmuth, M.R.C.S., deceased.

J. R. KEALY, M.D., M.R.C.S.E., has been appointed Surgeon to the Portsmouth, Portsea, and Gosport Hospital.

J. MURRAY, M.B., M.R.C.S., has been elected one of the Resident Clinical Assisants to the Middlesex Hospital.

C. ORTON, L.R.C.P., Ed. (late House-Surgeon to the Infirmary) has been appointed one of the Honorary Medical Officers to the North Staffordshire Infirmary.

J. J. PHILLIPS, M.B., has been appointed Demonstrator of Anatomy at Guy's Hospital.

W. H. PLATT, L.R.C.P.Ed., has been appointed House-Surgeon and Secretary to the Scarborough Dispensary, vice F. M. Fawcett, M.R.C.S.E., resigned.

M. K. ROBINSON, M.R.C.S.E., Medical Officer of Health for Birkenhead, has been appointed Sanitary Inspector for the Borough of Leeds.

P. H. PYE-SMITH, M.D., has been appointed Demonstrator of Anatomy at Guy's Hospital.

H. B. SPENCER, M.D., M.R.C.S., has been appointed Medical Officer to District No. 1 of the Oxford Lying-in Charity.

Medical Diary of the Week.

LONDON—WEDNESDAY, JUNE 13.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Professor Hancock, "On the Anatomy and Surgery of the Foot."
MICROSCOPICAL SOCIETY OF LONDON.—8 p.m. Mr. R. Beck, "On the Function of some peculiar Vibrating Hairs on Spiders and Insects."

FRIDAY, JUNE 15.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m. Professor Hancock, "On the Anatomy and Surgery of the Foot."
ROYAL INSTITUTION.—3 p.m. Prof. Tyndall: "Experiments on the Vibrations of Strings."
WED. Geological, 8.—"Metamorphic and Fossiliferous Rocks, County Galway," Professor Harkness; "Metamorphic Rocks, Carrick, Ayrshire," Mr. Geikie; "Cheirotherian Footprints from the Keuper," Professor Williamson; "Heaves or Throes in Penhall Mine," Mr. Pike.
— Literature, 8½.—"Monasteries of Mount Athos," Rev. J. Beamont; "Expedition to Palestine," Mr. Vaux; "Coins of Crete"—"Stylograph of the Crucifixion," Mr. Hogg.
THURS. Royal Institution, 3.—"Ethnology," Professor Huxley.
— Royal, 4.—Election of Fellows.
— Chemical, 8.—"Course of Chemical Action," Mr. Harcourt.
— Linnean, 8.—"Myostoma," Mr. Miers; "Cortical Cuneate Rays," Dr. Sigerson; "New Zealand Lichens," Dr. Lindsay; "Surface-Fauna of Mid-Ocean," Major Owen.
— Antiquaries, 8½.—Election of Fellows.
FRI. Royal Institution, 8.—"Muscular Power," Professor Frankland.
SAT. Royal Institution, 3.—"Ethnology," Professor Huxley.
— Botanic, 3¼.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING JUNE 9TH, 1866

By J. H. STEWARD, Strand, and Cornhill, London.

June, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
3	29.087	94	55·05	62	55	N	—	000	Fine.
4	29·087	70	56	68	53·05	N	—	046	Dull.
5	29·094	76	52.05	61	57	S	—	175	Showery.
6	30.004	85	53	59	56	S	—	005	Showery.
7	30·020	78	55·05	62	55·05	SW	—	000	Fine.
8	30·025	89	56	77	65	S	—	000	Fine.
9	30·025	94	56	75	64	SW		000	Very Fine.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

ALLINGHAM. On June 5th, at 36, Finsbury-square, the wife of W. Allingham, Esq., Surgeon, of a son.
ARNISON. On June 1st, at Allandale Town, Northumberland, the wife of George Arnison, Esq., Surgeon, of a daughter.
BOWER. On May 26th, at Windsor, the wife of E. Bower, M.D., of a daughter.
KINGSFORD. On June 1st, at Upper Clapton, the wife of Charles D. Kingsford, M.D., of a daughter.
LYSTER. On June 3rd, at 8, Devonshire-road, Prince's Park, Liverpool, the wife of C. E. Lyster, Esq., M.D., of a daughter.
TANNER. On May 31st, at Henrietta-street, Cavendish-square, the wife of Thomas H. Tanner, M.D., of a daughter.
TERRY. On May 28th, at Newport Pagnell, the wife of Charles Terry, Esq., of a son.

MARRIAGES.

BELCHER, William Douglas, Esq., of Kennington, to Edith Anna, daughter of William M. Bease, M.D., of Plymouth, at Kennington, on May 4.
CROWTHER, Edward, Esq., second son of Baker Crowther, Esq., Moor Allerton, Leeds, to Eliza Anne, eldest daughter of John Skevington, Esq., of Ashbourn, on June 6.
DAVIS, Major Gronow, V.C., Royal Artillery, to Anna Wilhelmina Mary, fourth daughter of H. Cooper Reade, Esq., Surgeon-Major, at Clifton, on May 30.
EASTCOTT, James C., Esq., Surgeon R.N., to Emily Catharine, only surviving daughter of William Roberts, Esq., H.M. Inland Revenue, London, on June 2.
FORSHALL, Francis H., Esq., L.R.C.P., of Highgate, to Frances Maria, eldest daughter of W. W. Scringeour, Esq., of Highgate, on May 31.
PROBERT, James, Esq., Plymouth Ironworks, Merthyr Tydfil, to Anne, youngest daughter of the late Thomas Morgan, Esq., of the Graig, Merthyr Tydfil, at Bedwas, on May 29.
TUCK, William H., Esq., eldest son of the Rev. W. G. Tuck, M.A., of Tostock House, Suffolk, to Jane St. John, only daughter of John Wreford Budd, M.D., of Plymouth, on May 29.

DEATHS.

ANDERTON. On May 20th, at Wavertree, near Liverpool, aged 72, Mary Elizabeth, wife of Henry Anderton, M.R.C.P.Ed.
COLLET. On May 27th, at Worthing, aged 18, William Edmond, second son of Henry James Collet, M.D.
HAYNES, Raymond Levi, Esq., Surgeon, at Haringey Park, Crouch End, Hornsey, aged 57, on May 31.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

ON MIXED TYPES OF FEVER; IN RELATION TO THE QUESTION OF THE IDENTITY OR NON-IDENTITY OF THE TYPHUS AND TYPHOID POISONS.

By HENRY KENNEDY, A.B., M.B.,

FELLOW AND CENSOR OF THE KING AND QUEEN'S COLLEGE OF PHYSICIANS, ATTACHED TO SIR P. DUN'S HOSPITAL, AND ONE OF THE PHYSICIANS OF THE CORK-STREET HOSPITAL.

(Read before the Association of the College, 9th May, 1866.)

OFTEN as the subject of fever has been brought before the Association, there still remain a number of points to be cleared up. Few of them, however, have attracted a more general attention than the one to which I ask your notice this evening. It is the question of the identity or non-identity of the two types of fever known as typhus and typhoid; in other words, will the one poison produce the two types? or are they due to separate and distinct poisons? In England, Ireland, and Scotland, as well as on the Continent, and in America, these questions have been written about again and again, and yet the matter is not settled. It is quite true the London physicians speak of it as if it were, and I have been credibly informed that any student going before them for examination, and not answering according to their views, will be rejected. This, I must say, is going rather too far with the matter. Not that for a moment I question the truthfulness of what they have stated, and more particularly what has been advanced in such an elaborate way by Dr. Jenner, but that I have the strongest convictions they have not seen fever on so large a scale as others, and have not given that consideration to the statements of others to which they were fairly entitled. I have been always at a loss to understand why the work of Huss has been so utterly ignored. He saw fevers on a very large scale, and his work is written in a calm and dispassionate spirit, and yet not an attempt has been made, as far as I know, to answer his arguments or overturn his facts. Surely, in such a widespread disease as fever, no one is justified in asserting that what they have seen is what must have been seen by others. We know that even in the type of fever familiar to us as typhus, very great differences exist, and may be constantly seen when the disease attacks several members of the same family. In one, the head symptoms are all in the ascendant; in a second, the chest will be the part attacked; whilst in a third, it will be the stomach in the form known as gastric fever. Or, again, as regards the spots, the husband will present them and the wife not, or the parents will have them and the children not; or it may be the converse of this. In a family named Bright, of whom eight were in hospital at the same time, and who were sent in by Dr. Carte of the Royal Hospital, the children were all spotted, whilst the mother had none, though she had a very severe attack of fever. Again, in three sisters, all adults, who were recently in hospital, only one had the regular spots of the disease; in the other two anything of rash was most indistinct; one of these latter died. Further still, in the great epidemic of 1847-48, the fever was what is known, and had been described previously, as the relapsing fever; that is, it was made up of two parts. There was a sharp attack of fever running on for five or seven days; then a lull of one, two, or three days; and again an onset of fever, usually much severer than the first, and, in very many cases, attended by spots. No one, I think, could have any doubt but that it was one and the same poison which caused the two attacks; and yet, in all the recent and standard works on fever, the relapsing type is described as if it were a totally different fever from typhus, and caused by a different poison. I cannot give in my adhesion to this opinion, for I have as strong a conviction as the nature of the subject admits that the poison of typhus generates not only the type of fever known as relapsing, but other types, such as nervous, gastric, cerebral, &c., as also fever, both without and with spots, and presenting all the variety which they are capable of exhibiting; and if this view of the typhus poison be not held, insuperable difficulties, as it appears to me, must arise when we come to consider analogous diseases to fever, as, for instance, scarlatina. Here every one must have seen the great variety—I might almost say contrasts—which this disease often presents in the same family and at the same time. Yet no one ever thought of setting down these differences to different poisons; and why it should be necessary as regards fever it is not easy to understand. I must leave this point to others to settle.

From the tenor of these remarks it will be understood what are the views I hold on the question more immediately under discussion. I believe that the typhus poison is capable of engendering the type of fever known as typhoid or enteric, and that this particular type must be due to some other cause rather than a specific poison. On the other hand, I hold that the two types can, in the great majority of instances, be distinguished, the one from the other. When I brought the subject first before the Royal Medico-Chirurgical Society of London, in 1860, one of my arguments consisted in the detail of a few cases which were directly opposed to the views of the London physicians. In a later paper, published in the *Dublin Quarterly Journal*, a still larger number of cases were given, and I cannot, I believe, do better now than by giving the briefest sketch of some which have come under my notice within the last two years. But, in truth, I may say the difficulty now consists in selecting the cases, they have become so numerous. So I shall take such as bear most directly on the disputed point.

Case 1.—McKeown, aged 17, having a fine skin, passed through a very severe attack of enteric fever. Every symptom was present, and during its progress the brain was much engaged, and the tongue and lips covered with sordes. He made a good though slow recovery.

Case 2.—His brother, æt. 12, from same room, was admitted under a severe attack of typhus. He had the well-marked and copious rash of the disease, and his face was quite characteristic. He had a sharp attack of diarrhœa, calling for a special treatment. My friend, Dr. Hudson, was kind enough to come and confirm my diagnosis of this case. It is but right to state there was an interval of a week between the admission of these two brothers.

These two cases have been given as affording an example of the two types of fever, each well marked, coming from the same room. Others, I know, have met similar examples, and Dr. Croly of Harcourt-street, has informed me of a very striking one.*

Case 3.—McCauley, æt. 18, fine skin, was handed over to my care by my friend Dr. Moore. The patient laboured under fever, and had the spots of the enteric type very well marked on abdomen and sides of thorax, but there was no other sign whatever of this kind of fever. His illness ran on for many days, the chest becoming engaged, and when he left hospital there were signs about him as if phthisis might supervene.

Cases 4 and 5 were of a similar character to the one just given—that is, with fever, the spots were those of the enteric type, but no other symptom of that kind of fever.

* After the reading of the paper Dr. Croly detailed three cases of fever which occurred in the one room. The first was a case of enteric fever, the second a case of typhus, whilst the third was a mixture of the two types.

As they were published, however, in the *Lancet* for December, 1864, I shall say nothing more of them here.

Case 6.—Podesta, an Italian, 14 years of age, and of a very fine skin, admitted into hospital in September, 1865. In the course of his fever he presented a very good example of the spots said to mark enteric fever. They were few in number, and appeared on the sides of the chest and abdomen. Neither in this case was there any other sign whatever of the enteric type of the disease.

Case 7.—Develin, a young man of 17, admitted into hospital during the present month, April, 1866. He had fever, but not of a severe kind, marked by the usual symptoms, and the tongue red and furred. When he was now six days ill the spots of enteric fever appeared on chest and abdomen, and in an unusually well-marked form. On the second day of their appearance this patient was seen by the Drs. Martin, from Berlin, who happened to be visiting the hospital. On the third day, however, the number of spots had greatly increased, and become more those of typhus, and finally the case, beginning with the spots of enteric fever, became one of regular typhus.*

Case 8.—Keegan, a man of 27, admitted March, 1865. He was labouring under heavy spotted fever. Some of the spots were large and dark, some were unusually well defined and red, and disappeared on pressure. The c however, was one of regular typhus, and the man made a good recovery.

Case 9.—Murphy, girl of 19, whilst passing through a severe attack of fever, with typhus spots, got a very sharp attack of diarrhœa, attended by tympany, and pain on pressing the ilio-cœcal region. Nothing checked this diarrhœa till special treatment was adopted.

Case 10.—A dumb girl, æt. 24, sent into hospital from the South Union. She had bad fever, being all covered with a copious measly rash, whilst the tongue, face, and eyes were those which mark typhus. In the progress of the attack she got severe diarrhœa, attended by tympany, and distinct pain when pressure was made on ilio-cœcal region, and only here. This complication required specific treatment, and she got steadily but slowly well.

Case 11.—Dixon, man of 25, of a very fine skin, and thin, admitted into the Cork-street Hospital, labouring under fever, and with a copious rash of typhus spots over him. His general aspect that of the same type of fever. As the disease went on he got severe diarrhœa, the discharges being a light yellow colour, and attended by distinct pain in right iliac region, and tympany. This man also required specific treatment, and the attack was one of unusual severity, marked by great distress and restlessness. His recovery, too, was much prolonged by the occurrence of several abscesses.

Case 12.—In February, 1865, Kelly, a man of 19, was admitted into hospital. He was evidently very ill; but the symptoms of typhus and enteric fever were so mixed up that I was quite unable to say to which type of the disease the case ought to be referred. He had a copious rash over the body, and his expression was that of a man in typhus. But he had also slight though marked tympany, distinct pain on pressure over the ilio-cœcal region, and a very severe diarrhœa, the discharges being of a light yellow colour. He made a very slow recovery. *This man's sister was in hospital at the same time. She had typhus.*

Case 13.—Woods, a man of 20, came in with a kind of spurious fever on him. He then went out for some days, but returned in a week with every sign of enteric fever on him except the rash. He had, however, spots on him, which to my surprise turned out to be variola in the discrete form. Whilst still bed from this he seemed one day to get suddenly worse, and then typhus in a very severe form declared itself. During all this time he had sharp diarrhœa, and the discharges were those which I believe to be most characteristic of enteric fever, being of a light yellow colour. This patient's life was in the balance for many days, but he finally recovered.

* It was observed that as the typhus rash declined the typhoid spots became again quite visible, and at this period a slight attack of diarrhœa occurred.

Case 14.—Burn, a girl of 16, admitted in July, 1865. She then laboured under a severe attack of typhus, being well spotted. She was so far advanced as to be sent to the Convalescent House, when she again sickened, complaining of her head, and this again followed by great raving and high fever. When now a week ill, the spots of enteric fever made their appearance. These were unusually well marked, being few in number, and confined to the sides of the chest and abdomen; but there was no other symptom whatever of enteric fever, and they were looked for, I need scarcely say, with the greatest minuteness, nor did any such appear. At this stage of her illness the patient was seen by Dr. Murchison of London, who was visiting Dublin at the time, but who, I regret to say, I was not fortunate enough to meet.

Such is the series of cases which I wish to bring under the notice of the Association this evening. When added to those already given in the two former papers—and, did time permit, I could have given other similar cases—they appear to me to afford the strongest proof the question is capable of eliciting, that we must consider the two types of fever known as typhus and enteric as the result of but one poison. If this be not the correct view to take of the matter, I confess myself quite unable to explain the cases of the mixed types detailed this evening; for it must have been observed, as each was given, how the symptoms of each type of fever were mixed up together. As there is not time, however, to go over each symptom in detail, I shall notice but one, on which most, if not all, who hold different views from my own, seemed to have placed the greatest weight of their argument. I mean the spots said to be characteristic of enteric fever. On this point, I think I may say with certainty that these lenticular red spots, and few in number, have not the value which has been given them; for I have seen them now in many instances, and some have been given this evening where, while they existed, there was not another symptom of the ileum being engaged—at least I could make out no evidence of such a lesion, though looking specially for it. Here, then, were cases where the particular spots existed, but not the lesion of which they are said to be diagnostic. But, further still, I have given cases to-night where, with the enteric spots, there was also a typhus rash. As bearing on this particular point, I would just recall the case of the man Develin, where the enteric spots first appeared, then the typhus rash, and as this latter disappeared the enteric spots were again visible. If this be not a case in point, I know not what is; and I shall be glad to hear some explanation of this from any gentleman who differs from me. As regards the spots of typhus fever generally, I have got an impression that a good deal of misconception exists. I have heard some speak of the bright and the dark spots, as if there were a difference between them. On this point I can state with certainty that it is very common to see the two on the same individual, and at the same time. This may be seen on the body itself, but it is more common to have the a dark on the body and a bright red on the arms. Again, the spots of enteric fever are described as recurring again and again, and this is quite true. But it does not seem to be so generally known that the same may be seen in typhus, for I have witnessed cases where a distinct second crop of eruption appeared; nor is the observation original, as I have read of it in one of the olden authors, though I cannot at this moment give his name. So also of the statement that petechiæ are never seen on the face. This is positively incorrect, as I have noted several cases where they were quite distinct. But these points are only mentioned here as bearing indirectly on the point under discussion. Still I think they are enough to show that any positive statements about the rash in fever must be received with caution, as the variety is truly very great. I cannot, however, pursue the subject further here.

In the course of these observations it has been stated that the enteric type of fever must be due to a something else rather than a particular poison; and if asked what that is, I would state my impression that it only occurs in persons of a peculiar constitution, most probably closely

connected, if not identical, with the strumous. This idea I have stated before; but every year is increasing my conviction on the point, and if it should turn out to be correct, I need scarcely say how important it would be. I know not whether the idea has struck any one else, but it is not stated in any of the works on the subject that I have seen. My reasons for holding this view are the following:—The enteric fever is very constantly indeed met in persons of a fine skin, and I have now seen several instances where scars, evidently strumous, existed in the neck of persons who had this type of fever. Again, it is much more common under 30 years of age—that is, when the tendency to struma is known to be strongest. I am aware that this remark may be objected to, inasmuch as every type of fever is more frequent under 30; but what I would convey is this, that whilst typhus is common after 30, 40, and 50, enteric fever is exceedingly rare. I myself have not met it in any instance above 35, though it has, I know, been seen later; but, further still, every one is aware that in the course of enteric fever the lungs are very apt to become engaged. But in place of this affection passing off with the fever, as it does in typhus, it is by no means uncommon to meet cases where signs like phthisis declare themselves. The pulse keeps up, sweating occurs, and the cough is very troublesome and hard to relieve. I have said that such is common after enteric fever, and I have been forced to send several out of hospital in this state with the hope that change of air would benefit them, and in some I know that I heard of subsequently it had proved successful. That the idea I would put forward is not without some surer foundation than mere impression, I may cite the following instance:—

Case 15.—C., a girl of 16, was admitted into the Cork-street Hospital in January of the present year. She had a very fine skin, with light eyes and hair, and laboured under enteric fever in a very well-marked form. The diarrhœa proved most obstinate; but as the abdominal symptoms yielded the lungs got very much engaged from general bronchitis of the minute tubes, and for more than ten days the dyspnœa was of the most urgent character, the lips being quite livid and the distress very great. Though the urgency of this state lessened, the pulse still kept up, and the patient began to have regular sweats, and, finally, I was able to observe that the upper part of the right lung was becoming solidified. Nor did the disease stop here, for in a period of about seven weeks I was able to trace weekly the process of softening going on, till at last a cavity formed. In this state the patient left hospital, the physical signs in the top of the lung being those of a cavity, but the rest of the lungs being apparently quite sound, and as the patient's passage had been taken for America, it is just possible the predisposition to tubercle, which seemed so strong in this girl, may be averted, and she might yet live to old age.

Lastly, on this question of the connexion, or supposed connexion, between enteric fever and the strumous diathesis, I would just advert to the great similarity which obtains between the lesion found in the fever and that which so often exists in ordinary phthisis. For my own part, I must say I have seen many specimens where I could not distinguish them, and I shall be glad to hear any gentleman express his opinion on the point.*

The general question brought before the Association this evening is not, as some think, one of mere curiosity. It is of every importance that it should be settled. The diagnosis, prognosis, and treatment of the disease all hinge upon it. For if typhus be the specific fever which some think it, it is obvious that the treatment will differ from what it would do were the enteric lesion present at the same time, and the danger of allowing such a lesion to pursue its course unchecked would indeed be very great. On the other hand, those who hold with myself that the two types of fever may arise from the one poison and coexist, will always be on the look-out for such a complication, and will act accordingly. For myself, I believe I have often had to deal with such cases, and to alter or modify the treatment as the case required, and that this is not a mere belief I have reserved for this part of my remarks the details of the following cases, which have, however, been on a former occasion detailed:—

Case 16.—A girl of 20 years of age was attacked with fever of a severe kind. Raving occurred and petechiæ very early, and these latter spread over the entire body. With these symptoms there was also severe diarrhœa and tympanitis. Matters went from bad to worse, and the patient died about the fourteenth day of the fever. On post-mortem examination the lower portion of the ileum was found extensively ulcerated, Peyer's patches being the parts engaged.

Case 17.—A boy of 14, who had already learned to drink, was attacked with fever. He had much stupor and moaning, both night and day, and he presented a copious petechial rash over the body. With this state he had also tympany and diarrhœa, and, finally, involuntary stools and death. On examination extensive ulceration in patches was found in the lower portion of the ileum. The brain presented the usual appearances found in cases of fever, but in a lesser degree than is common. I should say at the time this case occurred I was much surprised at the result of the post-mortem, for I then believed the enteric lesion could not exist with regular typhus, which the boy otherwise presented.

Case 18.—Hill, a girl of 18, fine skin, was admitted into hospital after being nine days' ill of fever, which presented all the signs of the enteric type, including the spots, which appeared the day after admission. These did not, however, go through the usual course of such spots. They gradually increased in numbers, spreading to the chest, arms, and, finally, the face, and in this state many of them could not be distinguished from regular petechiæ, being large, dark, and ill-defined. My colleague, as he was then, Dr. Aquilla Smith, saw the patient at this period. By the fourteenth day of the fever all the signs of enteric fever seemed to have subsided, but there was no corresponding change in the state of the patient. Her nights became restless, she shortly lay on her back, sordes formed on the nostrils, lips, and tongue, and she got great tremor of the upper extremities—in fact, she presented all the signs of well-marked typhus, and died on the twenty-first day of her illness. Except in the lower portion of the ileum nothing abnormal was found, and here the signs of disease were slight, but well marked. Peyer's patches were much plainer than natural, and this became more apparent as the valve was approached, for here one of an inch in length and a third in breadth was prominent and brought out in strong relief, but it had not ulcerated. The impression given by the inspection was, that irritation had recently been going on in the part, but had somewhat subsided. The specimen was exhibited before the Pathological Society.

Case 18.—Bellew, a servant, aged 45, of tall stature and thin, admitted in May, 1862, with all the signs of fever in a very severe form. He had to be supported into the hospital, and though only one week ill was already densely spotted; his tongue dry and brown; eyes very much injected and expression heavy. There was also severe diarrhœa, which seemed to cease suddenly within forty-eight hours—that is, about the eighth day of the fever. From this out the attack was as genuine typhus as it is possible to describe. The spots became of the darkest,

* It is well worth noting, in relation with the supposed connexion between the strumous constitution and typhoid fever, that the affection of Peyer's patches is not confined to the fever itself. It has been found in cases of scarlatina and small-pox, and in the *Lancet* for June 9, 1866, two cases are given, in one of which measles and the affection of the glands coexisted, and in the other Bright's disease. Facts like these seem certainly to lead to the conclusion that typhoid fever is not a specific disease, but is more likely due to some peculiarity of constitution. Whether ulceration of Peyer's patches is an essential part of this affection appears not yet absolutely settled. As bearing on this point the chapter in Louis' work, entitled "Simulated Cases of Typhoid," is well deserving of perusal.

the mind very confused, with constant rambling and passing under him. There was difficulty in putting out the tongue, and, late in the illness, hiccup. By the eighteenth day the symptoms had materially improved. The spots were gone, the tongue had expanded, and was put out better, and he took support well. It was evident, however, the fever had not resolved itself. The pulse had not fallen in proportion, nor the tongue cleaned, and he still remained heavy and at times would ramble. In this state he went on till the twenty-fifth day, when he died. There was no effort at crisis at any time nor any tympany. I was only able to examine the abdomen. The ileum had no ulceration in it, but it was very red in patches, and the more so the nearer we got to the cœcum. In this last organ the chief lesion was found, for it was ulcerated in patches, one as large as a shilling. The ascending colon had a number of small and distinct ulcers in it. The glands of the mesentery were not enlarged. It is scarcely necessary to observe that Louis' observations prove that the colon is often engaged in enteric fever, similar to what has been just described.

It appears to me these cases afford as strong a proof as the nature of the subject admits that the enteric lesion may coexist with a petechial rash, or, in other words, with typhus fever. On my own mind there now exists not a shadow of doubt of the fact, and if this be not the proper view to take of the matter, I must ask those who differ from me to explain it otherwise. What has been advanced are facts, put what interpretation on them we may. Nor would the slightest difficulty exist in giving other cases, and some striking ones have occurred within the last month; but I prefer now to glance at what others have seen, for if no one else had met similar cases to my own there would indeed be strong grounds for questioning my powers of observation, and necessarily the correctness of what I have stated. I refer, then, my hearers to the lectures of the late Dr. Todd, in which they will find some cases exactly like those given this evening—that is, the enteric type of fever attended by a copious measly rash. Some of these, too, died, and the specific lesion of the intestine was found. Again, in Chambers' "Clinical Lectures" may be found cases of exactly the same kind, and also examples of the two types of fever coming from the same room. Here, then, are two London physicians who fully bear out what has been advanced this evening, and I quote them the more readily, as they have managed to see a class of cases, which, by some strange fatality, never seem to have come under the notice of Dr. Jenner and those who agree with him; but, further, I observe that Dr. Lyons when in the Crimea met the two types of fever in the combined form, and states, specially in his work, that whilst the rash was genuine typhus the lesion often found was ulceration of Peyer's patches. In a paper, too, which has just appeared by Dr. Law on "Fever," one of the cases given is described as a typhoid case, as I believe it was, and yet the rash was a copious measly one. Lastly, the Drs. Martin, from Berlin, whose names I have already mentioned, told me the two types of fever were commonly looked on as the same disease, and that the enteric type was there called abdominal typhus. I have not the least doubt that had more time been given I could have got further evidence in the same direction;* but enough, it appears to me, has been advanced for my present purpose. I do not, for a moment, assert that the question is settled on my side; but I do maintain that enough has been stated this evening to show gentlemen who differ from me the need of a cautious reserve on this question, and in not allowing themselves to come to a decided conclusion till all the facts of the case are clearly before them.

Before concluding these remarks, I would advert for a moment to one other symptom which some have thought was characteristic of the enteric type of fever—I mean hæmorrhage, whether from the nose or the bowels. The London physicians especially look on them in this light, but it certainly is not correct as regards Dublin. With us typhus often exhibits epistaxis, both in its earlier and more advanced stages. In the summer it is very common, particularly when the temperature ranges high; but it is much more frequent in some years than others. And, again, as regards bleeding from the intestines, I myself have put on record some thirty cases—most of them regular typhus—in which bleedings, more or less severe, occurred, and in some that proved fatal and were examined not a trace of ulceration was found. So that bleedings cannot in any way be considered as specially diagnostic of enteric fever, and I do believe the same may be said of any other symptom that might be chosen. I would repeat, however, that it is quite another matter distinguishing between the several types of fever. This can very usually be done, and ought, of course, always be attempted; but that the types of fever will often be found united I cannot doubt, and I think the time will come when the natural history of fevers—for this is really the question at issue—will be looked on in a very different light from what it at present is.

On the treatment of fever I have here little to say. As a single remedy, and in the ordinary typhus, I find barm still the best. It seems to me to act as an antiseptic, and to fulfil the indications required better than any other agent with which I am acquainted. I consider, too, that, to a certain extent, it supplies the place of wine; and this is no little matter to be able to say of it. Under its use the mortality, in spotted cases, has, I believe, been reduced to the lowest on record. But having spoken of these several points on a former occasion, as likewise the dose and mode of using it, and the precautions to be adopted, I shall not enter upon them further now.

Of the treatment of the enteric type of fever, I have only to repeat that, when seen early, it appears to me the most amenable of the several forms of the disease. I mention this because elsewhere, particularly in London, it seems to be a very fatal disease. Like typhus, it appears as if it were a more severe disease there than with us in Dublin.* Though not easily accounted for, this may be so. Still my conviction is, that treatment has a more decided effect on it than any other type of fever. For myself, I use astringents, and from an early stage of the attack, and it is the dilute sulphuric acid on which I chiefly rely. This is the medicine recommended by Huss, and in the proportion of one, two, or three drachms to an eight-ounce mixture I have found it most useful. Two or three drops of laudanum are added to each ounce of the mixture, which is repeated according to the urgency of the case. It is, however, to be observed that the diarrhœa is only to be moderated, not directly checked; and this rule is the more important the earlier the disease is seen. If the diarrhœa be stopped too soon or too suddenly mischief elsewhere than in the intestines will arise. It may be in the chest, or the brain may be the organ that suffers. Several such cases have come under my notice; but though some of these were severe, none proved fatal. One, however, was so remarkable that I must give it here; for the checking the diarrhœa had, or seemed to have, the effect of altering the type of fever under my very eye.

Case 19.—Kelly, a man of 19, having a fine skin, was

* My friend Dr. Grimshaw has directed my attention to lectures by Drs. Peacock, Barlow, and Gull. These all reside in London, and have detailed cases precisely similar to some of those given this evening—that is, the symptoms of typhus supervening on those of typhoid and petechiæ appearing whilst lenticular spots were still out. The explanation of all these, Gentlemen, is the same—that the patients caught the typhus poison at the time its symptoms made their appearance. This may be the true interpretation; but to myself it seems most difficult of acceptance, and it does not contravene the fact that the two types existed in the same patient at the same moment. Dr. Murchison has, I find, recorded similar cases, and such will also be found, and in greater numbers, if my memory serve me right, in the works of Drs. Flint and Bartlett of America.

* In Dr. Murchison's very able work I find the mortality of enteric fever is put down at from 15 to 17 per cent. In my own experience, this has never been even approached.

admitted into hospital, labouring under the enteric type of fever in a well-marked form. He presented the characteristic diarrhœa, and also the spots, and had been nine days ill. After three doses of the acid mixture the diarrhœa suddenly ceased, and was at once succeeded by symptoms referred to the head. His eyes, which before had been quite clear, became deeply injected; he complained of headache, his face flushed, he began to rave, and in the course of two days he presented the countenance of a well-marked typhus case, his tongue and lips being then covered with sordes. In this state, and when now about twelve days ill, his nose began to bleed, and this was repeated daily three times, so that he bled in all on four occasions. The first of these the bleeding was much the most, and they were all so obviously beneficial that they were not interfered with. The patient made a good though very slow recovery. There was no recurrence of symptoms referable to the intestines. I have seen several instances like the one just given, but none so striking, and none which proved fatal. When, however, any similar instance occurs, it may be assumed that the case is quite within our control.

To enter any farther here into the treatment would be quite foreign to the object of this paper.

RICHARDSON'S ETHER SPRAY PRODUCER.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—The adjoined memoranda which I extract from my case-book furnish, in my opinion, unquestionable proof of the value of Richardson's Ether Spray Producer as a local anæsthetic agent,—I am, Sir, your obedient servant,

F. J. Davys, A.B., M.D.

Swords, June 6th, 1866.

Case 1.—M. C., a stout and healthy young woman, applied to me at my dispensary in Swords on the 18th ultimo, expressing a desire to have a tumour removed from her arm. I recognized the patient at once, as having had two tumours of the fibro-cystic character removed at different periods within a few years from the same arm. Both tumours I had the honour of laying before the Surgical Society—the one in March, 1865, and the other in March, 1866; and the tumour which I removed within the past month formed near the cicatrices of the others, and had reached the size of a walnut, which was of the same character as the former tumours, the full description of which appears in your valuable journal in the report of the proceedings of the Surgical Society of the above dates. I was enabled to try, for the first time, the effects of the spray producer, and the patient being very desirous of having me to remove the tumour, I at once had a continuous stream of the spray directed towards it, and had the patient's head, by aid of an assistant, directed one side. As soon as the parts surrounding the tumour became blanched, I made one long free incision, extending to an inch above and below it, and I removed it without any trouble. I then allowed the patient to look at her arm. She expressed herself as marvellously surprised to know that she had been freed of the tumour so quickly and painlessly. She assured me she felt not the slightest pain during the operation, but in course of a few minutes afterwards she complained of pain when the circulation was returning to the parts. She described the pain to be such as she would feel if she put her hands when cold in frosty weather near a fire.

Case 2.—Mrs. W., the wife of a respectable farmer, a delicate and elderly woman, and of a nervous temperament, was suffering for several days from paronychia on thumb of her right hand. She would rather allow her hand to slough off before she would consent to have the thumb lanced. She was becoming daily more exhausted, when it occurred to me to try the "spray producer," and having applied for some minutes the stream on the parts affected, till the thumb was perfectly blanched, and, as she then remarked, "It is now so dead with cold, I would scarcely feel anything that would touch it." At that moment I freely opened it without causing her scarcely any pain.

Case 3 was that of an anthrax which formed on back of the neck of a nervous, irritable young man. I applied the ether spray. The first incision he felt not in the slightest, the second (to form the crucial incision) he felt, but it was not, he said, very painful.

I may observe that each of those patients quickly recovered from their respective ailments.

MODIFICATION OF M. RICORD'S FORCEPS FOR THE OPERATION OF CIRCUMCISION.

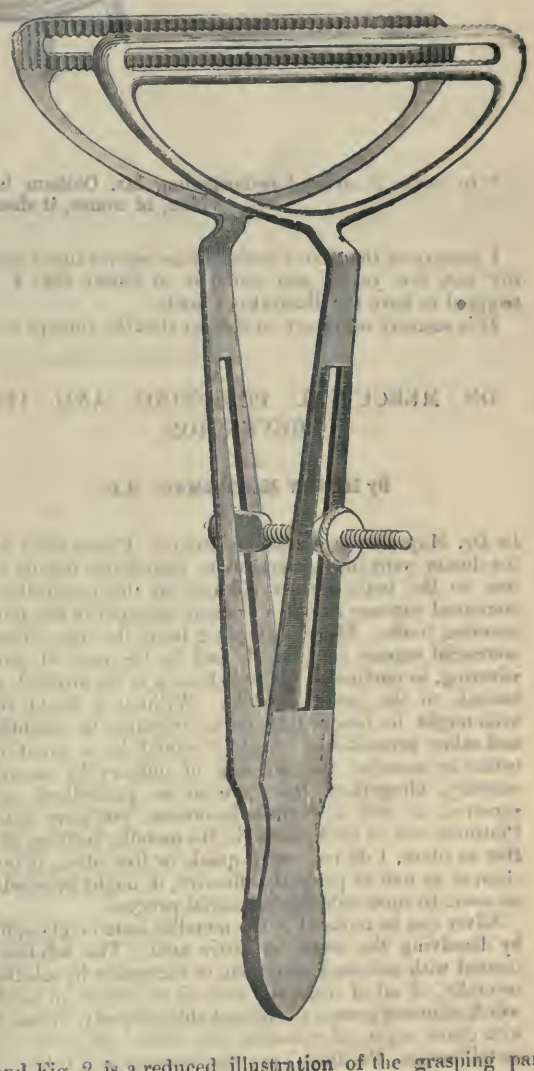
By B. WILLS RICHARDSON, F.R.C.S.I.,

SURGEON TO THE ADELAIDE HOSPITAL, DUBLIN.

Having found M. Ricord's forceps a somewhat unhandy instrument in the operation of circumcision, for which it was invented, I suggested to Mr. Thompson of Henry-street, some modification in its construction that appeared to me would render it more useful, and thereby, the surgeon more independent of assistants.

Fig. 1 represents the real size of the modified forceps,

Fig. 1.

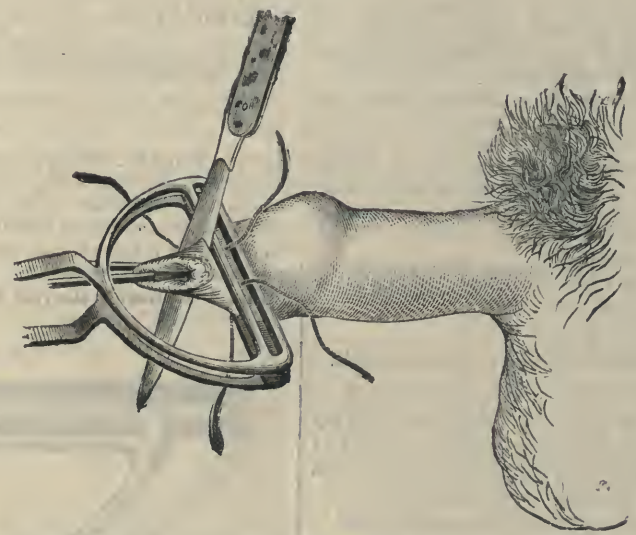


and Fig. 2 is a reduced illustration of the grasping part of the instrument *in situ*, the ligatures having been introduced and the superfluous prepuce in process of removal.

With this forceps the operation can be performed rapidly and easily, and at the same time the necessity of having an assistant is dispensed with, which, indeed, under some circumstances, the surgeon might not be able to procure.

Thus, when the forceps is fixed on the prepuce by mean of the sliding screw and nut, the operator is relieved of the awkwardness of having by pressure of one hand to keep the jaws of the ordinary forceps closed tightly, while with the other, he is passing the needles and ligatures and removing the superfluous foreskin—a part of the operation, in which with Ricord's forceps an assistant is of much use.

Fig. 2.*



* In order to avoid foreshortening, Mr. Oldham has represented the forceps somewhat oblique on the prepuce, which, of course, it should not be during the operation.

I have tried the above modification several times within the last few years, and found it so handy that I was tempted to have the illustrations made.

It is scarcely necessary to observe that the forceps is also suitable for ordinary circumcision, which some surgeons prefer to the procedure for which Ricord's instrument was designed.

Dublin, June 16, 1866.

ON MERCURIAL POISONING AND ITS PREVENTION.

By HENRY MacCORMAC, M.D.

In Dr. Mapother's interesting lecture, Press 23rd May, the doctor went into several most instructive details relative to the toxic results induced by the respiration of mercurial vapours among workmen engaged in the mirror silvering trade. The evils flowing from the respiration of mercurial vapour, in general, and in the case of mirror silvering, in particular, are well-known to the medical, and, indeed, to the general public. Without a doubt, these evils might be lessened by strict attention to cleanliness and other precautions. Still, it would be a great deal better to abandon the silvering of mirrors by means of mercury, altogether, the more so as procedures much superior, as well as entirely in-nocent, are now extant. Platinum can be precipitated in the metallic form on glass. But as silver, I do not mean quick or live silver, is much cheaper as well as perfectly effective, it ought everywhere be made to supersede the mercurial process.

Silver can be reduced to the metallic state on glass, first, by dissolving the metal in nitric acid. The solution is treated with ammonia and, then, in succession by solutions, severally, of oil of cinnamon and oil of cloves in alcohol, which solutions possess the remarkable property, in common with grape sugar, of reducing the oxide of silver to the metallic state. Petitjean's process, however, is, I believe, the one actually in vogue in France for silvering glass mirrors. I do wish and entreat that Dr. Mapother would introduce Petitjean s procedure among the mirror silvering artisans of Dublin, and so spare the poor fellows many a qualm and care. And, with this object in view, I shall, with your kind permission, describe it briefly.

Petitjean's procedure for silvering glass. Fifteen hundred and forty grains (1540) of the nitrate of silver are treated with 955 grains of the strong solution of *ammonia*, our *aqua ammonia fortissima*, then 7700 grains of distilled water. To this solution, when clear, add 170 grains of the tartrate of antimony dissolved in 680 grains of water, then 152 cubic inches of distilled water are to be added with agitation. When settled, the clear liquor is to be poured off. Then, to the solid residuum add other 152 cubic inches of distilled water. The clear liquors are, now, to be put together, and add 61 inches cube of distilled water. This is silvering solution No. I. Silvering solution No. II. is to be prepared, as before, only with twice the amount of tartaric acid. A planed cast iron table, levelled with a level, and containing water at a temperature of 140° F. gas heated, is the apparatus. The glass to be silvered is well cleaned with a soft cloth, then, with a plug of cotton dipped in the silvering fluid to which a little polishing powder is added, lastly, with a second plug of dry cotton. The glass laid flat on the table, is carefully covered with silver solution No. I. spread with a cylinder of india-rubber stretched on wood and cleaned with the solution. In from ten to twenty minutes the silver begins to be deposited. After a certain time, push the glass to the table edge, tilt so as to let the fluid run off, wash and examine. The next thing to do is to pour on silvering solution No. II., after which wait, tilt, wash, and dry. Finally, cover the work with red or black varnish. These mirrors are said to cost but 1s. 8d. per square yard for silvering. They do not spot, and are otherwise very beautiful and durable.

It is our bounden duty, I conceive, not merely to remove, but to prevent disease. Workmen are to be con-

strained, if needful, in respect of the observance of proper precautions. Ignorant masters are to be instructed, while the law should step in in aid of science and humanity. The simple employment of head pieces, with glass mask and a double current of air passed through tubes, a very gentle application of steam power would suffice, together with washing the hands before meals, would render the most unhealthy callings, such as dry grinding and phosphorus match making, quite exempt from risk.

Hospital Reports.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

THERAPEUTIC NOTES.

Capsicum in Delirium Tremens.—Since our last notice of the employment of this simple and efficacious plan of treatment, some well-marked cases have occurred in Dr. Lyons's practice. In one instance the patient, a tavern-waiter, of chronically intemperate habits, was admitted to the Whitworth Hospital in the first stage of this morbid condition. The patient exhibited tremor in almost all the muscles of the body, chilliness, debility, sleeplessness, foul tongue, severe and general uneasiness, but there was a total absence of illusions, horrors, or delirium to any degree. He got a single dose of capsicum, twenty grains in a bolus, after which he slept and fully convalesced, the disease having been thus peremptorily cut short. Dr. Lyons remarks on the great importance of this early phase of the disease being recognized and promptly treated. The patient is in that condition in which he may be by but slight further indiscretion plunged suddenly into all the horrors and moral degradation of the state of fully developed delirium tremens, with all its consequent loss of character with others, and loss to the patient himself of that last barrier against utter abandonment, the sense of shame and remorse. For not alone does the first occurrence of delirium tremens brand the sufferer with the character of an all but irretrievable dipsomaniac, but the fact that he has passed this moral rubicon, in the vast majority of cases deprives the patient of all stimulus to self-control, and under the demoralizing feeling that there is nothing further to be risked, his steps henceforward ever tend downwards and from bad lead on to worse.

As Dr. Lyons observes, a brief but variable period often precedes the fully developed attack of delirium tremens, especially in first cases, in which the patient presents anomalous symptoms unintelligible to himself, and not always read aright by his attendant. This stage is in some patients marked by the occurrence of tremor, sleeplessness, and general distress and anxiety, without a trace of delirium. In other instances slight illusions prevail without tremor, from which the patient can by an effort arouse himself, and under strong self-directed exertion of the will even command his faculties for a time, and pursue avocations of business, to break down, it may be, hopelessly, a few hours subsequently, if his condition is neglected, misunderstood, or mistreated. Under these circumstances the treatment by capsicum comes in very opportunely, and by its employment we may, as in the case just cited, cut short the disease, and so save the patient from the consequences of his imprudence, and possibly restore him to a reformed life. Another case well illustrates the success of this drug when opium had completely failed to alleviate the symptoms, and seemed on the contrary in many respects to aggravate the patient's condition. The case was that of an individual who had taken six grains of opium within a period of two or three days without sleep being procured, or any relief to the illusions, tremor, and distress under which the patient laboured. After a twenty-grain dose of capsicum in bolus, profound and refreshing sleep for twelve hours was induced, and the patient awoke conscious and restored. In an almost precisely similar instance occurring about the same period a thirty-grain dose of the drug had to be given a second time before full relief was procured. In one or two instances of individuals of confirmed and extremely intemperate habits it was found necessary to repeat the dose some three or four times.

As to the physiological action of the remedy, Dr. Lyons's explanation is that already given in a former communication—namely, that it produces a powerful stimulant and sedative influence by its direct action on the gastric filaments of the vagi. Slight uneasiness in the stomach has been complained of in one instance only after its use, and in two instances somewhat smart purgation was noticed, but without any evidence of intestinal or other irritation.

As at present employed, the drug is administered in bolus made up with honey of roses; but Dr. Lyons suggests the feasibility of its being conveyed to the stomach in the more agreeable form of a capsule.

As capsicum belongs to the great order of the Solanaceæ, Dr. Lyons suggests the possibility of its containing a narcotic principle hitherto undiscovered. He has referred this question for further elucidation to his distinguished friend, Mons. Gages, curator of the Museum of Irish Industry, a chemist of great eminence.

Christison observes, "Capsicum and cayenne pepper belong to the class of irritant poisons; and the latter preparation has been known to cause death. It is entirely destitute of narcotic properties, so far as is known at present. In both respects it constitutes a singular anomaly in the natural order Solanaceæ, which are generally powerful narcotics, but feebly or not at all acrid."

Pepper (Piperaceæ) probably black pepper, was not unknown to the ancients medicinally. Celsus, it may be mentioned, has a chapter headed: "Curatio horroris in febribus Si nec balneum quidem profecit, ante accessionem allium edat aut bibat calidan aquan cum pipere, siquidem ea quoque assumpta calorem movent qui horrorem non admittunt." Dioscorides also alludes distinctly to the use of pepper in curing the shiver of fever, and in later times Van Swieten and Louis Frank have employed it for a like purpose. Under the form of piperin the active principle of black pepper has been by many practitioners in the present century prescribd in the treatment of fevers, some vaunting its efficacy as not second to that of quinine.

Chlorate of Quinia.—This newly-discovered salt, which the profession owes to Dr. Lyons, continues to be employed in his Clinique and in his private practice, we are informed, with most satisfactory results. In cases of scarlatina, typhus, all low pyrexial states, local inflammations, &c., the use of this drug is indicated, and so far as opportunities have yet been afforded for testing its efficacy, the results are reported to be highly favourable. From its chemical constitution and the large amount of available oxygen which is thrown into the system when this medicine is ordered, according to the formula recently furnished*, in solution with perchloric acid, valuable therapeutic effects may be anticipated *a priori*. The tonic alkaloid conveyed into the economy at the same time is a very important substitute for the potash in the ordinary salt hitherto employed (chlorate of potash). Dr. Lyons awaits an opportunity of testing the value of the chlorate of quinia in that malady in which, above all others, chlorate of potash has attained, according to Trousseau and Pidoux, its most important and indisputable triumph—namely, gangrenous stomatitis. Meanwhile he invites the co-operation of his professional brethren in testing the value of this hitherto unused salt.

Syrup of the Phosphates of Iron, Quinine, and Strychnia.—Dr. Lyons has for some time past employed with, he conceives, very important therapeutic results, this powerful tonic combination, for which the profession is mainly indebted to the late Dr. Eaton of Glasgow, and Professor Aitken of the Royal Victoria Hospital, Netley.

* See *Medical Press and Circular*, May 30, 1866.

The concentrated syrup of the phosphates, when made by double decomposition, according to Professor Aitken's formula, contains per drachm two grains of the phosphate of iron, one grain of the phosphate of quinine, and one thirty-second of a grain of the phosphate of strychnia. It is a perfectly clear and limpid fluid, slightly refracting light with the peculiar tint of the quinine solutions, and, viewed in mass, obliquely showing the bluish tint of the phosphate of iron held in solution. It is perfectly miscible with distilled water, has a strong styptic and distinctly chalybeate taste, and an aftertaste of quinine. It may be exhibited in doses of twenty to forty, and even sixty, minims, diluted with water, according to age and the circumstances of the case. It is well borne in the majority of cases; it acts as an invigorating stomachic and sensibly improves appetite; it is an admirable general tonic; it appears to be a readily assimilable chalybeate, and is thus well adapted for certain chlorotic and anæmic states. In the morbid states of the nervous system which precede and accompany the development of the strumous diathesis, the influence of the strychnine salt appears to be exercised with great potency as a nervine tonic and stimulant, and it would seem to be an important agent in altering the morbid state of the nervous apparatus which presides over the function of nutrient assimilation. Physiologically, this influence may be supposed to be attributable to the well-known action of the strychnine salts on the spinal cord, as well as by direct stimulus to the filaments of the great sympathetic plexuses distributed to the stomach and intestines. From the general tonic and invigorating effect of this drug, its influence on the stomach and the promotion of appetite, as well as by the improved assimilation of food which it induces, it is a very valuable medicine in cases of strumous children threatened with scrofulous degeneration and ultimately with localized tubercular development. As a preparative to the use of cod-liver oil, and in certain cases as a concomitant to this food-substitute, the syrup of the three phosphates will be found a very important adjunct in the treatment of numerous forms of strumous disease.

But the employment of this admirable combination is not limited to the cases just mentioned. In depressed state of the system in the adult and aged, in several of the conditions tending to adipose degeneration of important organs, such as the heart and kidneys, the syrup of the phosphates will be found a serviceable and reliable remedy. Where it is desired to combine a tonic and styptic to aid in checking the drain of albumen from the system in chronic disease of the kidneys, this combination will be found of great use.

In many forms of cutaneous diseases where a tonic effect is desired, this combination will be employed with benefit.

For the use of strychnia in chorea and certain other of the maladies of children, the high authority of Trousseau and Pidoux may be cited. These distinguished authors give the following formula for the preparation of a syrup of strychnia. Five centigrammes of the sulphate of strychnia are dissolved in one hundred grammes of simple syrup. One hundred grammes contain about twenty-five *cuillerées a café* or teaspoonful; each teaspoonful or drachm contains two milligrammes or one twenty-fifth of a grain of the sulphate of strychnia. Dr. Lyons is of opinion that a superior efficacy will be found to attach to the triple combination above described. His best thanks are tendered to the Army Medical authorities in this city, by whose kindness Serjeant Moss of the Army Medical Stores, himself an experienced practical chemist, and who had learned the process under Dr. Aitken's supervision, has been allowed to prepare for him a specimen of the syrup of the phosphates of iron, quinine, and strychnia in exact accordance with Professor Aitken's directions.

A PREPARATION of paraffin devoid of smell or taste has been made, which, it is said, will preserve meat for an infinite time.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

CASES UNDER THE CARE OF MR. PORTER,

SENIOR SURGEON TO THE HOSPITAL.

[Reported by ARTHUR WYNNE FOOT, M.D.]

(Continued from page 506.)

CHRONIC HYDROTHORAX—PARACENTESIS THORACIS—DRAINAGE TUBE EMPLOYED.

Case 16.—John Grainger, 24 years of age, a patient in the medical wards, required relief from a large amount of liquid effused into the left side of the chest. The heart was displaced, its apex pulsated to the right of the right nipple; the left side of the chest was inelastic, dull on percussion, and almost motionless, measuring twenty inches and a half, the right measuring nineteen inches. Dyspnœa, loss of sleep, and hectic fever made an operation for the evacuation of the fluid necessary. Mr. Porter punctured the left side of the chest on the 4th of May by passing a narrow-bladed scalpel directly into the cavity of the pleura between the fifth and sixth ribs.

A piece of perforated india-rubber piping was then introduced, one end of it being allowed to hang out of the wound, 304 fluid ounces of sero-purulent matter, having a specific gravity of 1022, came away, 172 ounces within one hour after the operation, and 132 ounces between eleven a.m. and three p.m. The patient's condition became at once materially improved; the heart returned towards its normal condition rather slowly, inasmuch as the effusion had existed for a considerable time. He was so much restored in appearance that his father removed him from hospital before he was quite convalescent.

INDOLENT AND PAINFUL ULCER OF THE LEG, TREATED WITH OPIUM.

Case 17.—A woman between 50 and 60 years of age, was admitted under Mr. Porter's care, with an ulcer on the lower part of the leg which had existed more or less for eleven years. It had at times partially healed up, but never completely, and upon admission measured three inches in one direction by two in another; an indurated "welt" formed its margin, the depressed floor was pale, covered with a pinkish grey mass of feeble granulations, discharging but little, and that a thin purulent matter of great fœtor. Her chief complaint was of excessive local pain, depriving her almost totally of sleep at night. This symptom was one comparatively recent, and made her most anxious for relief; as to the healing of the ulcer itself she was not much concerned about that, as she had become quite accustomed to it, and had long given up hopes of having it cured. The especial nocturnal severity of the pain, its recent occurrence, and the evident proximity of the floor of the ulcer to the bones of the leg made it very probable that the acute pain was connected with periosteal inflammation. She was kept in bed, lotion of chloride of lime applied to the ulcer, and half a grain of the watery extract of opium given night and morning. This dose very much subdued the pain and was further increased to a full grain twice a day. She obtained her natural sleep at night without suffering from constipation or exhibiting any symptoms of narcotism. Mr. Porter frequently remarked, during the progress of the case, upon the benefit derived from the use of the preparations of opium in such ulcers—a remedy brought under the notice of the profession in 1837 by Mr. Skey as capable of exerting an almost specific power in healing the "chronic or callous ulcer affecting the legs of old persons." Mr. Skey, in his treatise "On a New Mode of Treating Ulcers and Granulating Wounds," says that in many cases a very palpable effect is produced by eight drops of the tincture of opium twice a day; but that he rarely commenced with a less dose than half a grain of the extract night and morning, increasing it when necessary up to two grains twice a day.

FATTY TUMOUR ON THE BACK—EXCISION.

Case 18.—Christopher McKenna, 45 years of age, was admitted with a fatty tumour the size of a large cocoa nut, situated between the base of the left scapula and the vertebral column, superficial to the rhomboid muscles. It was first noticed nine years ago, at which time it was the size of a bean. It was movable, painless, elastic without fluctuation, and its lobulated shape could be recognized when the skin over it was made tense by compressing its base and borders. There was no account of any injury having been received in its neighbourhood, except a dislocation of the left shoulder in early youth. A single median incision was made over the tumour, which, along with its tough investing capsule, was pulled and scooped out of its bed; two vessels required ligature, the edges of the wound were brought together by three points of iron-wire suture, and a thick pad of lint and bandage applied.

VENOUS ERECTILE TUMOUR ON THE FACE—TREATMENT BY FREQUENT PUNCTURE WITH RED-HOT NEEDLES.

Case 19.—The subject of this case, a little girl under twelve months of age, was born with a very small nævus on the left cheek, over the malar prominence. After birth rapid enlargement of the "mark" caused the mother of the child to apply for advice about it, when the child was six months old. A venous erectile tumour occupied then the greater part of the left cheek, encroaching upon the lower eyelid and side of the nose, swelling and getting deep purple in colour when the child cried. A glover's triangular needle, fixed in a wooden handle, was heated to redness in the flame of a spirit lamp, and plunged three times into the tumour in different directions; a pad of lint was then tightly secured over the part. This plan of treatment has been followed for some months at intervals of a week between each operation, with the result of very much diminishing the size and the vascularity of the tumour, which is also becoming consolidated. No marks remain on the skin from the punctures; occasionally a drop of blood followed the withdrawal of the needle.

Case 20.—Christopher T., aged 11 years, fell from the step of an outside car on the 23rd May, 1866. Received Colles' fracture of the left radius. Deformity most marked at once. He suffered great pain all that night, and was brought to the Meath Hospital on May 24. Mr. Porter applied Gordon's splint. Much relief afforded by this position. June 15th, the forearm perfectly straight, and the fracture firmly united. This case exemplifies, in a remarkable manner, the advantages of this mode of treating this particular fracture—the freedom from pain in the prone position, the ease from allowing the fingers a certain amount of motion, and the straight recovery, from the wooden pad of the splint filling up the natural concavity of the bone.

[NOTE.—We have on hand some important cases of Aphasia with Hemiplegia, which occurred under the care of Dr. Moore at Mercer's Hospital, and we hope to publish them in our next.—ED.]

THE Commons Committee has reported with regard to the City Corporation Gas Bill that its preamble is not proved. The construction of works at a distance from the denser parts of the metropolis, which was one of the most important elements of the corporation scheme will, therefore, in this instance at least, be deferred. The result seems to have taken everybody by surprise, but is not wholly to be regretted, because it will surely tend to the accumulation of forces on the subject of gas-manufacture in London, and produce some comprehensive and irresistible measure. This will, we trust, ensure the expulsion of gas-factories from this metropolis, as was done some years since in Paris with the best results. The city scheme aimed only at the construction of works at West Ham, so as to supply the city itself. West Ham, however, convenient in other respects, is not remote enough, and, whatever, it may be a few years hence, is by far too thickly peopled a district, even now, to admit gas-factories with security to health in general and safety in explosions.

Foreign Medical Literature.

TWO CASES OF TUMOUR OF THE BRAIN, WITH REMARKS ON THE CONNEXION BETWEEN CEREBRAL TUMOURS AND AFFECTIONS OF THE RETINA AND OF THE OPTIC NERVE.

By W. KOSTER.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, 1e Deel, 4e Aflevering, Utrecht, 1865.

By WM. DANIEL MOORE, M.D.Dub. et Cantab., M.R.I.A.,

HONORARY FELLOW OF THE SWEDISH SOCIETY OF PHYSICIANS, OF THE NORWEGIAN MEDICAL SOCIETY, AND OF THE ROYAL MEDICAL SOCIETY OF COPENHAGEN; EXAMINER IN MATERIA MEDICA AND MEDICAL JURISPRUDENCE IN THE QUEEN'S UNIVERSITY IN IRELAND.

IT is only within the last few years that, with the aid of ophthalmoscopic investigation, a peculiar morbid change of the retina and of the optic disc has been assigned a place among the causes of amaurosis. It was A. von Graefe, who in 1860 first demonstrated the connexion of this change: inflammation of the papilla of the optic nerve and its surroundings, with tumours within the cranium.*

I had by chance the opportunity of examining, within a short space of time, two cases of cerebral tumour, which had, during life, given rise to the optical changes in question. I shall relate the brief histories and the description of the post-mortem examination of these two cases, appending to each the pathological and clinical remarks suggested by them. In conclusion, I shall add a few words upon the connexion between cerebral tumours and affections of the eye.†

a. *Sarcoma fuso-cellulare and glioma cerebri. Convulsions and paresis during life. Blindness from pressure on the optic nerve.*

Cornelia de Liefde, aged 7, a native of Nieuwediep, was admitted on the 8th December, 1864, into the Netherlands Hospital for Affections of the Eye. As to her history, it was ascertained that both her parents enjoyed good health, and that her four brothers and sisters were likewise healthy. Her mother suffers from a slight degree of cyphosis, contracted in youth.

The patient herself was healthy until her fifth year; but from that period she complained of repeated attacks of headache, occasionally combined with restlessness and spasmodic movements. On one occasion she had even an attack of furious delirium, striking with her hands to the left, and with hallucinations (especially seeing animals about her).

On the 6th September, 1864, she became confined to bed with constant headaches and exhaustion. The physician who attended her, now and then applied leeches to the temples, and prescribed powders (probably calomel). At the end of four weeks she appeared to be somewhat better, but after the patient had left her bed it was remarked that her vision was gradually lessening, while a certain progressive blunting of her mental faculties was perceptible. She had not as yet, however, any decided fits.

On the 8th December she was brought to the Netherlands Hospital for Diseases of the Eye. The pupils are wide and

* A. von Graefe, Ueber complication von Sehnervenentzündung mit Gehirnkrankheit. [On the complication of inflammation of the optic nerve with cerebral disease.] *Archief fur Ophthalmologie von* Arlt, Donders *und* von Graefe, 1860, Bd. VII. Abth. 2, p. 58.

† From the essay itself it will appear that I am indebted to Professor Donders and Dr. Snellen for the clinical and ophthalmological details, while the former also in great part supplied the materials for the pathologico-histological description of the eyes.

little movable; there is no indication whatever of the perception of light. With the ophthalmoscope no abnormity is discovered except whiteness of the papillæ, with somewhat constricted vessels. The eyes have a normal degree of tension, perhaps somewhat inclining to too great firmness. The diagnosis is: *amaurosis e causa cerebrali; prognosis infaustissima.* At the solicitation of the father and especially at the request of the child herself, who had at home probably very insufficient care, she was taken in for observation. All the other organs are normal, the bowels, at first confined, have become quite regular under the use of some syrup of senna. The appetite is irregular, sometimes she feels excessive hunger, so that immediately after a good dinner she will devour a large piece of bread with unnatural eagerness; slight convulsive movements, especially of the arms, still continue.

The poor patient has frequent attacks of violent headache and then especially exhibits abnormal movements of the arms and legs resembling chorea, which are seldom entirely absent. The nights are almost always sleepless, and are spent in constant gentle moaning. By day she is quiet and contented, but she has, although she is quite conscious and perfectly understands all questions put to her, often great difficulty in finding the words she wants; it evidently troubles her to look for them. We have seen her spend quarter of an hour in the endeavour to utter the word "mutsje" (little cap), which she wanted for her doll, which was during the whole day constantly with her.

In the night of the 22nd December she was very restless, with attacks of oppression and anxiety. It was evident that she was annoyed by apparitions, which she endeavoured to escape from by hiding herself under the clothes, exclaiming: "I must go away," "there they come," &c. In the morning at six o'clock she became quiet; at eight she was dead, without having presented any further remarkable symptom.

On the following day I examined the body. In the thoracic and abdominal cavities no abnormity was met with, so that the contents of the cranium alone require an accurate description.

The bones of the skull were properly developed, but were thin, in the situations of the future sutures they were very firmly connected, but without the existence of synostosis. The dura mater was only loosely attached to the inner surface of the bones, its sinuses contained much fluid blood. On removing the dura mater it was seen that the brain was unusually strongly compressed. There was scarcely any appearance of convolutions and sulci, the surface being smooth and flat. Notwithstanding the vessels of the pia mater contained a large quantity of blood. The cerebral mass itself was very soft and pappy, the cortical substance was reddish, the white was very pale, exhibiting on section only a few points of blood. The left hemisphere was, moreover, much larger than the right, and had pushed the latter aside.

In the middle of the white substance of the posterior lobe of the left hemisphere was found a tumour of oval form, and about as large as a small lemon. It was loosely surrounded by the displaced white substance, was continued anteriorly into the lateral ventricle, lying against the posterior part of the thalamus of the optic nerve of the same side, still covered, however, by a layer of white substance. Posteriorly the white substance, on which the tumour bordered, was œdematous, infiltrated and softened, and on incision literally flowed from the tumour. The surface of the latter was not quite smooth, but was slightly nodulated, and was of a greyish-red colour.

On cutting into the tumour it seemed to have internally a greyer tint than on the surface, and to contain much fluid and blood, its consistence was nearly that of medullary cancer. On the outer and under side was a tolerably fresh coagulum of blood, and the tumour was infiltrated with blood.

The right lateral ventricle of the brain was distended with a great quantity of clear pale serum (about two ounces). Serum was present also in the middle and left lateral ventricles, but in the latter there was comparatively little in consequence of the proximity of the tumour.

The parts at the base of the skull were very much compressed, especially the much flattened optic nerve, and the vessels contained but little bood. There was scarcely any subarachnoid fluid.

The eyes were taken out with the whole of the optic nerve, and were preserved for more accurate examination. It at once struck the eye that the sheath of the part of the optic nerves which lies in the socket, was swollen and as if distended with fluid.

Microscopical examination of the moist surface of the divided tumour at once exhibited a great number of elegant fusiform cells, with long processes, others being multipolar and connected by their processes with neighbouring cells. At the same time many round regular little cells with a small nucleus were seen in the field of vision; together with blood-corpuscles. The first impression, therefore, was that the tumour should be regarded as a soft cancer with many bloodvessels (fungus hæmatodes). Closer investigation, however, soon showed, and especially after inspection of sections both of the fresh tumour and of hardened portions, that its structure agreed not with that of cancer, but of some sarcomatous tumours.

The fusiform cells connected with one another by outrunners in a reticulated manner, did not, however, as at first appeared to be the case, form absolutely a regular stroma, but the tumour consisted in great part simply of bi- or multipolar elongated cells lying close to one another. Between them occurred spots, containing little round cells all of similar size, which cells were situated in a very fine fibrous stroma present only in small quantity.

The tumour, therefore, agreed in structure chiefly with the fibro-plastic tumours (the fusiform-cell sarcoma of Virchow).* The spots with finely fibrous stroma and round cells bore a close resemblance to the so-called gliosarcomata.† The hæmorrhage in the tumour was evidently of fresh origin. The extravasated blood had as yet undergone but little change.

The examination of the eyes, partly in the fresh, partly in the dried state, or hardened in H. Mueller's fluid, brought little of change to light. In the yellow spot of the fresh preparation there was no trace of change, but Donders and I obtained a view of the cone of the fovea centralis, more beautiful than is usually seen. The most important change was perceptible microscopically in the optic nerves. The outer sheath of the part lying within the globe was distended with œdematous infiltration of the connective tissue uniting it with the inner sheath. In that connective tissue we found ellipsoidal clear non-nucleated cells in the separate fasciculi, into which the connective tissue is so characteristically divided.

Sections of the optic nerve gave but little information. A somewhat atrophic condition of the nerve-bundles was, however, not to be mistaken; moreover, a slight granular change of the nervous medulla was here and there demonstrable. Especially close to the papilla had the nerve-fibres undergone a granular alteration, and free fat was observable between them. In the chromic acid preparations the axis-cylinders in the course of the optic nerves still distinctly struck the eye. The interstitial connective tissue had undergone no perceptible change.

The fibrous layer around the papilla of the optic nerve was turbid, the connective tissue, however, contained no new formations, but was dark and opaque.

The retina around the macula lutea exhibited no striking abnormities. On the addition of a weak solution of soda no fatty deposit was visible.

It is not necessary to add much commentary upon the above case. That the neuroglia of the white substance of the left hemisphere of the brain was in this instance the starting point of a process of new formation, that this

* *Die Krankhafte Geschwulste*, Bd. ii., 1te Hafte, p. 195.
† Virchow, l.c., p. 202.

new formation began about two years before the death of the patient, proceeding at first slowly, latterly more rapidly, and that all the morbid phenomena, including the blindness, depended partly on the irritation, partly on the pressure, caused by the tumour formed, is evident without further proof.

It may be considered remarkable that in this instance, notwithstanding the existence of such an extensive tumour, a not inconsiderable degree of dropsy of the ventricles of the brain existed; and we can scarcely imagine how the brain, with such a degree of pressure, could still perform its functions tolerably well. It is, no donbt, most probable that the dropsical effusion did not take place until the very last days of life (perhaps in the last severe attack of oppression before death), under the influence of cerebral congestion, with which likewise the fresh effusion of blood into the tumour may be brought into connexion. Up to this time the slow increase in the size of tumour may, if not wholly explain, at least on the ground of analogy, make the comparatively slight symptoms of pressure on the brain more comprehensible. A further consideration of the seat of the tumour, and of the nature of the deviations caused by it, in connexion with the morbid symptoms, is (even if it were possible), as little part of our plan, as a detailed essay on the structure of the tumour from a pathologico-histological point of view, or in particular on the difficult theory of the sarcomata. I think I have described the nature of the tumour with sufficient accuracy, and in the third part of this paper, I shall revert to some peculiarities respecting the local influence of the same.

(To be continued.)

ACTION OF OXYGEN ON THE BLOOD.

By M. SCHOENBEIN,

PROFESSOR OF CHEMISTRY IN THE UNIVERSITY OF BALE.

Translated by THOMAS WHITESIDE HIME.

From numerous experiments I am convinced that ordinary oxygen cannot produce any oxydation unless it has previously undergone an allotropic alteration. I have proved that there exists two distinct modifications of oxygen, antozone and ozone, or, as the author once called it, "Schoenbein's smell," which are produced in ordinary oxygen under favourable circumstances.

From experiment we know that ozone oxydises at a low temperature, and directly, a great number of simple and compound bodies. Antozone, on the contrary, is chemically indifferent to substances readily *oxydisable*—*e.g.*, phosphorus, pyrogallic acid, hæmatonalin, &c., but it combines readily with water HO to form peroxide of hydrogen HO_2. Ozone does not combine with HO.

One means of decomposing neutral oxygen into antozone and ozone—that is, of chemically polarizing it—is to bring it into contact with a substance which can be readily oxydised by ozone and with water.

The slow combustion of phosphorus in moist atmospheric air, I consider a type of all slow oxydations in air. We must look for the cause of all the slow oxydations which appear to arise from the influence of oxygen in the chemical polarization of the neutral oxygen.

In all these oxydations oxygenated water HO+antozone is produced, without, however, the necessary liberation of free ozone. The formation of free ozone by the side of HO+antozone, during the slow combustion of phosphorus is due, as I have proved, to the volatility of the latter. In fact, it has been proved that no substance can give out free ozone during slow oxydation, unless it be volatile at the ordinary temperature or at that of boiling water. When at the ordinary temperature, or at a temperature slightly elevated, an amalgam of lead is agitated with oxygen and water acidulated with SO_3, a large quantity of peroxide of hydrogen is immediately formed, without the least trace of free ozone being perceptible. This depends on the fact that the ozone which is developed on the lead serves to oxydise the metal, as is shown by the formation of P_6O, SO_3, which accompanies this reaction. The absence of ozone can be shown in other phenomena of oxydation when oxygenated water is produced—*e.g.*, when pyrogallic acid is treated with a solution of potash in presence of oxygen. In the solid state this acid oxydises neither in the presence of neutral oxygen nor of antozone, whether free or in combination with water. Ozone, on the contrary, and its combinations, the ozonides, seize it with avidity and convert it into brown substances termed ulmic.

Pyrogallic acid, when brought into contact with ordinary oxygen in presence of water, undergoes an analogous decomposition; it is for this reason a solution of pyrogallic acid becomes gradually brown on exposure to the air. The addition of an alkaline oxide hastens the decomposition.

I have proved that this oxydation is always accompanied by the formation of oxygenated water HO+antozone, which water exerts no oxydising action on pyrogallic acid. From whence I conclude that neutral oxygen is chemically polarized in presence of pyrogallic acid and water, similarily as in the slow oxydation of phosphorus in moist air. The ozone which is produced oxydises the pyrogallic acid, while the antozone unites with the water to form HO+antozone.

Spirits of turpentine also exhibits curious reactions. According to my observations it decomposes ordinary oxygen into antozone and ozone; the ozone converts part of the spirits of turpentine into resin, while the antozone acts on the other part, with which it forms a combination which can in turn give it up to other substances—*e.g.*, to SO_3.

In a great number of oxydations there is formed neither ozone nor oxygenated water in a free state. This would seem to prove that neutral oxygen can produce direct oxydation, which would be contrary to my theory; but I proceed to show that there are accessory circumstances which prevent the formation of ozone and oxygenated water in a free state during these oxydations. The facts which I have mentioned lead to the conclusion that those oxydations which are produced in the interior of the organism, take place in a manner similar to the slow oxydations of a large number of organic and inorganic substances in moist air. Oxygen introduced into the body by respiration produces oxydations in it. I believe that these oxydations are always preceded by the chemical polarization of the neutral oxygen. Oxygenated water being produced in the oxydation of a large number of substances, and its presence being sufficient to show the chemical polarization of the oxygen, I have searched for oxygenated water and ozone in the blood of animals.

The examinations which I have made for this end have not shown me the least trace of either one or the other, in spite of the precautions I have used, and the extreme sensibility of the reagents employed.

This negative result, far from appearing to me a contradiction of my theory, leads me to suppose some accessory circumstances must impede the formation of oxygenated water, as well as ozone. I proceed to examine these circumstances more minutely.

In my previous researches on the action of ozone on organic substances, I have found that blood absorbs it very rapidly; that albumen, fibrin, and the blood-globules produce individually the same action on it. These substances under these circumstances undergo a remarkable change in their chemical composition, as my experiments and the interesting researches of MM. Hiss and Gorup prove.

With regard to the action of oxygenated water on albumen in solution, I find from experiment that the two substances may remain a long time in contact at the ordinary temperature without sensibly acting on each other.

A mixture of these two substances, preserved during several months, still contained oxygenated water, and the amount of albumen remained unaltered.

Thenard discovered the curious property which the fibrine of coagulated blood possesses of decomposing HO_2 into water and neutral oxygen, without itself becoming oxydized in an appreciable degree. Does the fibrine in solution in the blood possess the same power? This cannot be asserted with certainty, for no one that I know of has hitherto succeeded in obtaining fibrine in a liquid state out of the body.

I have found that fresh blood, carefully deprived of its fibrine, possesses in a very high degree the power of decomposing oxygenated water into neutral oxygen and water; the abundant disengagement of gas and the frothing produced immediately on the two liquids being mixed, renders this visible. If this gas be collected and analyzed, it will be found to possess all the properties of ordinary oxygen. Thus we see that defibrinated blood decomposes peroxide of hydrogen HO_2 in the same manner as platinum—that is, into HO and oxygen. If to a certain quantity of this blood be added a relatively small quantity of oxygenated water, after some seconds no trace of it will be perceptible, and the resultant liquid possesses the quality of decomposing a fresh quantity of oxygenated water with disengagement of oxygen.

After waiting till this new quantity of oxygenated water has been decomposed, which can be readily proved by the use of *iodide of starch* and sulphate of iron, an additional quantity of oxygenated water may be added, and will be found to disappear after a little time. This cannot, however, be indefinitely continued. The blood loses by degrees its property of decomposing oxygenated water, the liquid becomes clearer and clearer, and at length becomes quite colourless, at the same time having become incapable of decomposing a fresh quantity of HO_2.

The organic substances contained in defibrinated blood are, as we know, albumen and the blood-globules. As albumen exerts no action on peroxide of hydrogen, we must conclude it is the globules which impart to defibrinated blood the decomposing properties above mentioned. What confirms this view is that the globules, when cleared as much as possible from albumen, and even dried, decompose oxygenated water, with an active disengagement of neutral oxygen.

Further, the blood-globules are being destroyed while the oxygenated water is being decomposed; and when the blood has lost the property of decomposing HO_2, it has been completely decolorised. An additional proof is that the decolorised blood no longer turns tincture of guaiacum blue in presence of peroxide of hydrogen. Blood-globules on addition of tincture of guaiacum and oxygenated water produce a blue colour, so characteristic that a very slight trace of the globules can be recognised in this manner. Water coloured with defibrinated blood, so as to be but slightly red, turns a mixture of tincture of guaiacum and oxygenated water blue, markedly and quickly. I recommend this reagent, the most delicate I am acquainted with, to the notice of physiologists and of those who interest themselves in the application of chemistry to medical jurisprudence.

The following fact will give some idea of the large quantity of oxygenated water which can be decomposed by blood-globules:—One gramme of fresh defibrinated blood will decompose, at a temperature of 7°, in twelve to fifteen minutes, the oxygenated water produced by five grammes of BaO_2 contained in one hundred grammes of water. The resultant liquid will not have entirely lost its power of decomposing HO_2, nor will the globules contained in it be all destroyed. The colour of the liquid will still continue red, proving their presence, which can be further proved by the use of the tincture of a mixture of guaiacum and oxygenated water, which will become blue if a certain quantity of this fluid be added to it. To deprive it entirely of the power of decomposing HO_2, or turning tincture of guaiacum blue, a fresh quantity of oxygenated water, equal to what was first employed, must be added. It is almost unnecessary to add that this last supply of oxygenated water will be decomposed much more slowly than the first.

In conclusion, we find that the globules contained in one gramme of defibrinated blood will decompose two grammes of HO_2—an enormous quantity relatively to the amount of organic matter which has produced the decomposition.

The following is another very curious fact:—During the reaction of the oxygenated water on the defibrinated blood, a white flocculent substance is formed, which possesses all the properties of an albuminoid, besides that of decomposing oxygenated water, without itself undergoing any appreciable modification. This last circumstance supports the supposition that this substance is nearly allied to the coagulated fibrin of blood, if it be not identical with it, and that it arises from the blood-globules destroyed by HO_2. It devolves on physiologists to make us better acquainted with this substance. The presence of this substance gives to blood which has been completely decolorised by HO_2 the property of still decomposing sensibly oxygenated water. The liquid can no longer decompose HO_2 if this white matter be eliminated in filtering. If, however, the filtered liquid, although clear, be not entirely decolorised, if it have a very slight brown or yellow tinge, it will decompose a further quantity of peroxide of hydrogen, and become sensibly clouded. It must be added, however, that this substance, so analogous to fibrin, loses by degrees its property of decomposing oxygenated water, and becomes modified in such a manner as to be able to remain entire days in contact with HO_2 without decomposing an appreciable amount of it. In this state it exhibits the same inactivity in presence of HO_2 as the white of egg, liquid or coagulated. According to my experience, fibrin, too, loses at length its property of decomposing HO_2.

There occurs in the blood a continuous series of oxydations analogous to those which a number of organic and inorganic bodies undergo under the influence of atmospheric oxygen at the ordinary temperature, and in the presence of water. If we find in the blood neither ozone nor antozone combined with water (HO) in appreciable quantities, we can explain their absence by the aid of the preceding facts. Albumen, fibrin, and blood-globules, placed separately in contact with ozone, unite with it with greater or less avidity. Thus we see that if neutral oxygen separates in the blood into antozone and ozone, this ozone immediately produces oxydations, and disappears according as it is formed, without its presence in the blood in a free state being demonstrable. With regard to the corresponding antozone, it is decomposed by the blood-globules at the moment it unites with water to form HO_2. If the fibrin in solution in the blood acts in presence of oxygenated water, like coagulated fibrin, it hastens the decomposition of the peroxide of hydrogen. It is then as impossible to find oxygenated water as free ozone in the blood, supposing both are continually produced by the inspiration of neutral oxygen.

The property which the blood-globules possess of decomposing peroxide of hydrogen, and thus transforming themselves into a fibrinous substance, is well deserving of the attention of physiologists, who have for a long time attributed an important action in respiration to these globules, though still not accurately determined.

If we consider, further, that of all known animal substances, the blood globules and coagulated fibrin alone possess the property of decomposing oxygenated water, like platinum, and that these two substances, with albumen, form the sum of the organic constituents of the blood, it is hard to consider this decomposing property of the globules as accidental, and without any reference to the physiological action they are destined to perform in the organism.

(To be continued.)

As the system pursued at the lunatic asylum at Yarmouth has not been productive of satisfactory results, the Duke of Somerset, on the recommendation of Dr. Bryson, C.B., has appointed Dr. William Macleod to the charge of the establishment.

Proceedings of Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 8TH.

Dr. ALDERSON, F.R.S., President.

PATHOLOGICAL AND SURGICAL OBSERVATIONS ON THE DISEASES OF THE EAR.

(EIGHTH SERIES.)

ON DISCONNEXION OF THE INCUS AND STAPES; ITS EFFECT UPON THE FUNCTION OF HEARING, AND ITS TREATMENT.

By JOSEPH TOYNBEE, F.R.S.,

CONSULTING AURAL SURGEON TO ST. MARY'S HOSPITAL, ETC.

THE author begins by some observations on the anatomy and physiology of the chain of bones. He gives an account of the tensor tympani ligament, whereby the membrana tympani and the chain of bones are kept in a naturally resilient state. And he then shows that the function of the chain of bones is twofold: (1) to transmit sonorous vibrations from the drum to the expansions of the auditory nerve; (2) to act as the analogue of the iris in the eye by adapting the labyrinth for the reception of sonorous vibrations having varying degrees of intensity. In proof of the first-named function, the experiments of MM. Sissajous and Dessains are cited, by which faint undulating lines were produced by a slender style attached to the base of the stapes during the vibration of the drum by sonorous undulations. In proof of the second function of the drum, the fact was cited that during the act of listening the stapedius muscle relaxes the membrana tympani and the membrane of the fenestra rotunda; on the contrary, when a loud sound is expected, the tensor tympani muscle draws tense the membrana tympani and the membrane of the fenestra rotunda.

The pathological conditions alluded to in the paper are: (1) simple disconnexion of the incus and stapes; (2) disconnexion of the incus and stapes, the long process of the incus being absent.

1. The author shows that simple disconnexion of the stapes and incus, if attended with no other lesion, is not productive of any appreciable deafness, inasmuch as the tensor tympani ligament is able to keep the two bones in contact, and the action of the tympanic muscles is not interfered with. But if the membrana tympani or its ligament is relaxed, in addition to the disconnexion of the stapes and incus, then the function of hearing is interfered with, and often only to this extent, that the patient can hear only when the voluntary act of listening is performed—that is to say, when by voluntary muscular effort the incus is held in contact with the stapes. In this class of cases, gentle pressure on the outer surface of the drum by any resilient body restores the natural power of hearing, and the distress produced by the necessity of constant listening is quite overcome.

2. But if the membrana tympani or its ligament is much relaxed, then no voluntary effort can bring the stapes and incus into contact, and great deafness is the result. This deafness is also remedied by the application of an artificial membrana tympani, which, gently pressing upon the outer part of the chain of bones, keeps the incus and stapes in contact.

3. This disconnexion of the incus and stapes also occurs in conjunction with partial or complete loss of the long process of the incus, the membrana tympani being entire. The treatment in this class of cases consists in pressing inwards the membrana tympani so as to place its inner surface in contact with the head of the stapes, and to retain the two structures in contact.

The lesions above referred to also take place when the membrana tympani is perforate. When there is disconnexion of the incus and stapes, together with a thickening of the mucous membrane or the ligaments of the articulation, the treatment consists in keeping up gentle pressure upon the outer surface of the long process of the incus: when the long process of the incus is absent, the pressure must be upon the head of the stapes. In order to exercise gentle pressure upon the ossicles and still to allow the muscles to move the ossicles, the author has recently suggested a new kind of artificial drum, in the shape of a small globe of india-rubber containing air.

Mr. HARVEY said he considered the paper of much importance and interest, inasmuch as it would show the aural surgeon the means of preventing much of the mischief this part of the organ was subjected to after long-continued and neglected catarrhal disease. He (Mr. Harvey) had paid some attention to the subject before the Society; and from the experience thus derived he was not surprised to find the incus so often the seat of mischief, and so often displaced, owing to the anatomical connexion of this bone with the mastoid cells. His own examinations had been more especially directed to the ossicles and their capsular attachments, when attacked by rheumatism, gout, and certain forms of syhilis affecting the auditory functions as a consequence, which they often seriously imperil, and it not unfrequently happens that anchylosis supervenes. These lesions cannot be very accurately diagnosed at all times during life; yet he thought a sufficiently correct opinion might in many cases be made from which a rational mode of treatment could be derived, and which would be a source of gratification to the surgeon, and enable him to give much relief, and, in some cases, make a complete cure of the deafness. As regards the treatment of the cases brought forward by the author of the paper, where the incus was supposed to have been displaced, or, as suggested, dislocated from its attachments, he should like to be informed whether pressure alone had been adopted; or whether it had been combined with constitutional treatment. He thought two of the cases cited by the author pointed to such an amount of debility or relaxation of the structures as would have yielded to constitutional treatment—namely, that of giving an increased vitality to the system by tonics. The duration of time required for the cure was also a point of importance. There was another point of very grave consideration, and on which he would like to be more informed—whether the author had ever known epilepsy to have been brought into action by long-continued pressure on the ossicula; if so, he thought it would be preferable to pause rather than adopt such expedients as the author had suggested. He regretted that no history had been given of the preparations on the table by which more practical instruction would have been gained. Some useful suggestions thrown out, and many difficulties inherent in the subject-matter, might also have been cleared up.

Mr. BROOK said there was some advantage in the membrana tympani which had not been alluded to. Supposing the power of hearing to be feeble, it was possible, the membrana tympani being entire, to make the external auditory canal a reciprocating cavity by closing the external meatus. If the meatus be closed, and a tuning-fork be then applied to the head near the unclosed ear, it will be best heard by the closed one. Hence the importance of its collecting and communicating vibrations, independently of the pressure it exerts on the tympanum.

Mr. HINTON said that some cases which had come under his observation tended to support what might appear to be the weakest part of Mr. Toynbee's paper—namely, the evidence of relaxation or disconnexion of the ossicula when the membrana tympani was not perforated. In the cases referred to, of which he had seen several, the membrane was thin and relaxed, either altogether or in its posterior portion, and consequently had fallen inwards to such a degree that the head of the stapes projected beneath it. In some of these cases he had found that a stream of air passed into the tympanum, filling the cavity and raising up the membrane, considerably increasing the hearing power. But in others the opposite effect was produced: inflation

of the tympanum diminished the hearing, which was restored either by sudden strong inspiration through the nose, or by pressing in a peculiar manner upon the meatus, both of which actions had the effect of placing the membrane visibly in contact with the stapes. In some instances in which an apparently similar collapse of the membrane existed on each side, the opposite effects were produced by inflation, showing that the condition of the parts contained without the tympanic cavity was different. When drawing or forcing the membrane inwards, in the mode above described, improved the hearing, the use of the artificial membrane had frequently been beneficial.

Mr. Savory said the author had brought forward so much in his paper that it seemed almost ungracious to ask for more. He (Mr. Savory), however, failed to find a cause for the conditions the author described. It had occurred to him that some of the cases might have had a traumatic origin, and he asked Mr. Toynbee if this view might not throw some light on the particular way in which the disconnexion was brought about.

Mr. Toynbee, in reply, said that it was quite possible for the incus to be separated from the stapes as the result of a blow—indeed, one of the specimens indicated such a cause of dislocation; but, as a rule, the incus and stapes were disconnected by one of the three following causes:—(1) Relaxation of the tensor tympani ligament or of the membrana tympani itself. (2) Thickening of the tympanic mucous membrane with catarrh. (3) A loss of substance of the long process of the incus. Desirous of not encumbering the paper with patbological researches, he had deferred entering upon a consideration of the mode in which the pathological changes were effected, leaving the subject for a future paper. In reference to the difficulty of ascertaining the fact of the disconnexion of the incus and stapes when the membrana tympani is entire, Mr. Toynbee said that the affirmative could only be decided when the history, appearances, and symptoms concurred to favour the conclusion. In no case had any brain-symptoms been produced by the use of the artificial membrana tympani; indeed, it was highly improbable that the presence of the drum would produce such a result, as undue pressure on the chain of ossicles, and thence upon the vestibule, produces immediate increase of deafness. In many cases the artificial drum is dispensed with after a short time, as the chain of bones by its use appears to regain its normal resiliency; in other cases the artificial drum requires to be used at intervals. Considerable experience during many years had shown that the use of the artificial drum is attended with permanent advantage. Mr. Toynbee also said, in reply to Mr. Brook, that in the early study of the subject he had reason to believe that the artificial drum acted beneficially by constituting the tympanum a closed cavity; and he was strengthened in this opinion by the beneficial effect following the use of a bubble of mucilage for the purpose of closing the aperture. Recent researches in pathology and in operative practice had, however, induced him to adopt the conclusions cited in the paper; and he was disposed to believe that even the beneficial effect of the mucilage was due to the gentle pressure it exerted upon the chain of bones, thus conducing to render it continuous and resilient.

The President thought that much more would be gained by a close study of physiology as introductory to pathological investigation. He said that whilst we were fully acquainted with the mode in which light was impressed upon the retina and so communicated to the brain, notwithstanding that doubt still existed as to the true theory of the nature of light, yet, on the other hand, whilst the vibrations of the air were fully understood, very little that was positive had been ascertained as to the mode in which those vibrations were communicated to the brain.

Mr. Toynbee asked permission to say a few words in reply to the remarks of the President. In the first place, it was a mistake to suppose that all the ossicles could be lost without the production of deafness—the presence of

second place it was only recently that the true action of the stapedius muscle upon the stapes was made out, and the analogy of the base or the stapes to a piston and the inner surface of the fenestra ovalis to a cylinder clearly shown. And thirdly, experiments and dissections had clearly demonstrated that the action of the tensor tympani muscle was to render tense the membrane of the fenestra rotunda by exercising traction on this muscle when the scala vestibuli of the cochlea was exposed, when the fluid in the scala was seen to move outwards; and, on the contrary, when the tendon of the stapedius muscle was pressed upon, the fluid was seen to recede again.

A CASE IN WHICH A NEW OPERATION FOR THE RADICAL CURE OF HERNIA WAS SUCCESSFULLY PERFORMED.

By Arthur E. Durham, F.R.C.S.,

ASSISTANT-SURGEON TO, AND LECTURER ON ANATOMY AT, GUY'S HOSPITAL.

Stephen H——, a sailor, 26 years of age, sought admission to Guy's Hospital for the purpose of being radically cured of an easily-reducible but very troublesome inguino-scrotal hernia on the right side. The hernia had been first noticed six years previously. It had gradually increased in size, and extended into the scrotum. Latterly it had given rise to such constant inconvenience and so much occasional pain that the patient had been quite unable to follow his occupation. He could not wear a truss, although he had repeatedly attempted to do so. At the period of admission to the hospital the scrotal portion of the hernia was about as large as a hen's egg, or rather larger. The bowel, of which it was evident the hernia mainly consisted, was easily returned into the abdomen, but a slight fulness of the inguinal canal persistently remained.

On Jan. 19th, chloroform having been fully administered, and the hernia reduced as completely as possible, Mr. Durham proceeded to operate in the following manner:—An incision about two inches and a half in length was made through the skin and superficial fascia, in a direction at right angles to Poupart's ligament, and just over the inner border of the internal or deep abdominal ring. The tendon of the external abdominal oblique muscle was next divided in a similar direction, but to a somewhat less extent, and in a situation slightly further from the median line of the body. The lower fibres of the internal abdominal oblique or cremaster were then separated longitudinally, and the internal spermatic fascia or fascia propria of the hernia was exposed. A slight incision having been made in the lower and deeper part of this fascia, an aneurism needle was carefully insinuated through the areolar tissue, and by its means a ligature was placed between the sac of the hernia and the important structures of the spermatic cord, and carried through the upper and deeper part of the fascia. The fascia and sac were then drawn gently downwards and towards the median line of the body, and the ligature was tied tightly as high up and as far outwards as possible; in fact, as nearly as could be judged, exactly at the internal or deep ring. The ligature thus included the greater part of the circumference of the fascia propria or internal spermatic fascia just where it becomes continuous with the fascia transversalis, the whole circumference of the sac just at its junction with the general peritoneal lining of the abdominal parietes, and within the sac a small plug-like portion of omentum. In passing the aneurism needle, a slight puncture was unintentionally made into the sac. This puncture, however, when subsequently dilated, afforded the opportunity of ascertaining that the sac did not communicate with the tunica vaginalis testis, but that it contained a small piece of irreducible omentum; this was drawn out and cut off below the ligature. Finally the wound was closed above and below by sutures, which were passed through the sac. The ends of the ligature were left coming out through the middle of the wound.

The after progress of the case was most satisfactory.

for more than six weeks. From first to last he never had a single bad symptom worth mentioning. There was never any abdominal tenderness, constitutional disturbance, or other indication of general peritonitis; nor was there ever much pain about the site of the operation. The upper and lower parts of the wound healed by first intention. The ligature came away on the eighteenth day, and complete closure of the wound speedily followed. On the 29th March, the patient, having to a certain extent recovered his strength, went into the country. Before leaving the hospital he was examined by all the members of the surgical staff as well as by many visitors. There could not be discovered the slightest hernial protrusion, nor any abnormal impulse on coughing. The inguinal canal from the internal ring seemed perfectly blocked by the obliterated sac and new material.

This case, although a solitary one, may be considered to prove—first, that the method of operation described is practicable; and, secondly, that it is not necessarily attended by danger. The author would add that he believes it to be more scientific in principle than any other method yet adopted, and he hopes therefore it may prove more successful in practice.

Mr. Spencer Wells said that the proceeding described to the Society as *new* reminded him very strongly of operations performed centuries ago for the radical cure of reducible hernia. But, as the object of the older operators was to apply a ligature around the neck of the sac, or to obliterate it by scarification or by the introduction of foreign bodies within it, or to destroy it by caustics or the actual cautery, their proceedings proved to be so extremely dangerous, and so often unsuccessful, that when he (Mr. Wells) brought Wutzer's method before the Society in 1854 all operations for the radical cure of hernia were very generally condemned by the profession. Since 1854 Wutzer's operation had been very frequently practised here, and had often proved unsuccessful. But this was because it had been performed in cases for which it was unsuitable. Where the rings have not been much widened and the canal not much shortened it is a very successful operation, and is almost free from danger. Unfortunately, it is only applicable to a very small proportion of cases. Mr. Wood's operation is of much wider application, but it is unquestionably a more serious, not to say dangerous, proceeding. The operation performed by Mr. Durham appeared to be even more hazardous. Free division of skin, fascia, and muscle, and the application of a ligature, even if the sac were not accidentally opened, though not in this case followed by any bad symptom, might certainly be expected to lead to danger in a certain proportion of cases. And it became a grave question whether any very serious operation could be justifiable in cases of reducible hernia. If the hernia could be well supported by a truss, no operation attended with danger to life could be sanctioned. When a truss could not be borne, then Wutzer's operation in cases to which it was adapted, or Wood's operation when the rings were wide and canal short, seemed to offer at least an equal prospect of success, and to be much less hazardous than the operation performed by Mr. Durham.

Mr. Holthouse wished to know the particular reasons for performing this operation for the radical cure of hernia, and what were its advantages over other operations having a similar object. He thought Mr. Wells was in error in believing that it was the same operation which had been done some centuries ago. In the cases to which Mr. Wells referred the sac had been tied at the external ring, and thus a pouch was left open above the ligature, into which a hernia could descend. In Mr. Durham's operation the sac was tied at the internal ring. Mr. Holthouse thought the new operation was inferior to Mr. Wood's, partly because it was less safe, and partly because it dealt only with the hernial sac, and made no provision for drawing together the sides of the canal. Mr. Wood's operation, he added, blends the sac with the walls of the canal, which thus offers a firm resistance against future protrusion.

Mr. Christopher Heath, without wishing to detract from the credit of a successful case, could not but regard the good result in Mr. Durham's operation as in great measure due to the accidental presence of a piece of omentum within the sac, and which, therefore, served to plug the canal. This occurrence could not be looked for in every case, and even if the sac were opened, as was unintentionally done by the operator in his case, it would be scarcely possible to draw omentum down with safety. Mr. Heath thought three months too short a time to show the ultimate success of the operation, and was not surprised to hear that after the inflammation excited and the formation of an abscess there was reported to be considerable thickening of the parts. He knew from his own experience and that of others in Wood's operation that very considerable induration disappeared after a time, and he feared that then the peritoneum would again become stretched and the hernia be reproduced. Another point worthy of consideration, he thought, was the advisability of dividing the muscles to the extent recommended by the author. He feared that it would lead to permanent weakening of the abdominal parietes, as was seen after the operation for ligature of the iliac arteries.

Mr. Hulke asked if the omentum was included intentionally?

Mr. Kingdon said that it was not the fatality of former operations which had led to their disuetude, as Mr. Wells had just remarked, but their inefficacy. The former, as well as the present, operations were based upon a false assumption—viz., that there was power in the adhesions thereby instituted permanently to prevent a recurrence of hernia. There was not the slightest evidence in favour of such an assumption, but the recorded evidence of Dupuytren and Scarpa was against it. Sooner or later, as Mr. Heath had stated, the adhesions were sure to yield.

Mr. Durham, in reply, said that although he had searched diligently he had failed to find on record the details of any such operation as was described in his paper just read. He therefore ventured to consider his method a new one. With regard to the ancient operations referred to by Mr. Spencer Wells, the descriptions given were for the most part so vague and indefinite as to afford no exact information as to the precise particulars of the methods adopted. In those instances in which the descriptions were more exact, the operations were manifestly coarse and clumsy, and necessarily involved the very sources of danger (such as sloughing of the hernial sac, wasting of the testicle, &c. &c.) which he (Mr. Durham) had been most careful to avoid. The operations most similar to his own were those of Langenbeck and Schmucker. Those surgeons, however, applied their ligature at the external, not at the internal ring. The most that could have been accomplished by such a proceeding, even if successful so far, must have been the conversion of a scrotal hernia into a bubonocele. No very great gain this. Mr. Durham had tried a new method in this case simply because it did not appear to him worth while to try either of the methods at the present time or recently in vogue—viz., Wutzer's and Wood's. Wutzer's operation had been amply proved by experience to be unsuccessful—nay, worse than unsuccessful. And, indeed, it was so unscientific in principle that the wonder was it should ever have been adopted to any extent. Mr. Wood's method was certainly very ingenious, but his own account of the results of his numerous operations did not seem to him (Mr. Durham) very encouraging. Of the sixty patients whose cases are detailed in Mr. Wood's book, between forty and fifty (a very large majority) were discharged wearing trusses, and in only six or seven of the fully-recorded cases did it appear to have been considered right to dispense with such mechanical supports. Could a hernia be said to be radically cured in the full and proper sense of the word if the patient were still obliged to wear a truss? Further, in less skilful hands than his own Mr. Wood's method had been shown to be by no means free from danger. With regard to the possible and

probable risks of his method, Mr. Durham believed that the danger of meddling with the peritoneum, particularly with such portion as forms the hernial sac, had been very greatly exaggerated. He certainly should hardly have expected Mr. Spencer Wells, of all men, to be so very fastidious and fearful about touching a little extension from that general abdominal lining which he (Mr. Spencer Wells) was in the habit of cutting into and mopping out so freely, fearlessly, and with so much impunity. The argument derived from the statistics of operations for strangulated hernia was very bad. That a large proportion of cases in which the sac was opened proved fatal was indisputably true; but the explanation was obvious. Those cases in which it was necessary to open the sac were the most dangerous, for they were those in which the strangulation was most severe or had continued longest, and, therefore, those most likely to prove fatal. There was no evidence to show that the mere opening of the sac increased the danger of the operation; indeed, in a great many cases of recovery if the sac had not been opened the hernia could not have been returned, and the patients must have died. In the present case there never was the slightest indication of any dangerous symptom whatever. There was some of the "severe inflammation," and nothing of the "extensive abscess" which Mr. Heath had suggested. In conclusion, it appeared to Mr. Durham that he had done intentionally what Mr. Wood only did accidentally—viz., close the hernial sac at the internal ring. On the other hand, Mr. Wood attempted to accomplish intentionally what he (Mr. Durham) allowed in this case to become accomplished as it might—viz., constriction of the inguinal canal and external abdominal ring. In certain cases the association of the two methods would probably be much more successful than either by itself, and such association he should without hesitation adopt.

Reviews.

THE RESTORATIVE TREATMENT OF PNEUMONIA. By John Hughes Bennett, M.D., F.R.S.E., &c. Edinburgh: Adam and Charles Black.

Dr. Bennett has issued this memoir with the object of inducing hospital physicians, and others who may have the opportunity, to assist him in collecting carefully-taken cases of acute pneumonia, tabulated—and we may add, for we suppose he means so—treated like his own, so as to obtain a sufficiently large body of facts to settle conclusively the proper mode of treating pneumonia. It is somewhat amusing to find that the treatment which Dr. Bennett complacently calls "Restorative" comprises a little—and sometimes not a little—of almost all those various remedies which from time immemorial have been generally employed in the treatment of pneumonia. Of the 129 cases comprised in his statistical table, nine were bled, one of them twice (ʒxviii. each time); five were cupped and eleven leeched; while among the pharmaceutical remedies employed we find antimony, opium, colchicum, mercury, acetate of ammonia, sweet spirits of nitre, and tincture of digitalis, either singly in separate cases, or in various combinations. It is true that nutrients were supplied in all cases according to the patients' requirements; but that has always been done—though perhaps not quite so freely—even by the greatest sticklers for the antiphlogistic regimen; it is also true that four or five out of the whole number were treated by beef-tea and wine alone; but four or five cases are far too few to found a system upon, and if the mere administration of beef-tea and wine in fitting cases and at fitting times constitutes—as it no doubt does—a restorative treatment, wholly irrespective of what other system of medication has been previously pursued, then there was no reason for making such a work about it; for the "Restorative treatment" of pneumonia thus explained has been that practised by the best physicians in all ages.

For this treatment, this curious jumble of bloodletting and beef-tea, of wine and antimony, Dr. Bennett claims the remarkable success of only one death in 32¼ for all the acute pneumonias, complicated and uncomplicated, which have been treated by him in the clinical wards, adding that of the uncomplicated pneumonias—104 in number—not one has died. To obtain these favourable results, however, Dr. Bennett has found it necessary to discard not only those four complicated cases which had the misfortune to prove fatal, but also thirteen others, which, notwithstanding the case with which he states that pneumonia can be detected and recognized, yet passed unrecognized through his wards, and were only detected in the pathological theatre (p. 22). We can hardly believe that thirteen cases of pneumonia could pass undetected through the wards of so accomplished a stethoscopist as Dr. Bennett; but it is, perhaps, better to believe such a failure in diagnosis than to suppose that a man of honour would omit recording thirteen cases of fatal pneumonia simply because they happened to militate against a favourite theory. Be that as it may, however, if we add these thirteen cases to the former four, we have a mortality of seventeen out of 142—that is 1 in 8½, or about twelve per cent.—almost precisely what he states to be the result of the last nine years' experience of the treatment of pneumonia in the Royal Infirmary of Edinburgh—viz., 1 death in 7¾ cases (p. 44). Thus we see that the results of the restorative treatment, when applied by Dr. Bennett himself, far from reducing the mortality from pneumonia to *nil*, are hardly even a shade better than the mere average results of the general treatment of the hospital to which he belongs. But as these average results include of course every case of pneumonia occurring in or brought to the hospital, we must, to make the comparison at all fair, include all Dr. Bennett's cases when investigating the ratio of mortality. Dr. Bennett, however, states (p. 29) that he has "not inserted" two or three cases brought into the house by the police in an exhausted condition, and who died before he saw them. Two or three is an indefinite number, but we may be sure they are not overstated, and if we add three to the seventeen already recorded, we have twenty deaths occurring in his wards from pneumonia alone—twenty deaths out of 145 cases, being one out of 7¼, that is a trifle above the average general mortality from pneumonia in the Edinburgh Infirmary; so that the curious jumble of treatment which he designates by the pretentious name of "The Restorative," so far from proving more favourable, is actually more fatal than what we may consider as the ordinary treatment of the present day.

Dr. Bennett's *brochure* is praiseworthy in so far as it is an attempt to enlist hospital physicians, and physicians generally, in the endeavour to trace out statistically the true ratio of the mortality of pneumonia to those attacked as modified by treatment. It is, however, worthy of all condemnation as a practical example of how this is to be done. To collect together a large number of cases of one disease, and, after setting aside, under one pretext or another, all the fatal cases, to claim all the recoveries as

the peculiar result of a particular line of treatment, may be well suited *ad captandum vulgus*, but is wholly unworthy of a scientific physician, and perfectly useless for the attainment of any scientific results, and it is still more useless when, as we find in Dr. Bennett's cases, even these successful cases have not been treated similarly. To claim cases of pneumonia treated by bloodletting, by antimony, and by mercury, &c., as at all upon the same footing with cases treated wholly by beef-tea and wine, merely because at some period of this course they too have had beef-tea administered, is perhaps as striking an example as could well be imagined of that "gross fallacy" which Dr. Bennett was wont to imagine to be inherent in all medical statistics, as well as a most remarkable instance of the cause of that fallacy, all the more remarkable as coming from the pen of a physician who has in former times shown himself to be such a stickler for basing statistics solely upon "individual data which are precise and equal (*Ed. Med. Journal*, Oct. 1847, p. 308). While, even on Dr. Bennett's own showing, thirteen of his cases presented examples of that undue preponderance of opinion over fact, which he himself has instanced as one great source of the fallacious conclusions drawn from medical statistics, inasmuch as they presented—what, as pathologist to the Infirmary, he has stated that he so often found in the case of others—we do not say the absence of "the lesion entered on the tickets," but certainly the presence of "another disease which had never been suspected" (*loc. cit*). From Bennett, the practitioner, we appeal to Bennett, the pathologist, and we ask are we not right in regarding his statistics as no better than those of his predecessors? Do not they too "exhibit to every man of common sense the gross fallacy involved in them?" (*Ed. Med. Journal, loc. cit.*)

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 20, 1866.

THE COLLEGE OF SURGEONS OF ENGLAND.

As time rolls on, and each successive year brings round the anniversary when the Fellows of the College of Surgeons of England are called upon to exercise their privilege of electing Councillors, the constitution of the College is brought more and more prominently under the notice of the profession, its defects are presented in a broader light, and its improvement is more palpably suggested and more imperatively demanded. Under the system of government which prevailed in the College at the commencement of the present century no beneficial change could have been reasonably anticipated, but under the recent charters the constituency has gained so much power, that with judicious management such a lever might be applied as would effectually remove many of the obstructions which now impede the liberal members of the Council in their efforts at reform. Unfortunately the College has fallen into a vicious career, from which it can be diverted only by the combined operation of time and of extraneous influences. From persons in possession of power and place, it is almost hopeless to expect any change in a system by which they themselves live and thrive, and it can only be by the application of external pressure that new ideas can be introduced or new blood infused.

The constitution of the Court of Examiners, as it at present exists, is essentially faulty, and while the self-election of the same Examiners is entirely indefensible upon any grounds of fairness or expediency, their constant re-election by the Council is hardly less to be reprobated: yet we find that year after year the same Examiners are elected, although in the majority of cases the Council has the power of appointing new ones at annual or quinquennial periods. The result of the present system is, as every body knows, to perpetuate in a very important and responsible office a set of men who, however able and competent they may have been in former years, are now for the most part past the age when their functions can be exercised with credit to themselves or advantage to the College. Another patent defect in the constitution of this body is that while the Examiners are nominally elected by the Council, they themselves constitute a very considerable part of that Council, and therefore in a certain sense they elect themselves. The non-election of Mr. Cæsar Hawkins some year or two since, to the Council, has broken in to a limited extent upon the old and faulty system, and that gentleman, although still holding his seat at the Board of Examiners, has no longer a vote for his own election. In the forthcoming election in July, if it should happen that Mr. Luke is not re-elected, then two members of the Court of Examiners will be no longer members of the Council, and eventually the desirable consummation may be brought about of separating altogether the Council from the Court of Examiners.

There can be no doubt of the necessity and propriety of such a movement, for the Council can never exercise an independent choice in the election of Examiners so long as the latter hold seats at the Council Board. It is also in every way expedient and desirable that the position of Examiners should not be held by persons of an advanced age, but by persons in the prime of life, well acquainted with all the recent views in pathology and surgery, and well able to devote a sufficient time to the careful scrutiny of the claims of the candidates for the diploma.

We are told in the reports on the Visitation of Examinations presented to the Medical Council at its last meeting, that the examination of candidates for the diploma of the College of Surgeons of England is a moderately good one, so far as it goes, but this last sentence modifies very much the previous commendation, for a testimonial granted by the College, and qualifying a man to practise surgery, and being moreover the only qualification possessed by hundreds of the profession, ought to be a thoroughly trustworthy document indicating that the possessor has not only received a competent professional education but has passed through an efficient

examination. Now the ordeal can hardly be called efficient when its range comprises only anatomy and surgery, virtually if not actually excluding physiology, and actually excluding all such collateral subjects as chemistry and materia medica. Nor can the examination be very searching when we are told that the oral part of it in the anatomical subjects lasts only twenty minutes, and we believe that in the surgical part the oral examination lasts only about an hour at the utmost.

Now we cannot help thinking that without unduly trenching upon the domain of other examining bodies, the College of Surgeons might demand from its candidates some knowledge of at least the elements of chemistry and materia medica, and we are disposed to agree with the visitors in their suggestion that some means might be taken to test the candidates practically in the duties of surgery, such as in the application of bandages, splints, &c., and in passing the catheter and in performing other operations. We fear that there is too much truth in the impression which generally prevails, that of all the examining bodies, the College of Surgeons of England (if not the most lenient) is one of the most lenient to its candidates, and that even in the restricted field to which its examinations are limited, the requirements are not of a very high order. Thus it happens that candidates who would have no chance of passing at other examining Boards, often find but little difficulty at the College, and many, when they have once secured its diploma, enter immediately into practice, without even aiming at the acquisition of any other qualification.

We cannot but believe that these defects in the system of examination at the College are in great measure due to the circumstances that the Examiners are elected over and again almost as a mere matter of routine, that they are handsomely, too handsomely remunerated, and that they are in general too much advanced in years, and some of them too much engrossed with practice, to devote adequate time and attention to the examinations. We see very little chance of reform until the Council is altogether independent of the Examiners, the Examiners are paid a fixed salary, are really removed from office from time to time, and are inelegible after a certain age.

The observations which we thought it necessary to make respecting the accusations of plagiary of the *Lancet* against Dr. Foster of Birmingham, in respect of his pamphlet on the sphygmograph, have not elicited any editorial explanation from that journal. In its columns appear a note from Dr. Anstie, whose name we quoted in connexion with the matter, in which that gentleman very temperately disclaims any of the merit due to its introduction into English medical practice. In our observations we stated that Dr. Foster's pulse-traces "have never been anticipated," and as this is not strictly accurate, we take the earliest opportunity of correcting it. The fact is, that all the pulse-traces in Dr. Foster's paper were taken from cases under his own observation, but they confirm what M. Marey has himself observed, and the results which he obtained by artificially reproducing th conditions characteristic of the various valvular diseases of the heart. This misconception, however, cannot in any respect, affect our unqualified condemnation of the course taken by the *Lancet*, which, being a simple statement of facts, admits of nothing but simple retraction or refutation. As our contemporary is unable to supply the latter, and unwilling to concede the former, it rests with the profession to assess the damages.

THE AUSTRIAN MEDICAL SERVICE.

The following information reached us on the authority of "An Old Subscriber" too late for us to verify its accuracy:—

The Austrian Government are in urgent need of Medical Officers. Assistant-Surgeons are paid on entry seven florins (fourteen shillings) per day, with the rank of Lieutenant, and after probation of Captain, full Surgeon ranks as Major.

After the war the medical officer may either retire on a bonus or accept a permanent appointment as vacancies occur.

In addition to this pay all rations are found.

The pay and rank of the Naval Service is the same as the Army.

THE MEDICAL ACT.

The following petition was presented by Colonel North, M.P. for Oxfordshire, on the 7th inst:—

To the Honourable the House of Commons in Parliament assembled.

We, the undersigned legally qualified practitioners residing and practising in the town of Banbury and its neighbourhood, were by an Act, 2nd August, 1858, required to register under such Act; and upon producing our certificates we, upon a payment of money, were registered accordingly.

Now we complain that by an informality of this Act it is totally inoperative, inasmuch as, by a legal difficulty in the clause No. 40, an unregistered person practising here is allowed to assume a title to which we hold he has no right, inasmuch as the Medical Council under your Act have totally ignored and refused to register it.

Also, seeing that your honourable House is about to pass an Act to prevent unlicensed veterinary surgeons—that is, those who treat the complaints and, as now, preside over the lives of the brute creation—from practising their art without due examination and proper licence, and supposing that the lives of her Majesty's subjects may be held of equal value and entitled to the same protection, we, in our humble capacity, can but urge it as a fair supposition that, in your legislative wisdom, you will so far amend the present Medical Act of 2nd August, 1858, as to afford to those practitioners qualified under it that protection which they have expected by a registration under its requirements, which it was no doubt intended to supply, but which from its imperfect construction it has hitherto so signally failed to effect.

And your petitioners will ever pray.

(Signed)

Arthur B. Rye, F.R.C.S., Banbury; John Griffin, M.D., M.R.C.S., Banbury; Sherman Chesterman, M.R.C.S.; Clarence L. Pemberton, Banbury; Edward Franey, M.R.C.S. Banbury; Richard Grimbly, M.R.C.S., Banbury; W. W. Hyde, M.R.C.S., Bloxham; John Colegrave, M.R.C.S., Bloxham; J. MacGreal, M.R.C.S., Alkerton; W. T. Douglas, M.R.C.S., Banbury; R. S. Wise, M.D., Banbury; George Fayrer, M.D., Henley in Arden; Thomas Clarke, M.R.C.S., Banbury.

The Birkenhead Commissioners have agreed to advertise for plans for the erection of public baths and the necessary amount of land, at a cost of £8000.

PETITION FROM THE COW-KEEPERS OF LONDON ON DISINFECTANTS.

We publish below a petition which has been presented to Parliament by Mr. Ayrton from the cow-keepers of the metropolis and others, praying for a scientific inquiry on disinfectants in connexion with the cattle plague. It will be seen that the allegations made in the petition reveal a state of things in respect to the way in which the subject has hitherto been treated by the Royal Commission which appears to be anything but satisfactory. It seems remarkable that with so great an array to choose from of eminent chemists, many of whom are possessed of medical qualifications and practical knowledge of epidemics, the Cattle Plague Commission should have employed to report on disinfectants—a medico-chemical question—a non-medical gentleman, and that they should have made choice of one who is the inventor and co-patentee of a disinfecting compound. If the Commission had from the first made up their minds to recommend carbolic acid and sulphur fumes as the best disinfectants, they could hardly have taken a more effectual way of securing such a consummation than by handing over the inquiry to one who holds a patent for a disinfecting powder, the only active ingredients of which are carbolic and sulphurous acids. Any one in the chemical world on learning that Dr. R. Angus Smith had been charged with the duty of reporting on disinfectants, must have perceived that those two substances would be recommended. It is true that the last report in their favour was drawn up by Mr. W. Crookes, but that gentleman was named at the suggestion of Dr. R. Angus Smith.

An admirable opportunity of elucidating by extensive experiments the nature of infection and the practical operation of disinfectants, we fear, has been lost. To judge from the reports on disinfection which have been issued, we should say that few or no experiments, except laboratory, ones have been made, either by Dr. Smith or Mr. Crookes. In the last report an ingenious theory of the nature of the rinderpest virus has been set up by the latter gentleman—namely, that it consists of "vital organised septic cells or germs" (of which vaccine lymph is the type), "which feed on some of the elements of the blood, and at the same time secrete a poison to which the symptoms of the disease may be immediately due." But not a single fact is given as the bases of this somewhat complex theory. Yet it is in virtue of these speculations that Mr. Crookes apparently distrusts the efficacy of oxidizing disinfectants, and relies instead on the antiseptics of the ancients, sulphur fumes and the tar acids.

"THE HUMBLE PETITION OF THE UNDERSIGNED COW-KEEPERS OF THE METROPOLIS, AND OTHERS,

"Sheweth,—That your petitioners have with the utmost regret and disappointment observed that the Royal Commission which was appointed to inquire into the nature of, and the best way of combating, the cattle plague at present raging in this country, while fully recognizing the highly infectious character of the pestilence, have adopted very inadequate measures for the discovery of the most efficient means of disinfection.

"That your petitioners have been surprised to see that instead of advising on the subject of the choice of disinfectants with chemists of the first rank, to whom no improper bias could possibly be imputed, the Cattle Plague Commission devolved that part of their duty to Robert Angus Smith, Esq., of Manchester, Doctor of Philosophy, who is co-patentee with one McDougal of a disinfecting article known and sold under the name of McDougal's powder.

"That your petitioners have noticed with pain to have taken place that which they think ought not—namely, that under the advice of the gentleman in question, the Commission in the report which they published on the 15th of February last, recommended the very article of which Messrs. Smith and McDougal are patentees, in the following words—viz.:—'The experiments of Dr. Angus Smith show that the best disinfectants are carbolic acid, or McDougal's powder, and chloride of lime.'

"That, besides having reason to deplore the suspicion which has thus been cast on the recommendation of the Commission, relative to disinfectants, independently of the merits or otherwise of the substance or substances recommended, your petitioners consider their cause of complaint is much increased by the circumstance that the substance put forward as the best disinfectant in their report—namely, 'Carbolic Acid, or McDougal's Powder,' is one which all standard works on chemistry (except 'Ure's Dictionary,' the article on disinfectants contained in which was written by the said Dr. Angus Smith), and all the most competent chemical authorities have classed among antiseptic, or preserving agents, as distinguished from true disinfectants.

"That your petitioners have reason to believe that the experiments stated in the Report of the Cattle Plague Commission to have been made on the subject of disinfectants by the said Angus Smith, who has been shown to be co-patentee of McDougal's powder, were conducted in private on a totally inadequate scale, and under the influence of a strong bias in favour of that article.

"That your petitioners having from the first outbreak of the cattle plague made use of a system of disinfection not recommended, nor even alluded to, by the Cattle Plague Commission in their above-named report, by means of which their loss of cows in their district having been very limited in number, they are firmly convinced that the system in question, and adopted by them, is well calculated to combat and arrest the pestilence.

"That your petitioners would here take leave to quote the report of Dr. Barclay, Medical Officer of Health of the parish of St. Luke, Chelsea, at the last meeting of the vestry upon the subject of disinfectants, as evidence of a scientific and important character, in support of the article known as Condy's Fluid, and the one which your petitioners have had in use, and referred to in this petition, as follows:—

"'A suggestion which has been made by your Inspector seems to me well worthy of your consideration. In the course of examining cowsheds which have been attacked by the cattle plague, he has been instructed to urge on the cow-keepers the importance of using disinfecting agents, and he has found that Condy's disinfectant fluid has more effectually than any other removed any noxious smells arising from the decomposition of animal and vegetable substances. He has consequently been led to test its effect on public places, and believes that it might be economically as well as usefully employed. I can of my own knowledge well bear out his testimony to its special powers in arresting certain forms of chemical decomposition.'

"That your petitioners being of opinion, from a consideration of the above circumstances, that the Cattle Plague Commission have treated in an inadequate and unsatisfactory manner that part of the trust confided to them relative to disinfectants, and being at the same time deeply impressed with the vast importance of proper disinfecting measures, which in fact constitute the complement to all other precautions against the spread of the cattle plague, humbly pray that your honourable House would in your wisdom order a full and impartial inquiry by chemists of the first rank, and other competent but unprejudiced persons, on the subject of disinfectants, in order that the public by their unbiassed conclusions may be saved the loss and disappointment which cannot fail to result from agents which are inefficient, illusory, and dangerous.

"And your petitioners will ever pray, &c.

"Ealand Alder. "Thomas Cross.
"Charles May. &c. &c. &c."

The mortality of the metropolis continues to be greatly beyond the ordinary average. In the week ended Saturday, June 9, the number of deaths was 1313, the average of the ten previous weeks being 1087. Measles, scarlatina, whooping-cough, typhus, and diarrhœa continue to be unusually fatal. Four fatal carriage accidents in the street are registered, and three deaths from cholera.

PROCEEDINGS OF MEDICAL COUNCIL, May 25.

RETURNS OF EXAMINATIONS FROM THE ARMY MEDICAL DEPARTMENT.

Statement of the Degrees, Diplomas, and Licences of the Candidates for Commissions in the Medical Department of the Army, who during the year 1865 have presented themselves for Examination, showing the number that passed, and did not pass, distinguishing the Qualifications, both Medical and Surgical, under the heads of the several Licensing Bodies.

Names of Licensing Bodies.	Total Qualifications.	Number Passed.	Failed.
Royal College of Physicians, London	1	1	...
Royal College of Physicians, Edinburgh	28	12	16
King and Queen's College of Physicians, Ireland	16	10	6
Royal College of Surgeons, England	24	16	8
Royal College of Surgeons, Edinburgh	13	11	2
Royal College of Surgeons, Ireland	38	21	17
Society of Apothecaries, London	12	10	2
Apothecaries' Hall, Dublin	2	...	2
Doctor of Medicine, University of Edinburgh	6	6	...
Doctor of Medicine, Queen's University, Ireland	13	11	2
Master of Surgery, ditto	1	1	...
Doctor of Medicine, University of Dublin	1	1	...
Bachelar of Medicine ditto	6	2	4
Master of Surgery ditto	6	2	4
Licence in Medicine ditto	1	1	...
Doctor of Medicine, St Andrews	1	1	...
Doctor of Medicine, University of Aberdeen	1	1	...
Bachelor of Medicine ditto	4	4	...
Master of Surgery ditto	4	4	...
Doctor of Medicine, University of Glasgow	2	1	1
Master of Surgery ditto	2	1	1
Total	182	117	65

Remarks.

Candidates.

Successful .. 56
Failed 33
Total... ... 89

Diplomas and Degrees.

Successful* ... 118
Failed 62
Total... ... 180

*4 candidates held three qualifications each.

J. M. Gibson, *Director-General*

REPORT OF THE FINANCE COMMITTEE.

The following Report of the Finance Committee was received, and ordered to be entered on the Minutes:—

The Finance Committee beg leave to present, in the table subjoined, a statement of the estimated and actual income and expenditure of the year 1865; also an estimate of the income from ordinary sources, and of the expenditure, as far as the Committee are able to judge, for the year 1866.

	Estimated Income for the Year 1865.			*Actual Income for the Year 1865.*			*Estimated Income for the Year 1866.*		
Fees received by—	£ s. d.	£ s. d.		£ s. d.	£ s. d.		£ s. d.	£ s. d.	
Branch Council for England	2650 0 0			2287 10 0			2300 0 0		
" " Scotland	750 0 0			591 0 0			600 0 0		
" " Ireland	800 0 0			735 15 0			700 0 0		
		4200 0 0			3614 5 0			3600 0 0	
Dividends received by—									
Branch Council for England	610 0 0			616 17 6			620 0 0		
" " Scotland	60 0 0			94 7 6			80 0 0		
" " Ireland	66 0 0			76 12 9			70 0 0		
		736 0 0			787 17 9			770 0 0	
Sale of Registers	... ...	310 0 0		... ...	286 1 6		... ...	300 0 0	
		£5246 0 0			£4688 4 3			£4670 0 0	

	Estimated Expenditure for the Year 1865.			*Actual Expenditure for the Year 1865.*			*Estimated Expenditure for the Year 1866.*		
Expenses of—	£ s. d.	£ s. d.		£ s. d.	£ s. d.		£ s. d.	£ s. d.	
General Council	... ...	3700 0 0		... ...	3339 19 9		... ...	3200 0 0	
Branch Council for England	720 0 0			714 5 8			700 0 0		
" " Scotland	280 0 0			270 11 2			280 0 0		
" " Ireland	330 0 0			341 5 8			340 0 0		
		1330 0 0			1326 2 6			1320 0 0	
		5030 0 0		Total Expenditure	4066 2 3			4520 0 0	
Balance in favour of Medical Council		216 0 0		Total Income . .	4688 4 3		Balance in favour of Medical Council	150 0 0	
		£5246 0 0		Balance in favour of Medical Council	22 2 0			£4670 0 0	

Parliamentary Intelligence.

HOUSE OF COMMONS.

June 11th.

STRAND UNION WORKHOUSE.

Sir J. Simeon asked the President of the Poor-law Board whether the inquiry into the treatment of the sick poor in the Strand Union Workhouse was completed, and whether he would lay a copy of the evidence and the report founded thereon upon the table of the House.

Lord Enfield replied that the inquiry had been completed, and that he expected to be able to lay the evidence on the table in the course of a few days.

THE CATTLE PLAGUE.

In answer to a question by Sir J. C. Jervoise as to the prevalence of pleuro-pneumonia amongst cattle, as stated in the Cattle Plague Commissioners' Report,

Mr. Bruce said the powers of the Privy Council were founded on the 11th Victoria, as amended by the Act of this session, and these powers had been hitherto held to apply to the sudden outbreak of cattle plague, and not to chronic disease. It might be doubted whether under the power of these Acts, the Privy Council had the power to order the killing of animals suffering from the disease to which he supposed the question referred.

THE CHOLERA CONFERENCE.

Sir J. C. Jervoise asked the Under Secretary of State for Foreign Affairs what progress towards a settlement of the question had been made since the objection was taken by the English, Russian, Turkish, and Persian representatives at the Cholera Conference, Constantinople, to the proposal of the French representative for the stoppage of all sea communication between Arabia and Egypt, and for the presence of several vessels of war in the Red Sea in case of another epidemic?

Mr. Layard replied that a conference proposed by the representatives of nearly all the European nations had assembled at Constantinople to take into consideration the spread of cholera from the East. The conference had come to certain resolutions, and when they were reduced to a convention, her Majesty's Government would consider them, and see how far they could adopt the recommendations of the conference, and what steps could be taken to carry them out.

June 14th.

METROPOLITAN WORKHOUSES.

Colonel Hogg asked the President of the Poor-law Board whether he would lay the report of Mr. Farnall and Dr. Smith on the state of the metropolitan workhouses, when complete, upon the table of the House.

Lord Enfield said that one of the reports, that of Mr. Farnall, was already completed; as soon as the other was completed and read they should both be laid on the table of the House.

ARMY AND NAVY MEDICAL OFFICERS.

Colonel North asked the Secretary to the Treasury whether the recommendations of the committee presided over by Admiral Sir Alex. Milne, relative to the medical officers of the navy and army, and upon which the authorities both of the navy and army had been for some time in communication with the Treasury, were likely to be decided upon shortly. He begged to remind the House that the committee reported early in February.

Mr. Childers—In reply to my hon. friend, I have to state that the circumstances are these:—In July last the College of Physicians wrote to the War Office complaining that the status of army surgeons was unsatisfactory, and to the Admiralty that navy surgeons were both, as to pay and rank, not on a par with army surgeons. In consequence, the War Office and the Admiralty appointed a Department Committee, consisting of military and naval officers, and of medical men recommended by the Colleges of Physicians and Surgeons to inquire into the rank, pay, and position of the surgeons of the two services. The Treasury were not parties to the inquiry, and they have as yet only been officially in communication with the Admiralty on the subject. When we are in possession of the definite views of both the departments we shall be in a condition to deal with the cases of both the army and navy surgeons at the same time. The question is a very important one, involves a large amount of money, and requires careful consideration.

Colonel North asked whether no communication had been received from the War Office.

Mr. Childers said the War Department had not yet made their recommendations upon the report of the committee; but he personally had been in communication with his noble friend.

REJECTED CANDIDATES.

The importance of the brief reply given by Mr. Baring in the House of Commons on Monday night to the question put by Sir John Hay as to the present dearth of surgeons for the navy, has probably made little impression on more than the few persons who know what underlies that brief official statement. In effect, he said, that only three surgeons had been obtained for the service this year, and that there was difficulty in obtaining any. There was some hitch in carrying out the recommendations of the recent committee on the rank and pay of medical officers of the army and navy, owing chiefly to obstacles raised by the Treasury. We may supplement this information by adding that at the last examination there were three candidates, who had to be all rejected, and it is understood that there are seventy vacancies. In order fully to appreciate the plight to which or sailors are likely to come unless the present state of things be mended, we will quote from some recent returns which we published as having been furnished by the Director-General of the Medical Department of the Navy to the General Medical Council which recently held its annual session at the College of Physicians in Pall-mall. These returns are of great public interest, although more instructive than reassuring. They show the number of candidates examined for commissions as assistant-surgeons in the navy during the year 1865 and the results of their examinations. During that year twenty-one candidates in all presented themselves for about three times that number of appointments. Of these four had been previously rejected, and one underwent two examinations in the twelve months, having been unsuccessful on the first occasion. Of these twenty-one candiates, nine had to be totally rejected, and of the twelve successful candidates, five passed "indifferent" examinations, two "moderately good," and five "good" examinations. The majority of those rejected were utterly ignorant of Latin, which is the language of prescriptions, two are marked as so ignorant of materia medica that it would have been dangerous to have admitted them, two failed altogether in anatomy and surgery, and some were pronounced deficient in every important branch of medical knowledge.

When these returns came under the consideration last week of the eminent medical men representing the different medical bodies in the United Kingdom, they necessarily became the subject of comment, and it was explained what all this meant. The great resource of the medical departments of the public services of late years has been found in the Irish schools.

Mr. Hargrave, President of the Dublin College of Surgeons, said that it would be most unfair to suppose that these candidates were at all a fair sample of Irish medical students so far as their attainments were concerned, any more than the English candidates were representative of the average attainments of English medical students. It was well known that no young medical man of good birth or education would submit to enter the naval service under the present conditions. "There would be dross in every society or institution, and no doubt among medical men. There were some who were ignorant of Latin and Greek, and even of English, and such were the men who were likely to enter the navy, which was rapidly reverting to the state of things existing in the time of Roderick Random."

Dr. Stokes, the Regius Professor of Medicine in Dublin, confirmed this statement, declaring that such was the indisposition among the better class of medical students to enter the army and the navy, that the sweepings of the class of medical students presented themselves for examination

before those boards, although the case was worse for the navy than for the army. The Director-General of the Army, who is much more reticent of information, has declined this year to furnish the desired information; but as that service is in much the same disfavour as it was last year, we may conclude that the information then supplied fairly represents the present state of things.

Dr. Parkes then laid before the Council some specimens of the replies of the rejected candidates, which are extremely edifying, and some of them as humorous as anything Horace Smith ever wrote. For instance, one gentleman who wished to take the lives and health of soldiers under his charge did not know the big bone of the arm from the little one when both were shown him; another replied in writing to the question, what would he do if he had to treat a wounded bloodvessel, that he would immediately amputate the limb above the injury. That there might be no mistake as to these facts, the manuscripts were handed to the Council. Another man, who had been two years at a London school and one year at a Scotch school of medicine, had never heard that the term scabies is applied to a disease called the itch. Another divided foods into nitrogenous, such as all vegetables, and non-nitrogenous, all meats, including carnivora, sub-divided into albuminous, such as hens' eggs; fibrous, such as the meat of the ox or sheep; caseous milk and cheese; and gaseous, soda-water. No wonder that Mr. Paget, after carefully testing such men to see what they did know, hopelessly characterize them, in terms of medical diagnosis, as "dull all over;" although, had the answers been intended as jokes, they would have been entitled to rank as really clever. The serious conclusion from all this is, that our soldiers and sailors are entitled to claim that any reasonable means which have been declared after due inquiry well fitted to restore confidence in the medical services of the army and navy, and to restore their faded popularity, shall be taken without delay.

The blue-book containing the evidence taken before the committee of inquiry to which we have referred and the recommendations of that committee has not, we believe, been issued to the House or made generally known. In fact, Lord Hartington seemed disposed lately in the House of Commons to rebuke a military member for referring to what the Marquis described as a confidential document. It is difficult to say why it should be considered confidential, and we are very glad to see that the Admiralty at least, although so poorly backed by the War Office, is disposed to urge the fulfilment of these recommendations.—*Pall-mall Gazette.*

RATING OF HOSPITALS.

This question has become one of vital importance to every hospital in the kingdom. Hitherto, acting under decisions of Lord Mansfield and Lord Kenyon, parishes have not rated hospitals; but a decision of the House of Lords last year upset the previous decisions. The result is, that all the London parishes have set to work to assess the different hospitals in the metropolis; and, in doing so, have acted in a most absurd and contradictory manner. They have, in fact, been guided by a mere rule of thumb.

For instance, Paddington has, we understand, rated St. Mary's Hospital at £100 *per annum;* whilst St. Marylebone has rated Queen Charlotte's Lying-in Hospital, a very much smaller establishment in the same neighbourhood, at a like sum. The Westminster Hospital again, has been assessed at much less than either of the above. But, perhaps the most extraordinary instance of perverted ingenuity has been shown in the case of St. George's Hospital. St. George's, Hanover Square, the richest parish—at least it must contain a larger number of rich people than any parish in the world—has rated the hospital at upwards of £4000 a-year. On this rating the governors will have to pay just about £600 a-year. £600 to be paid to the parish for doing day by day parish work.—*Brit. Med. Jour.*

Correspondence.

POOR-LAW MEDICAL REFORM.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—I shall feel obliged by your allowing me, through the medium of your journal, to inform the Poor-law Medical Officers, and I may say, the profession generally—for it concerns all—that the Vaccination Bill has passed through the Select Committee, and is again before the House of Commons.

In my communications to the Select Committee I suggested alterations in the title and preamble and in nineteen clauses, or proposed to substitute nine new clauses. On examining the bill, I find the title and preamble still stand without Wales being mentioned, but twenty-three clauses have been altered verbally and otherwise, and one Clause (5) added. The four forms in the schedule have also verbal alterations. Allow me to here state, however, that all my suggestions have not been adopted.

With due appreciation of the value of the efforts made by the meeting held at the Freemasons' Tavern on April 10, and by private individuals, still it appears to me that the efforts made by the Poor-law Medical Reform Association have had considerable influence—first, in actually stopping the bill when about to go into committee of the House of Commons by means of a pamphlet forwarded to each member and by private communications; and secondly, by suggestions made to the Select Committee itself. But that influence could never have been made to bear, had not money been subscribed to pay the expenses of printing, &c.

I have no hesitation in saying that the amendments now proposed in the Vaccination Bill will amply repay the members of the Poor-law Medical Reform Association in a pecuniary point of view, for all the money they have subscribed during the last ten years; and I hope will stimulate the entire body of Poor-law Medical Officers to subscribe to the funds of the Association, in order to enable it to prosecute with vigour the changes sought in the general administration of the medical relief of the poor. The seed has been sown; the eyes of the public have been opened; a large portion of the members of the House of Commons now listen to us; and the time cannot be far distant when very considerable changes must be made in the medical relief of the poor.

Clauses 5 and 6 in the amended Vaccination Bill (quoted below) will show the pecuniary changes proposed. On and after January, 1867, the public vaccinators are to receive not less than 1s. 6d. for each successful primary vaccination performed in a workhouse. This is a gain, as at present no fee is legally payable. The 1s. 6d. fee now paid for vaccinations performed at a station within one mile of the residence of the medical officer, is not increased, but 6d. is added to each fee for all vaccinations performed at a station over one mile, and under two miles distant, thus making the fee 2s. Beyond two miles, the fee, which is now 2s. 6d, is to be not less than 3s. In addition to these payments, it is proposed by Clause 5 to pay 1s. extra for each child whom the vaccinator has successfully vaccinated; but that will depend on the "number and quality" of the vaccinations on the "Reports" made to the Lords of Her Majesty's Council and the time to which the award relates.

This clause is ambiguous, but on enquiry I find the payment is intended to depend upon the manner in which the vaccination is carried out—that is, if done in accordance with the approval of the inspector. My correspondent says, "If you glance at any of the inspectors' reports you will see on what system they go in judging the vaccination of a place, and by their reports the medical officer of the Privy Council would be guided to recommend the payments in question.

They would be additional payments, made on the principle of payment for results. I hope it will be of general benefit to the public vaccinator whose interests will be identical with those of the public." The re-vaccination of those previously successfully vaccinated will be under special arrangements, and only paid for at two-thirds of the fee of successful primary vaccination.

I regret we have not obtained more; but if we do our duty well, and Clause 5 be fairly carried out, the bill will be a gain to us of some thousands per annum, and I feel sure will place the public vaccination of this country on a more satisfactory footing. That the bill might have been more efficiently amended cannot admit of a doubt; but official influence was too strong for us, and a satirical print (worth looking at) by Standidge and Co., forwarded to me by a member of the Select Committee, representing the poor-law vaccinators receiving £200,000 per annum—the registrars £20,000—Simon, Bruce, and Co., £10,000 a year, &c., had its weight in preventing our receiving that redress which we desired.

I have again addressed the Poor-law Board, asking that a deputation of Poor-law Medical Officers may be permitted to wait upon them on July 5th, which I trust may be granted.—I am, &c., RICHARD GRIFFIN.

12, Royal Terrace, Weymouth, June 9, 1866.

Clause 5.—On reports made to the Lords of Her Majesty's Council with regard to the number and quality of the vaccinations performed in the several vaccination districts of England, or any of them, the said Lords may from time to time out of monies provided by Parliament, and under regulations to be approved by the Lords Commissioners of Her Majesty's Treasury, authorize to be paid to any public vaccinators, in addition to the payments received by them from guardians or overseers, gratuities not exceeding in any case the rate of one shilling for each child whom the vaccinator has successfully vaccinated during the time to which the award of the said Lords of the Council relates.

Clause 6.—Every such contract for vaccination shall provide for payment in respect only of the successful vaccination of persons, and, so that the rate of payment for primary vaccination shall be not less than the following: that is to say, for every such vaccination done at an appointed station situated at or within one mile from the residence of the vaccinator, or in the workhouse of the union or parish, not less than one shilling and sixpence; and for every such vaccination done at any station over one mile and under two miles distant from his residence, not less than two shillings; and for every such vaccination done at any station over two miles distant from his residence, not less than three shillings; such distance being measured according to the nearest public carriage road.

INDIAN MEDICAL SERVICES.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

DEAR SIR,—The extract from the *Delhi Gazette* will show the systematic manner in which the local Government out here ignore any warrants which tend to benefit the regular Indian Medical Services. But this does not surprise any one who understands matters and sees the heads of our department quite easy on the subject, and perfectly indifferent as to how their juniors are treated.—I remain yours, &c.,

VERITAS.

In our issue of 5th of April was inserted a letter from our London correspondent, noting amongst other things the recommendations of the commission to inquire into the condition of the Medical Officers of the Army and Navy, and we are glad to see that these recommendations all tend in the right direction. One cause, however, of the dislike to the army medical department among the *élite* of our young medical men, seems to have been entirely overlooked—namely, that every one entering the department may reasonably expect to spend a large portion of his service in India, the local government of which has for years past systematically ignored medical warrants wherever these warrants conferred any benefits upon the medical department. The pay of relative rank was for years withheld from medical officers in the British army, and until a year ago it was no uncommon thing to find an Assistant-Surgeon who had followed the fortunes of his regiment throughout the Crimean war and the mutiny campaign, in receipt of the beggarly pay of Rs. 286-10, and this after eight, nine, or ten years' service. The student looking around for a career, naturally inquires, "What guarantee have I that this or a similar contravention of fair promising warrants may not occur again?" and to decide him he finds that the medical department specially subordinate to the Indian government, is in a state of collapse and depression piteous to behold, and that no efforts have been spared on the part of the local government to insult and degrade its medical officers. He finds that some 150 Assistant-Surgeons in the Indian service are retained by force in civil employments, upon salaries a quarter or a third less than those laid down in a new warrant recently issued for that service, and the suggestive fact that now that their pay happens to be more than the pay of their relative rank, a curiously devised, and more curiously interpreted resolution, orders that when a civil medical officer resigns his appointment, because his pay is less than the new military pay, he is, if the local government cannot dispense with his services, to be paid, not the pay he would get with a regiment, but the bare pay of a military officer of the same relative rank. Hearing this discussed in all its bearings, it is not to be expected that our student will trust himself to the tender mercies of the Indian government.

There is only one way in which this chronic and well-founded distrust can be removed—viz., that distinct rules be laid down as to pay, rank, &c., in the different stations occupied by the British army, not to be upon any pretext meddled with by the local governments, except through the ordinary military and civil tribunals. This last effort on the part of the Indian government for foiling the well-meant efforts of her Majesty's ministers to make the military medical service popular, has been most successful. Not only has it saved the State some £30,000 and deprived some 150 gentlemen of annual sums of from £100 to £250—a highly satisfactory stroke of policy, but it promises to bring about, that there shall be soon no medical officers at all to pay, whereby a large saving will be effected, and funds will be set free for purposes of native female education in the Punjab, or for the purchase of screw piles for the ornamental works in the course of erection at Mutlah, or other useful and necessary purposes.

The question of the supply of army surgeons is one of great and increasing consequence, and it is not to be endured that the little meannesses and class prejudices of Bengal civilianism, should aggravate the difficulties, already great, of obtaining that supply.

ON LABORERS' DWELLINGS.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

SIR,—I have just read in your issue of the 30th ult. the able paper by Dr. Mapother "On Laborers' Dwellings," and am sure it cannot fail to be as instructive as it is interesting. As an example of a town overcrowded by the reception of vagrants at night, Dr. Mapother quotes Swords. I feel it is due to Swords, or at least to one of its many proprietors, to state that within some few years past there have been built by an encouraging landlord (Mr. Baker of Balhearg) a lot of laborers' cottages in a part of the town, healthful by pure air and good sewerage. Those cottages, which, I need not observe, are never untenanted, afford to the occupants of them the greatest comfort, by their well-ventilated *multum in parvo* rooms, their neatly arranged yards—in fine, by their general construction. I mention this that Dr. Mapother may understand that Swords is, I am happy to say, not retrograding, and it is to be presumed that the inhabitants of those cottages, having deserted comparatively unwholesome dwellings, thereby afforded a greater amount

of accommodation for vagrants than they hitherto could have obtained.

If the landlords of those laborers' cottages in Chapelizod, Carrick-on-Suir, Ennis, and the other towns to which Dr. Mapother alludes, would only visit Swords, and inspect those nice little cottages to which I refer, I am sure they would see the utility as well as the humanity of erecting similar ones, instead of the hovels graphically described by Dr. Mapother. I am sure there could be no better movement, or one attended with more beneficial results, than the adoption of a weekly or bi-weekly inspection of the lodging-houses and dwellings of the poor, if such could check the overcrowding of those houses, especially in the harvest season, when hundreds of laborers, tempted by the high rate of wages, congregate in this and other small towns, and it becomes a mystery to know how or where they can make off sufficient space in any of the then very crowded houses by which to rest their wearied bodies.—I am, Sir, your obedient servant,

F. J. Davys, A.B., M.D.

Swords, June 1, 1866.

GRIFFIN TESTIMONIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—In consequence of the paucity of my answers in favour thereof, the committee of the above fund has given up the idea of a banquet to Mr. Griffin. As, doubtless, the College election will bring some medical men to London, it is intended to make the presentation of the testimonial on July 5th prox., unless the Poor-law Board should fix some other day to receive Mr. Griffin's deputation. In this latter case the testimonial will be given him immediately after the interview with the President. The time and place will be duly notified by printed circular. The testimonial is now on view at the manufacturers, Messrs. Mappin and Webb, 71 and 72, Cornhill. Intending subscribers, who have not forwarded me either their subscriptions or their *cartes de visite* will obligingly do so without delay.—Yours obediently,

Robert Fowler, M.D., Treas. and Hon. Sec.

145, Bishopsgate-street, Without, June 13, 1866.

THE VACCINATION BILL.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament assembled.

The petition of the undersigned, on behalf of the Manchester Medico-Ethical Association,

Humbly Sheweth,—That it is of great national importance that universal and compulsory vaccination shall be established by law.

That a Bill is now before your honourable House which has for its object the attainment of this end.

That the Bill, while highly commendable in its ultimate aim, is defective or erroneous on the following points:—

1. That no public prosecutor of persons evading its enactments is provided for, without whom it is likely to become almost a dead letter.

2. That the rate of remuneration awarded to the public vaccinator is insufficient, more especially as it affects the country medical practitioners.

3. That the compulsory demand (enforced by penalties) from all medical practitioners of professional service to the State without remuneration, is an oppression of one class of the community for the benefit of the rest, and contrary to the whole spirit of British legislation.

4. That no adequate provision is made for a sufficient and periodical supply of vaccine lymph from the cow.

Your petitioners, therefore, humbly pray that your honourable House will pass such a measure as will secure this country from the ravages of so dreadful a malady as small-pox, and that the four points above-named may at the same time obtain your earnest consideration.

And your petitioners will ever pray.

Signed on behalf of the Mancheste Medico-Ethical Association,

J. Thorburn, M.D. } Hon. Secs.
J. Wilson, F.R.C.S. }

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

The Thirty-fourth Annual Meeting of the British Medical Association will be held at Chester, on Tuesday, Wednesday, Thursday, and Friday, the 7th, 8th, 9th, and 10th days of August next.

President—S. J. Jeaffreson, M.D.Cantab.

President-elect—Edward Waters, M.D.Edin.

The Address in Medicine will be delivered by J. Hughes Bennett, M.D., F.R.S.Edin., Professor of the Institutes of Medicine and Clinical Medicine in the University of Edinburgh.

The Address in Surgery will be delivered by William Bowman, Esq., F.R.S., etc.

The following special subjects will be introduced for discussion:—

Dr. Sibson, F.R.S., and Mr. Holmes: What is the influence of Hospitals on Health and Mortality?

Dr. Stewart: Is the Expectant Method to be relied upon in the Treatment of any form of Acute Disease?

Mr. Alfred Baker (Birmingham): Are there any trustworthy facts as to the Origin of Pyæmia?

Professor Christison, F.R.S. (Edinburgh): Observations on the Register of Deaths in Scotland.

T. Watkin Williams, *General Secretary.*

13, Newhall Street, Birmingham, June 5th, 1866.

DEATH OF MR. ALEXANDER URE.

We regret to announce the death of Mr. Alexander Ure, surgeon of St. Mary's Hospital, while yet in the prime of life. Until lately he was a man of uncommon vigour and personal activity. But three years ago he met with a heavy fall from a horse, while attending in the field as surgeon to the Scottish volunteers, and from that time he began rapidly to decline. He was a man of genial nature and upright and honourable character. As a surgeon he was distinguished by his care and success in the after treatment of his patients subsequent to operation. He had a rare knowledge of the chemical and therapeutical departments of materia medica, and possessed a large store of professional erudition, with which he was very ready in clinical teaching. He will be much regretted by a large circle of friends.—*Lancet.*

CERTIFYING SURGEON AT BATLEY.

In the House of Commons, on Monday, Mr. F. Beaumont asked why the appointment of certifying surgeon under the Factory Acts for the Batley district, vacant on the 16th day of April, was delayed by the inspector for a period of three weeks, and then filled by the nomination of a non-resident stranger, without regard to the wishes of the mill-owners and manufacturers of the district? Sir G. Grey said the appointment of certifying surgeon under the Factory Acts was placed by law in the hands of the inspector, and not of the Secretary of State. Upon inquiry, he had ascertained that the delay was occasioned by a doubt entertained in the first instance whether any fresh appointment was necessary, or whether there might not be a redistribution of offices. The gentleman, selected from among nine or ten candidates, had been a certifying surgeon in another district, and might therefore be considered experienced in the discharge of his duty. If any dissatisfaction were felt with his decisions, power existed to call in another opinion; but in no case had this been done.

The Registrar-General of Scotland reports that in the month of May there were registered 2518 deaths, a larger number than any recorded in the last ten years, and 353 above the average. This great excess was caused by an increase of the deaths from ordinary diseases, more especially from those affecting the respiratory organs. Forty per cent. of all the deaths were of children under five years.

Our Weekly Retrospect of the Medical Journals.

June 16th.

The *Medical Times and Gazette* in a leader refutes Dr. Johnson's new theory and treatment of cholera, especially as regards the utility of opium, which has been so decried by those who follow the doctrine lately enunciated.

Attention is drawn to the subject of the formation of local museums, as recommended by Mr. Toynbee, and lately carried out in the neighbourhood of Wimbledon. The scheme, if successful, would tend greatly to educate the rustic mind in a scientific direction, so that hereafter from such a small beginning much good might be expected.

Again there seems some doubt as to the carrying out by the War Office of the recommendations of the Committee which lately sat to take into consideration the rank and pay of the army and navy medical officers. It is to be remembered that the Commander-in-Chief is the most violent opponent of the scheme in question.

A very good description is given of the properties and preparation of nitro-glycerine, which some short time since caused such consternation in San Francisco by the explosion of a vessel which contained some of this substance among the cargo.

Our contemporary wonders how such an excellent medical officer as Dr. Rogers could have been induced to continue to hold office under such masters as the guardians of the Strand Union, who "sanctioned and supported a system of neglect and cruelty."

The secretary of the fund for defraying the legal expenses of the Messrs. Armstrong in the late trial, has issued a circular to the effect that no further subscriptions are required.

Ovariotomy has been succesfully performed in New Zealand by Dr. Mackinnon, an army surgeon.

Dr. Jago of Plymouth publishes a correspondence between himself and an insurance company; it exhibits a very reprehensible system of touting for business. The company promise to appoint a medical gentleman their local referee and to publish his name as such, provided he insures in the company to the amount of £600, at the same time offering the same terms to other medical men in the neighbourhood.

Dr. Lionel Beale contributes a paper on Vital Force, in reply to Mr. Moxon.

Mr. Hulke relates several cases of night blindness, particularly among sailors.

A case of strumous meningitis is related from St. George's Hospital, in which tetanoid spasms occurred; they were controlled by the application of ice along the spine, although the patient ultimately died. It would be well to recollect this plan of treatment.

The *Lancet* resumes its analysis of Dr. Bennett's paper on "Medical Education;" it draws attention to the useless habit of demonstrators in the dissecting-room giving long-winded orations, in place of going about from table to table to question the student and help him individually in his studies.

Again the approaching election for the Council of the College of Surgeons is discussed. Mr. Luke is objected to, as "he combines in his own person all the monopolies. Twice President, seventeen years a Councillor and Examiner in perpetuity, he seeks to renew his hold upon a seat at the Council board."

The Canadian Medical Council has held its first sitting, which was enlivened by a discussion as to the admission of a Mr. Campbell, a homœopathic practitioner, to a seat at the Council. He was finally rejected by a majority of nine to seven. A very excellent plan is that by which the members of this Council are elected as the representatives of districts, so that the body contains men who are quite independent of the schools and individual interests.

The hospital board of Hartlepool think that they can get as house-surgeon "a very clever" man for £80 a year and board, to see patients, to dispense medicines, and to be Dr. Moore's assistant in private practice during spare hours, Dr. Moore to pay part of the salary. We do not know whether the latter is a consenting party to the arrangement. A Liverpool coalheaver can get five shillings a day now, and from eightpence to one and fourpence per hour for every hour he works over-time. This would be preferable to the pittance enjoyed by curates in the Church and assistants in the medical profession.

There is to be an exhibition of pharmaceutical matters at Nottingham, in connexion with the Pharmaceutical Conference to be held there at the same time as the meeting of the British Association.

The cholera is showing itself everywhere.

Mr. H. Smith alludes to the treatment of gonorrhœa by soluble bougies made of cocoa butter containing those salts which are generally used in the cure of the disease.

Thirty candidates for the Indian Medical Service are required on the 6th of August.

Professor Hancock's lectures on the Anatomy and Surgery of the Foot are continued.

Dr. Anstie's Lettsomian Lectures on Certain Painful Affections of the Fifth Nerve are commenced. He has had a good opportunity of studying neuralgia and its sequelæ and complications in his own person.

Mr. H. Thompson describes a new instrument for the treatment of severe stricture of the urethra. His principle is to over distend and not to rupture, as in Mr. Holt's method. This he manages by a screw, which gradually opens the blades of the instrument. He alludes to the anatomical fact that the portion of the urethra usually the seat of stricture is in its natural state of a calibre at least double that of the orifice.

Dr. Sanders records a case of loss of speech, with right hemiphlegia depending on lesion of the left island of Reil and neighbouring convolutions. Within the last year very many similar cases have been recorded, bearing out the theory of Broca as to the localisation of the faculty of speech.

From the *British Medical Journal* we learn that the House of Lords has upset the decision, formerly acted on, of Lords Mansfield and Kenyon, and that as a sequence the London parishes have commenced to rate the various metropolitan hospitals. St. George's is put down as valued at £4,000, for which the guardians have to pay £600 a year.

Dr. Lankester is taken to task for affirming that the prediction of Dr. Farre as to the dying out of the cattle plague has been almost literally fulfilled, thus ignoring the Privy Council and its mandates.

There is a translation of an excellent paper by Dr. Max Hertz, of the Foundling Hospital, Vienna, on the gangrene of infantile life.

Drs. Johnson, Skinner, Spitta, Noble, and Greenhow have letters on the treatment of cholera.

SERIOUS CHARGES AGAINST A SURGEON.

At the Farnham Police Court, on Tuesday last, Lake Young, *alias* William Augustus Young, was brought up on remand before F. R. Thresher, Esq., and Major Spring, charged with embezzlement, felony, and obtaining goods under false pretences. It appeared from the evidence of Dr. W. Davies, of York Town, Frimley, with whom the prisoner had recently been engaged, that in the month of April last the prisoner obtained his situation as assistant, upon what afterwards proved to be misrepresentations and a false certificate. A month's probation was mutually agreed upon, and it was the duty of the prisoner to attend patients and dispense medicine. At the expiration of the month, however, the prisoner was discharged, but for what cause did not appear. Shortly after his leaving the situation it was discovered that an entry had been made in the day-book of medicine supplied to a tradesman near Sandhurst, which, it afterwards transpired, had been paid for, and not accounted for by the prisoner, by whom the entry

was made. Suspicion led to further inquiry, and it was then ascertained that several things belonging to the surgery were missing, including a caustic pencil-case, and several medical works, among them being Dr. Ferguson on "Surgical Treatment," Hutchinson on "Cases of Emergency," Tanner's "Practice of Medicine," etc. It was also found that the prisoner obtained wearing apparel and other goods from the tradespeople to a considerable amount, by means of false pretences, one of which was that he was engaged permanently as a medical practitioner, and was desirous of opening accounts. On his asserting that he had entered into an agreement to remain with Dr. Davies for one year, he succeeded in obtaining a handsome watch, value ten gnineas, from Mr. Porter, jeweller, Hartley Wintney, to whom he also stated that he had a daughter about to be married, and that he should therefore become an extensive purchaser. The police were subsequently communicated with, and it was found that he had succeeded in obtaining a fresh situation, under an assumed name, as assistant-surgeon to Dr. T. L. Hales Smith, of Fetter-lane, Fleet-street, London, where he was apprehended by Sergeant Hyde, of the Surrey constabulary. Search was made in the prisoner's rooms, and several pawnbroker's duplicates were found, one of which was for the watch in question. The officer then produced a list of the articles missing from Dr. Davies' surgery, and on allusion being made to the caustic pencil-case, Dr. Smith at once stated that it was presented to him by the prisoner shortly after his engagement. The prisoner cross-examined the several witnesses with all the ingenuity and skill of a barrister, but did not succeed in shaking their testimony. The prisoner in defence admitted having given the caustic pencil-case to Dr. Smith, but emphatically denied taking it from Dr. Davies' surgery with any felonious intent. He also stated that it belonged to the old stock of the Orphanage Asylum, Frimley, of which establishment Dr. Davies was medical officer, that he had used it in the profession generally, but did not attach any particular value to it. He was formally remanded for the completion of depositions, when he will be committed to take his trial on the above-mentioned charges. The prisoner wept bitterly on being removed to his cell.

THE QUEEN'S UNIVERSITY IN IRELAND, DUBLIN CASTLE.

First Examination in Medicine.

June 11, 1866.—*Morning.*

MATERIA MEDICA AND PHARMACY.

EXAMINER.—DR. W. D. MOORE.

1. Write an unabbreviated prescription, in Latin, for pectoral pills of squill, ipecacuanha, and opium, with directions for use, for an adult.

2. What is scammony? Into what officinal preparations does it enter? and what is the form for preparing the mistura scammonii of the British Pharmacopœia?

3. What is the strength of the morphia suppositories of the British Pharmacopœia?

4. Mention the Linnæan class and order, the natural family, and the generic characters of the scammony plant.

5. Write an unabbreviated prescription, in Latin, for powders of chalk and Dover's powder, for a child of a year old, with directions for use.

6. What is elaterium? What are its medical properties? and in what doses would you prescribe it?

7. How is precipitated sulphur prepared?

8. What is saffron? Mention the Linnæan class and order, and the natural family of the plant producing it.

9. What is the strength of the "Vinum antimoniale?" In what doses would you prescribe it, and for what purposes?

10. How is the Vinum Ferri prepared?

Examination for the Degree of M.D. or M.C.H.

MEDICAL JURISPRUDENCE.—EXAMINER—DR. W. D. MOORE.

1. What is the usual post-mortem appearance of the mucous membrane of the tongue, mouth, and throat after poisoning by oxalic acid?

2. What is the smallest quantity of oxalic acid which has been known to destroy life, and what is the largest quantity recorded after the ingestion of which recovery has taken place?

3. What are the ordinary post-mortem appearances in a case of poisoning by strychnia?

4. What are the best tests of the presence of prussic acid? Describe the modes of applying them and their effects.

5. What is the smallest fatal dose of essential oil of bitter almonds on record?

6. A method of detecting chloroform in the blood and tissues in cases in which it has proved fatal in the form of vapour, has been founded on the effect of a red heat in resolving its vapour: what are the principal products of this action?

7. What is the difference in the effect of heat upon the sublimate of metallic mercury and that of arsenic?

8. What are the symptoms of chronic poisoning by lead?

9. What limitation in time does the law assign to the occurrence of death after the infliction of a wound, beyond which the charge of homicide will not be tenable? Is the limitation correct in principle?

10. How does corrosive sublimate, as a poison, differ in its effects from arsenic?

SURGERY.—EXAMINER—ROBERT MCDONNELL, M.D., F.R.S., F.R.C.S.I.

1. Describe the disease known as "Chronic mammary tumour" and its diagnostic characteristics.

2. What are the symptoms which in your opinion call for the application of the trephine in injuries of the head?

3. Describe a case of simple onychia, and its treatment.

4. A patient has been suffering from strangulated hernia for some hours: what means will you have recourse to to try to effect its reduction before proceeding to operation?

5. Describe the mode of arresting hæmorrhage by acupressure.

6. What are the symptoms of *morbus coxæ* in the first stage?

MIDWIFERY AND DISEASES OF WOMEN.—EXAMINER—LOMBE ATTHILL, M.D.

1. In which of its diameters does the fœtal head most usually enter the brim of the pelvis? and describe the changes which take place in its position during its descent through and expulsion from the pelvis.

2. Enumerate the causes which may occasion delay in the second stage of labour.

3. What are the conditions which should be present, to render the use of the forceps likely to be successful, and what precautions would you adopt before applying them.

4. How would you treat a case of "Partial Placenta Previæ," the os being the size of a shilling, and the patient losing a good deal of blood?

5. In twin cases a considerable interval sometimes occurs after the birth of the first child. How long would you wait, supposing no urgent symptom were present, before you interfered? And what means would you finally adopt with the view of terminating the labour.

6. With what other presentations are you liable to confound that of the face? What special diagnostic mark enables you to distinguish it from any other presentation? And why are cases of face presentations generally tedious.

7. How would you treat a case of amenorrhœa occurring in a young woman, who also complained of debility, loss of appetite, and pain in the back, and who suffered from habitual constipation?

BROMATE OF QUININE—A NEW REMEDY.—M. Courtener, a Russian physician, recommends the bromate of quinine as a new and useful remedy applicable to intermittents and some other diseases, such as dysentery, typhoid fever, and diphtheria. It has a sedative action superior to the sulphate of quinine, and therefore may be given in smaller doses. M. Courtener considers 50 centigrammes a sufficient dose. It is quite soluble, one part being dissolved in four parts of water, a property which adapts it for hypodermic injections. The use of it is rarely followed by tinnitus aurium. This medicine is prepared by treating quinine with hydrobromic acid and then evaporating to crystallization or dryness. M. Courtener recommends it as a prophylactic of cholera, and in its period of incubation.—*Bulletin Gén. Therapeutique.*

Abstracts of the Scientific Societies.

Archæological Institute.—Mr. J. Beldam contributed a paper, "On the Icenhilde and Erming-street Roads."—Mr. J. H. Parker gave a discourse on the Primitive Fortifications of Rome. From many passages in classical authors it is evident that the original settlement was on the Palatine, and that this was surrounded by cliff, slope, and foss from the beginning; the foss marked out by the plough with oxen being one of the earliest incidents in the history of Rome. To this original city on the Palatine the Capitol was speedily added, as the *arx*, or citadel, more strongly fortified than the rest, as was usual, having been in this case a natural rock, called the Tarpeian Rock, which none of the other hills were; all the others had the cliffs *scarped*, that is, cut by the hand of man, and the earth must always have been supported in a vertical position by artificial means, orginally by boarding, and, as the boards decayed, by stone walls. There are remains of walls of the time of the Kings of Rome on each of the seven hills, and in other parts, walls of the time of the Republic and of the Emperors, sometimes built upon or against the walls of the Kings. The roads at the low level, at the bottom of the *fossæ*, called covered ways, became the streets of the city, and their level was not altered until the time of the Empire, when the alteration began for convenience, and has been going on ever since. The market-places, or *fora*, were at the same level as these original streets. All early cities consist of three parts—the *arx*, or citadel, the town, and the pasture-ground. In Rome, accordingly, there was originally the Capitol for *arx*, the Palatine for town, and the Aventine for pasture-ground. The *arx* had a triple line of fortification, the town a double one, and the pasture-ground a single one only. The lecture was illustrated by an archæological plan of Rome, and by a number of photographs of the objects mentioned. The great point which the lecturer aimed to bring out was, that all these early remains confirm in a remarkable manner the early history of Rome according to the first book of Livy, which it is the fashion to call a myth.—Mr. E. A. Freeman, who bore testimony to the value of Mr. Parker's inquiries, disputed some of his inferences. He thought it hardly possible to recover the real history of those early times to which allusion had been made. Many of the expressions of Livy were obviously full of suggestion, and doubtless many historical facts may be gleaned from that historian's early books, as they may also from Homer; but he thought that the day had gone by for Pliny to be implicitly relied on. We know all the records of Rome were destroyed on the occasion of the invasion of the city by the Gauls.—Mr. J. G. Waller described the curious inscription on Cowling Castle, in Kent. It is a very fine specimen of enamelled work, perhaps a unique example of such work employed in the open air. The inscription, which Mr. Waller, in company with Mr. Roach Smith, was enabled closely to examine in the autumn of 1864, represents a parchment deed, with its appendant seal. The material is copper, and the inscription consists of twelve plates, each line consisting of three. The white enamel is still in very fair preservation, and the colour, both of the shield of arms and of the cordon by which it is attached, which are the heraldic colours of the arms of Cobham, are generally preserved, The third Lord of Cobham, who erected Cowling Castle, is said to have placed the inscription on the face of the castle, and Mr. Waller believed the tradition to be correct.—Dr. Kendrick of Warrington, exhibited a remarkably fine series of casts of the Imperial Golden Bullæ, commencing from the thirteenth century, and ending with Leopold the Second (1790-92). The obverse and reverse were in each case represented.—Earl Dunraven exhibited and described three very curious silver dishes, found close to the Abbey of Tore, in the county of Westmeath, under seven feet of turf. They belong to Dr. Stokes of Dublin. Dr. Rock thought they were for domestic use, and probably Irish work of the thirteenth century.—Mr. S. Dodd exhibited a MS. Bible and a MS. Testament, both of the fourteenth century, and on fine vellum.—The Rev. E. G. Jarvis sent two curious horse-bits, of iron, one of them found in Lincolnshire.—Col. Tempest brought a painting which formerly had belonged to Sir Richard Phillips, and is mentioned in one of his works. The portrait has been engraved as that of Chaucer; but the Society were of opinion that there was no ground for supposing that it was intended to be a portrait of the author of the "Canterbury Tales."—A curious prize race-whip, of silver, 1790, was exhibited by Mr. O. Morgan, M.P.; a Roman denarius of Domitian, in excellent preservation, was shown by Sir J. C. Jervoise, Bart., M.P., by whom it was found in Hants; and a fine jacinth intaglia, archaic Greek, representing the head of Sappho, was contributed by the Rev. Gregory Rhodes. This gem was formerly in the Mertens-Schaafhausen collection, and is said, by the learned author of "Antique Gems" (Mr. King), to be the most ancient intaglio head that has come under his notice.

Royal Institution.—"On Mud Volcanoes of the Crimea, and on the Relation of these and similar Phenomena to Deposits of Petroleum," by Prof. D. T. Ansted, M.A.—The special thanks of the members were returned to Sir H. Holland, Bart., for his eighth annual donation of £40 to "The Donation Fund for the Promotion of Experimental Researches."

Society of Arts.—May 30.—The paper read was, "On some Popular Errors concerning Australia," by the Hon. C. G. Duffy.

PECULIAR PROPERTIES OF ACETATE OF SODA.

A "History of Acetate of Soda," has been published in which some curious physical and allotropic properties of this substance are detailed. We have not yet had an opportunity of seeing the paper, but M. Legrand in *Union Méd.* gives a brief account of some of its contents. From this it appears that crystallised acetate of soda melts in its water of crystallisation at a temperature of +58 Centigrade, and when it is exposed to cold, after being dissolved, it crystallises at this temperature, which remains stationary during the whole time that the crystallisation continues, so that acetate of soda in crystallising presents a fixed point at 58° C., just as water, in the crystallised state, presents in melting a fixed point at 0° C. Dissolved acetate of soda which is exposed to cold but secluded from the air, either in a vessel that is corked or one that is simply covered over, does not crystallise; but what is in the highest degree surprising is that, while cooling thus protected from the air without crystallising, it retains in a latent condition the greatest portion of the caloric which it had absorbed when entering into a state of solution. This caloric reappears and is disengaged when the crystallisation of the salt is induced by simply exposing the solution to the air on uncorking or uncovering the vessel which contains it.

This singular property leads to a curious result. The temperature of 60° C. is easily obtainable from the sun's rays concentrated under a glass frame, and therefore the solar heat suffices for the solution of acetate of soda. But if this solution be effected in a corked or covered vessel, it will retain the greater portion of the caloric absorbed, and will restore this when convenient on the vessel being opened. And the quantity of caloric so absorbed is considerable, for 1 kilogramme of the acetate melted and cooled down to 0° C. will disengage, on removing the crystalline condition, sufficient caloric to melt 360 grammes of ice or raise 360 grammes of water from 0° C. to 79° C.

"In fine, here is a means of magazining solar heat. What will come of it in practice? Will human industry be able some time hence to store up for winter a provision of caloric which has been collected during summer? Why not? The observations of M. Jeannel are, as it were, the first steps on this seemingly fantastic path."

The Marquis of Westminster has given £500 towards the endowment fund of Yeatman Hospital, at Sherborne, in Dorsetshire.

CASE OF POISONING BY NARCOTIC VAPOURS IN A DISUSED TAR-BOILER.

Mr. Nowell supplies the notes of a case of singular interest, under the care of Dr. Gull, at Guy's Hospital:

T. L—, aged forty-two, a labourer, was admitted Feb. 20th, 1866. He was employed at a gas-tar distillery, where pitch is made. One of the large boilers or stills, which are eight feet deep, and connected to one another by short pipes, capable of being opened or shut off by taps, was undergoing repair, and had been empty for more than a week. The engineer had been down on the 16th ult., without suffering any inconvenience from the gases generated in the adjoining still, and had gone down again on this day at eight a.m. to repair the damage. Whilst thus engaged he called out, and the present patient going to see what was wanted observed him reclining on his arm, like one dead or asleep. Whilst going down a ladder to his assistance, he in his turn suddenly called out for some one to steady the ladder, and would have fallen but for help. He was dragged out insensible and continued so for more than an hour. Then he became quite ungovernable, and endeavoured to bite and strike any one who came within his reach, requiring three or four men to hold him. He made a great outcry, and from the description given would appear to have resembled a person affected with epileptic mania. Three hours afterwards he was admitted into the hospital, and the following note was then taken of his condition:—"He will be quite still if not disturbed; but when moved or touched cries out, and requires to be restrained. He is not conscious of surrounding objects; his pupils are dilated; common sensation is not impaired. The breath is rather cool, skin moist, and he is perspiring freely; legs and feet cool; shivers now and again. Respirations easy, not stertorous, 20 to the minute; pulse 50, regular, very weak. Half an hour afterwards he could swallow fluids freely; his eyelids were firmly closed, and sensibility to cold is noted as being increased. He endeavours to wrap the clothes more closely around him. He will not answer when spoken to: pulse 64; respirations 20, quiet. In half an hour's time he was conscious of surrounding objects, looking wildly and astonished; could talk distinctly and rationally; pulse 72, rather full; respirations 24; skin moist. His urine contained a trace of sugar. The man told the reporter on the following day that he had no recollection of anything which occurred after his descent into the boiler until he found himself in bed next morning."—*Lancet.*

[From the suddenness of the insensibility in this case, the character of the sleep, the dilatation of pupils, the epileptiform paroxysms, the comparative quiet of the pulse and respiration, and from the fact that the urine contained sugar, we infer that this was a case of poisoning from the inhalation of carbonic oxide gas. The symptoms are identical with those we have observed in inferior animals after their exposure to carbonic oxide.—*Brit. and For. Med. Rev.*]

NON-INTERVENTION IN EMERGENCIES.

A correspondent of the *Times* animadverts upon the etiquette—law he hopes it is not—"which forbids any chemist to leave his shop, even to render assistance in the most urgent cases where a doctor's services cannot be obtained at a moment's notice." Referring to a sudden seizure of illness which terminated in the death of a lady, he says—"In the case to which I have alluded, no professional aid could be procured until too late to be available, although four medical men were summoned as early as possible. Two chemists in Oxford-street refused to do more than send for a doctor, notwithstanding they were informed of the pressing need of instant succour. Those around the unfortunate lady did all in their power in the hope of restoring her to consciousness but unprofessional efforts must be uncertain and often misguided. It is the profession and business of a chemist and druggist to make and sell medicines, not to practise physic. He must needs know how to prepare sal-volatile, and he may have lancets to vend, but he may not know the difference between coma and syncope, and whether a person in a fit requires bleeding or a stimulant. He would render assistance at the peril of the patient, and also at his own. He has before his eyes the possibility of making a fatal mistake, and the horrible fear of a trial in a felon's dock, resulting, at the least, in ruinous law expenses consequent on a verdict of manslaughter, returned against him by a British jury, under the direction of a British coroner. 'Enforce responsibility,' that is a British maxim. Its necessary correlative, unfortunately, is 'Run no risk.'"

PRE-HISTORIC MAN.

In the autumn of last year, an order to erect a viaduct across the Derwent Valley near Malton, the North-Eastern Railway Company commenced the formation of cofferdams on each side of the river. In the first formed, on the Malton side, as reported at the time, after ten-feet of the fluviatile post-tertiary clay had been excavated, a three feet bed of alluvial silt was entered, which abounded with water, and caused the cofferdam to burst. Beneath this sand was the Kimmeridge clay of the Vale of Pickering, and upon it, at a depth of thirteen feet, the femoral and pelvic bones of a human being were thrown out, the skull then being left within the piles forming the dam. An enlarged dam having been formed, operations were re-commenced last week, when the skull so much desired was fortunately obtained, and is now deposited in the collection of pre-historic *crania* of the Rev. William Greenwell, of Durham. The bones, from long steeping, have become blackened and devoid of lime, resembling leather more than bone, and are much impregnated with vivianite. The body has been that of a male of small stature apparently from 40 to 45 years of age. The teeth have all been present, and are not much worn, but the sagittal suture of the skull is almost obliterated, and so is the coronal suture. It has been supposed that the body was one of an early British race, but the skull is not at all typical, and not in the least like those obtained from either the long or the round barrows of the Britons. It is very broad in the occipital region, and rather narrow in the frontal; but the main characteristic is flatness. Mr. Greenwell says the skull is very like some he has from a Kentish Roman cemetery, but is relatively broader in the occipital region. He can offer no conjecture as to race, but supposes the man may have been a dependent on the Romano-British camp at Malton, probably an auxiliary. This view is strengthened by the finding, in another excavation, but on the opposite side of the river, and also below the clay and silt, a rudely-formed vessel, upturned. This is about six inches high, and is regularly hand-made, entirely without ornament, but is not like British ware at all. The material is more like the ordinary bluish Roman pottery, and is hard-baked, but there is neither the form nor finish of Roman ware, nor any trace of the potter's wheel. The shape is that of the "food-vessel," and if Romano-British is extremely rude indeed. Up to the present time no further object has been found. The skeleton and the pot seem to have reference to the same date, being both found at the same depth (10ft. clay and 3ft. silt), both also being below the bed of the river Derwent considerably. During the human period there has been considerable alteration in the geological deposits on the surface, as was recently illustrated by the section of the cutting for the Norton drainage close by, where an ancient (supposed) British trackway was found beneath water-borne sand and gravel. Mr. Greenwell, Captain Copperthwaite, and other antiquaries and geologists, consider that the skeleton and urn mark the level of the British period, and that the super-imposed beds have been left by the river accumulations since that periods A look-out is being kept for any object likely to give further light.

It appears that the terrible compound, nitro-glycerin, may be rendered non-explosive by a method comparable with Mr. Gale's method of protecting gunpowder. According to the *Mining Journal*, the recent accidents with the new explosive agent have induced Mr. Nobel to turn his attention seriously to the subject, and he is now enabled to state that by mixing the nitro-glycerin with methylic alcohol, it is rendered unexplosive, either by percussion or heat. When required for use water is added, which absorbs the spirit, and the oil sinks to the bottom of the vessel, whence it is drawn by a syphon. It is stated that experiments for testing the value of this discovery have already been made in America, and have given highly satisfactory results.

Notices to Correspondents.

Mr. T. J. E. Browne, Waddesdon.—We have not yet received the pamphlet.

Mr. Griffin.—The letter is inserted.

A Subscriber.—The communication has been received.

Tyro.—There is no antidote, properly so called, for the poison in question.

Dr. M.—A new edition of the book is now in preparation.

J. S., Liverpool.—We have already stated our opinion that the castor-oil treatment of cholera is objectionable, whatever theoretical reasons may be given for its use in this disease.

Dr. B.—We have not yet received the paper alluded to by our Correspondent.

Medical News.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following members of the College, having undergone the necessary examinations for the Fellowship on the 29th and 30th ult., were reported to have acquitted themselves to the satisfaction of the Court of Examiners, and at a meeting of the Council on the 14th inst. were enrolled Fellows of the College:—

Archer, Edmond, Cape of Good Hope; diploma of membership dated Dec. 29, 1846.
Bruce, Alexander, Albert-terrace; April 26, 1864.
Darling, William, New York; Nov. 21, 1856.
Duka, Theodore. H. M. Indian Army; Oct. 7, 1853.
Falwasser, Francis, Army; March 26, 1858.
Jordan, Thomas Furneaux, Bermingham; May 2, 1854.
Little, Louis Stroneyer, Brook-st., Grosvenor-sq.; April 22, 1832.
Lush, Wm. Geo. Vawdrey, Wilton, near Sailsbury; April 27, 1834.
Marsh, Fred. Howard, St. Barthol. Hospital; June 1, 1863.

It is stated that only one candidate failed to acquit himself to the satisfaction of the Court.

APOTHECARIES' HALL OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on June 7th:—

Branson, Henry John, Scarborough.
Brownbridge, Dixon Snaith, Yorkshire.
Colquhoun, Frederic Stuart, Tiverton, Devon.
Haswell, Narcis Richard, Helston, Cornwall.
James, John Rees, Llanelly, Carmarthenshire.
Leverton, Edward James, Truro, Cornwall.

The following gentlemen also on the same day passed their first examination:—

Giles, John, St. Bartholomew's Hospital.
Lewis, William Bevan, Guy's Hospital.
Moore, George, General Hospital, Birmingham.
Nutt, Charles, Guy's Hospital.
Stokell, George, Guy's Hospital.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—The following Candidates passed their examination as Pharmaceutical Chemists:—

Baker, Parson Custance, Holt.
Day, John, Retford.
Davies, J. H. Newcastle-on-Tyne
Goucher, John, Wellington Salop
Pasnin, Thorny, Mauritius.
Horner, Thomas B., Woolwich.
Thorn, John James, Crediton.
Averill, Henry A., Stafford.
Baxter, George, Chester.
Long, John F., Bristol.
Pheysey, Richard, Waterloo.

THE cholera still rages in Holland. In Rotterdam last week there were eighty-five cases, fifty-five of which were fatal.

QUARANTINE.—A Gibraltar telegram of the 12th inst. states that the Board of Health has imposed five days' quarantine on vessels from all English ports. The Government has, at the solicitation of the local authorities, directed that H.M.S *Æolus* shall be stationed in the Southampton Water as a receiving ship, should necessity arise, for the prevention of the introduction of cholera cases into the port.

MARRIAGE OF THE PRINCESS MARY.—The representative of medicine at the marriage of Princess Mary was Dr. Quin.

DEATH FROM CHLOROFORM.—A few days since, says the *Boston Medical Journal*, "another victim to this murderous anæsthetic died in a dentist's chair in the city of Philadelphia."

JAMAICA HOSPITAL.—The appointment of a medical man from Montserrat to the chief surgeoncy of the hospital in Jamaica, has caused great annoyance in the medical profession. A remonstrance has been addressed to the Colonial Secretary on the subject.

PUBLIC HEALTH.—The Government Bill upon this subject now before the House of Commons contains some clauses that should be generally known. A penalty not exceeding £5 is imposed for exposure in any public place or public conveyance of any person suffering from a dangerous infectious disorder without proper precaution against spreading it; and there is a like penalty on the owner or driver of a public conveyance who does not immediately provide for its disinfection after it has with his knowledge conveyed any such sufferer. Carriages for the conveyance of such persons may be provided by the local authorities. The sewer authorities may compel the owner of any house in their district which is without effectual drainage to remedy that defect. Various other powers are given by the Bill to the sanitary authorities for the sake of the public health.—*Times.*

THE PRUSSIAN ARMY.—The cholera has made its appearance at Altenburg, and this town is not far from the right flank of the Prussian army. All precautions ore being taken pgainst it, and the medical officers will not be found sleeping at their posts. Austrian deserters declare that typhus has already laid a heavy hand upon the Kaiser's troops. From the Prussian lines one thousand sick soldiers have already been sent to Berlin.

PROSECUTIONS UNDER THE RECENT REGISTRATION ACT.—At the last Carlow Petty Sessions District two parties were summoned by D. Shewbridge J. Connor, Registrar of Births, Marriages, and Deaths for the Carlow district, for failing to comply with the requirements of the Act. One of the persons was charged with neglecting to register a death, and the other for an incorrect registry of birth. On behalf of defendants it was contended that the summonses were informal, inasmuch as the Act was silent as to the person in whose name the summonses in such cases should be brought, and did not empower the Registrar to proceed for the penalties. At the suggestion of counsel for the defence, their worships decided upon submitting the case to the law adviser of the Crown for his opinion, and the cases were accordingly adjourned pending his decision.

WORKHOUSE INFIRMARIES OF LONDON.—The *Times* states that the Association for the Improvement of London Workhouse Infirmaries have forwarded, by the hand of the Earl of Carnarvon, to the President of the Poor-law Board, the statement of alleged neglect, cruelty, and inefficiency in the treatment of the sick in a west-end workhouse infirmary. The statement is made by a paid head nurse who was there but a short time, but who has had considerable hospital experience, and whose testimonials are excellent. The house referred to is Paddington Workhouse. She describes instances of gross neglect and particular acts of great cruelty committed by pauper nurses. The nursing would seem to be most inefficient, and classification of patients to be ignored. The children are spoken of as especially ill-treated, and the general picture drawn is, in its way, as discreditable as that which proved to be a true account of the Strand Infirmary by Miss Beeton. The committee ask for an immediate official inquiry, as the facts alleged are of quite recent date. It is one of the greater importance because the Paddington Union is one of the very wealthiest in London, and with a very small number of poor; and the guardians have always maintained a high reputation for humanity and good management; so much so that when the Archbishop of York in warmly protesting, at the meeting at Willis's Rooms, against the general inefficiency of the arrangements made by the various boards of guardians for the sick poor of London, he especially named, among those who were entitled to be excepted, the Paddington guardians, having heard a very good report of their house from a source which he considered authentic.

UNIVERSITY OF OXFORD.—In Convocation, on the 13th instant, the honorary degree of D.C.L. was conferred on Sir J. Y. Simpson, M.D., F.R.S.E., of Edinburgh; Alphonse de Condollo, corresponding member of the French Academy of Sciences; Joseph Dalton Hooker, M.D., F.R.S., Director of the Royal Gardens at Kew; William Thomson, M.A., F.R.S., Professor of Natural Philosophy, Glasgow; James Prescott Joule, F.R.S.; John Phillips, F.R.S., M.A., President of the British Association for the advancement of Science.

Vacancies.

Herts County Hospital—House-Surgeon and Secretary.
Royal Portsmouth and Gosport Hospital.—Assistant House-Surgeon.
South Staffordshire General Hospital—Surgeon, vice Mr. F. A. Nesbitt, deceased.
St. Matthew, Bethnal-green (No. 4 District)—Medical Officer and Vaccinator.
Tisbury Union (Bonhead District)—Medical Officer.

Appointments.

A. Beckett, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Blyth District of the Worksop Union, vice F. J. Wells, M.R.C.S.E., deceased.

T. Bond, M.B., has been appointed Resident Medical Officer to the Public Dispensary, Carey-street, Lincoln's-inn, vice H. L. Kempthorne, M.D., appointed Resident Medical Officer to the Royal Hospital of Bethlehem.

H. Brietzcke, L.R.C.P.L., late of the Training Ship "Excellent," has been appointed House-Surgeon to the Sheffield Public Hospital, vice F. W. Cooper, L.R.C.S.Ed., resigned.

T. W. Bullock, M.R.C.S.E., has been elected Medical Officer to the Warwick Union Workhouse, vice H. Blenkinsop, F.R.C.S.E., resigned.

J. Carruthers, L.R.C.P.Ed., Medical Officer for the Portland District of the Weymouth Union, has also been appointed Registrar of Births, &c., Physician and Surgeon to the Royal Portland Dispensary, and Admiralty Surgeon and Agent for Portland, vice U. P. Brodribb, M.B., resigned.

J. B. Clark, L.F.P. & S. Glas., has been appointed Medical Officer and Public Vaccinator for the Parish of Balfron, via Glasgow, vice A. F. A. Fairweather, M.B., C.M., resigned.

J. H. C. Constable, L.K.Q.C.P.I., L.R.C.S.I., has been elected District Medical Officer to visit Out-Patients of the Royal South London Dispensary, St. George's-road, Southwark, vice Dr. Swallow, resigned.

Dr. Wm. Darling, F.R.C.S.E., has been appointed Professor of General and Descriptive Anatomy in the University of New York.

J. S. Denham, M.R.C.S.E., has been appointed Medical Officer to the Workhouse of the South Shields Union, Durham, vice James Williamson, L.R.C.P.Ed., resigned.

A. F. A. Fairweather, M.B., M.C., has been elected Medical Officer and Public Vaccinator for the Parish of Garvald, Haddingtonshire, vice J. J. Hardesty, L.R.C.P.Ed., resigned.

C. Gargory, M.R.C.S.E., has been elected Resident Medical Officer to the Worcester Dispensary, vice W. Woodward, M.D., resigned.

W. Hoyle, M.R.C.S.E., has been appointed Medical Officer for the Atherton District of the Leigh Union, vice J. Croston, M.R.C.S.E., resigned.

W. Langston, M.R.C.S.E., has been appointed Medical Officer for the Pembridge District of the Kington Union, Herefordshire.

C. W. MacRuby, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator for the Parish of Barra, Inverness-shire, vice Fraser, resigned.

J. Moir, L.R.C.P.Ed., has been elected Assistant House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

G. E. L. Pearse, M.R.C.S.E., has been appointed Senior House-Surgeon to the Royal Infirmary and Dispensary, Manchester, vice G. Clements, M.R.C.S.E., resigned.

F. S. Risk, L.K.Q.C.P.I., has been elected Resident Medical Officer to the Isle of Man Hospital and Dispensary, vice E. Snell, M.R.C.S.E., resigned.

Mr. R. Robinson has been appointed Resident Dispenser to the Hitchin Infirmary, vice Coker, resigned.

P. Russell, M.B., has been elected Medical Officer for the Lurgan Dispensary District of the Lurgan Union, County Armagh, vice R. S. Hannay, M.D., resigned.

Mr. G. Stockwell of Batley, has been appointed Certifying Factory Surgeon, vice G. Allbutt, M.R.C.S.E., deceased.

J. Whitworth, M.D., has been elected Medical Officer for the Union Workhouse, Industrial Schools, and Infirmary of the Dewsbury Union, Yorkshire, vice G. Allbutt, M.R.C.S.E., deceased.

E. P. Young, M.R.C.S., L.S.A., L.M., has been elected Surgeon to the Westbourne Dispensary and Maternity, Paddington.

☞ *Original Communications, Hospital Reports, Society Proceedings, and other matter of considerable length, should reach our Office not later than* Friday evening *for insertion in the following Wednesday's issue. No exception to this rule can be made. Important information—Telegraphic News, and other matter occupying only a short space—can be received up to Monday evening.*

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING JUNE 16th, 1866

By J. H. Steward, Strand, and Cornhill, London.

June, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
10	30·020	88.05	66	62	79	SE	—	000	Fine.
11	30·010	74	54	68	67	SW	—	000	Fine.
12	29·070	66	56	61	61	SW	—	002	Showery.
13	29 070	68	51·05	59	61	SW	—	015	Do.
14	30·000	73	50	62	64	SW	—	010	Showery.
15	30·000	73	50	77	64	W.S	—	007	Dull.
16	29·082	67	50	75	64	S-W	—	—	Showery. Fine.

Births, Deaths, and Marriages.

Announcements are inserted without charge, and must in all cases be authenticated with the signature of the sender.

BIRTHS.

Ackland.—On May 24th, at Bideford, North Devon, the wife of W. H. Ackland, M.D., J.P., of a son.

Bird.—On May 2nd, at Seebpore, Howrah, the wife of Robert Bird, M.D., of a daughter.

Debenham.—On June 7th, at Heath House, Stepney, the wife of Robert Debenham, Esq., surgeon, of a son.

Divers.—On June 6th, the wife of Edward Divers, M.D., of Queen's College, Birmingham, of a son.

Meeres.—On June 4th, at Freshwater, Isle of Wight, the wife of Edward E. Meeres, M.D., of a daughter.

Norton.—On June 6th, at Westbourne Grove, Bayswater, the wife of Algernon C. W. Norton, M.D., of a daughter.

Rooke.—On June 11th, at Cheltenham, the wife of T. Morley Rooke, M.D., of a son.

Smith.—On June 2nd, at Burbage, Wilts, the wife of C. Swaby Smith, Esq., of a daughter.

Curtis.—On the 15th inst., at 8, Camden-place, Cork, the wife of James G. Curtis, M.D., of a daughter.

MARRIAGES.

Bartlett—Wathen.—William Penny, Esq., eldest son of William Bartlett, Esq., of Ladbroke Lodge, Notting-hill, to Mary Eliza, eldest daughter of the late J. R. Wathen, Esq., on June 6.

Colquhoun—Cathrow.—Sir Robert Gilmour, K.C.B., of Canstradden, to Ann, only daughter of William Cathrow, Esq., of 42, Weymouth-street, at St. Marylebone Church, on June 5.

Coxwell—Cooper.—J. E. Grinfield, Esq., to Mary Gertrude, eldest daughter of George Lewis Cooper, Esq., of Woburn-place, at St. George's, Bloomsbury, on June 7.

Don—Elliott.—William Gerard Don, M.D., 28th Regiment, to Louisa Jane, second daughter of Captain Edward G. Elliott, R.N., at Plymouth, on May 5.

Evans—Melville.—Harry K. Evans, Esq., son of Herbert N. Evans, M.D., of Tymawr, Brecknock, to Amelia Eleanor, only daughter of the late George H. Melville, Esq., of St. Helier's, Jersey, on May 31.

Faulkner—Webster.—William Faulkner, Esq., of Rothersthorp, to Frances Anne, second daughter of F. T. Webster, Esq., Surgeon, St. Alban's, on June 7.

Fowler—Cotgrave.—R. S. Fowler, Esq., of Bath, to Elizabeth Burgess, eldest daughter of Lieutenant-Col. Cotgrave, R.A., on June 12.

Gardner—Garrett.—John Gardner, Esq., second son of John Gardner, M.D., of Montague-street, to Amy Vernon, second daughter of the Rev. Samuel Garrett, of Queen-square, at St. George's, Bloomsbury, on June 7.

Garside—Spencer.—John Garside, Esq., Brownswolds, Congleton, to Sarah Emily, younger daughter of Lawrence Spencer, Esq., of Preston, on June 6.

Hallowes—Leachman.—George B. Hallowes, Esq., third son of Price Blackwood Hallowes, Esq., Surgeon, of Canterbury, to Lucy Mary, youngest daughter of Joseph Leachman, Esq., Adelaide-road, Haverstock-hill, on June 5.

Knott—Millard.—Middleton O'Malley Knott, M.D., of Castlebar, Ireland, to Sophia, eldest daughter of James Millward, Esq., Bidford, Warwickshire, on June 7.

DEATHS.

Chaldecott, William, Esq., Surgeon, at Holmwood, Dorking, aged 67, On June 1.

Lyster.—On June 3rd, at Liverpool, the wife of C. E. Lyster, M.D., of a daughter.

Martin.—On May 26th, at Ipswich, Hannah, wife of Robert Martin, Esq., late of Holbrook.

Parkinson.—On June 2nd, at Kingstown, Ireland, aged 50, Sarah, widow of William H. Parkinson, M.D., of Brussels.

Ritchie, David, M.D., late Deputy Inspector-General of Hospitals, Bombay Medical Service, at Dalgairn, Cupar Fife, on May 28.

Shute.—On May 26th, at Greenwich, aged 22, Louisa, eldest daughter of Gay Shute, Esq., Surgeon.

Surrage.—On June 3rd, at Downend, Henry J. L., only child of James Surrage, M.D., of Wincanton.

Stanley.—On June 6th, at 16, Westbourne-terrace, Catharine, widow of Edward Stanley, Esq., F.R.S.

Tunaley, Charles, M.D., at Millbrook-place, Harrington-square, aged 58, on June 5.

BOOKS RECEIVED.

Southwood Smith on the Common Nature of Epidemics. Edited by T. Baker. London: Trübner and Co.

Dr. Basham on Dropsy. London: Churchill, 1866.

Gout and Rheumatism in Relation to Disease of the Heart. By Dr Barclay. London: Churchill and Sons.

A Handy-Book of Ophthalmic Surgery. By J. Z. Laurence and R. C. Moon. London: Hardwicke.

A Lecture on Posterior Staphyloma, with especial Reference to two Singular Cases. By J. F. Streatfield. London: Churchill.

T. Wharton Jones on Defects of Sight and Hearing. London: Churchill and Sons.

Dr. Lee on the Baths of France. London: Churchill and Sons.

Notes on Health. By Dr. W. H. Pearse. London: Churchill and Sons.

The True and False Sciences. A Letter on Homœopathy. London: Churchill and Sons.

The Physiological Anatomy and Physiology of Man. By Todd, Bowman, and Beale. A New Edition. London: Longmans. 1866.

Errata.—In Dr. J. A. Byrne's paper read at the meeting of the Association of the College of Physicians; page 631, first col., line 43 from top, read "pneumonia" instead of "rheumatism"; line 13 from bottom instead of "here," read "were"; second col., p. 631, for "pespiration," read "puerperal."

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

Original Communications.

MATER MISERICORDIÆ HOSPITAL.

CLINICAL LECTURES ON DISEASES OF THE HEART.

By Dr. HAYDEN,
PHYSICIAN TO THE HOSPITAL.

LECTURE I.

MITRAL OBSTRUCTION.

Delivered Tuesday 19th.

GENTLEMEN,—I propose, in the course of the present session, bringing under your notice in a series of short clinical lectures, the subject of diseases of the heart, confining myself to those forms that have been illustrated by cases in our wards.

This hospital affords an ample field for the study of cardiac pathology, and, I trust, I may succeed in the endeavour to enlist your interest in the prosecution of it. The first subject I shall take up is that of contraction of the left auriculo-ventricular, or mitral orifice, because it is one upon which a considerable addition has been recently made to our knowledge, and in the diagnosis of which I do not hesitate to affirm, notwithstanding the scepticism of some of our most eminent authorities, that absolute precision has been arrived at, so far, at least, as that is attainable in medicine.

We have had under observation six cases of this form of disease of the heart since December, 1864. In five of these cases the diagnosis of mitral contraction was confidently made; in the sixth, the evidence upon which an opinion as to the state of the heart might be formed was suspended by the extreme debility of the patient, who was not seen by me till a few days before her death with cerebral complication.

In three out of the six cases we have had the advantage of a post-mortem examination, and the morbid specimens obtained are now before you.

I will give a short *resumé* of each of these cases, and subsequently make a few general remarks upon them, with the view of endeavouring to fix in your minds the most prominent symptoms and the diagnostic signs of this particular form of cardiac lesion.

Case 1.—A. K., an unmarried female, aged 28 years, a dressmaker, admitted into hospital December 7, 1864. Has suffered for the last few years from palpitation and shortness of breath on making much exertion; these symptoms have latterly become more troublesome. Twelve months previously she began to cough after exposure at night, and for four months preceding the date of her admittance into hospital she has not been able to lie down for more than a minute or two, owing to the dyspnœa which this change of posture occasioned. A month previously her feet began to swell, and about the same time, or somewhat earlier, and repeatedly since, she expectorated some florid blood.

The feet and legs are now much swollen; the face is rather ruddy and not œdematous; pulse 96, weak, small, and irregular; heart acts with great irregularity, every third beat being followed by a rapid "tick tack," the time of recurrence of which, however, occasionally varies; impulse strong and laboured, but not heaving; first sound somewhat rough but well pronounced; second sound double, reduplication being most distinctly audible to right side of apex; chest universally resonant and rather distended, a slight shade of dulness beneath right clavicle; respiratory sound rough, and accompanied with fine crepitant râles all over chest.

Venous pulsation, synchronous with the ventricular systole, of a tremulous character, and arrested by the lightest finger-pressure, is visible in both supra-clavicular fossæ, and also along inner edge of right sterno-mastoid muscle.

December 16th: Breathing much relieved by a large blister; râles less loud; a distinct, somewhat rough, but not loud murmur is heard over left apex *immediately before* and running up to first sound ("left auricular systolic murmur"); no reduplication of second sound to-day; pulse 96, and still irregular at intervals.

17th: Præsystolic murmur audible also, but not so distinctly, over lower part of sternum, not audible over left scapula, where sounds of heart are distinctly heard; pulse 102, occasionally intermitting, and so feeble that patient could scarcely be expected to have strength enough to stand, yet she walks about the ward and corridors, and declares she feels "better;" no lividity of lips or fingers; a good deal of blood-streaked mucus expectorated last night.

31st: Shooting pain in region of heart extending to left scapula; fremitus over apex; palpitation and breathlessness; pulse 112, small and intermitting; one leech to be applied over heart, and one-eighth of a grain of extract of aconite to be given three times daily.

January 11th: A murmur audible *with* first sound as well as preceding it.

12th: The former, or systolic murmur, *only* audible to-day.

13th: *Both* murmurs again audible. ℞ Extract. acon. gr. ⅛; pil scillæ c. gr. v. M. Ft. pil. One such to be taken three times daily.

14th: Great distension of cervical veins, with respiratory pulsation on right side; cardiac pain shooting to left scapula; great œdema of legs and feet. ℞ Ext. elaterii, gr. ⅛; pil. scillæ c. gr. iiss.; ext. hyoscyami, gr. i. M. Ft. pil. habeat ii. tales, st. i. 6ta quaque hora.

21st: Neither radial pulse perceptible; considerable œdema of right arm on which she lies; great œdema of legs, which were punctured, and gave off much serum with some relief. ℞ Ext. aconit. alcohol. gr. ½, to be given three times daily in form of pill.

22nd: No pulse to be felt; pain over heart and also in right side posteriorly; base of right lung somewhat dull, with crepitus; systolic murmur *only* audible; second sound reduplicated at midsternum.

23rd: Patient is sinking; no pulse; respirations 18 in the minute; great venous pulsation in neck; hands icy cold.

24th: Respirations 15 per minute; is unconscious; face livid.

25th: Coughed up some dark clotted blood last night; still unconscious; respirations 15.

26th: Died at two o'clock this morning.

Autopsy nine hours after death.—Face, trunk, and extremities livid and œdematous. Both lungs emphysematous; lobular apoplexy of both apices, more extensive in right, and also in both bases; in left base a group of emphysematous air-sacs, the size of a large walnut, projects from the surface of the lung, and is filled with dark solidified blood; surface of lungs is slate-coloured in site of apoplectic effusion. About six ounces of serum were found in the pericardium. The heart was greatly dilated owing to distension of its right cavities, which contained a vast quantity of dark currant jelly-like blood; right auricle and ventricle much dilated, and tricuspid orifice so large that the five fingers might be passed through it with ease; the anterior and left segment of the tricuspid valve presented upon its edge several warty growths of minute size but firm consistence; a few vegetations of a

similar kind were likewise found on its posterior segment. The walls of the right ventricle were somewhat thickened (being five-sixteenths of an inch); the left auricle was much dilated and its walls thickened; the pulmonary veins were not dilated. The mitral orifice consisted of a funnel-shaped passage formed by the agglutination of the segments of the mitral valve, and projecting into the left ventricle. This passage is an inch and a quarter long, and so narrow at the end as barely to admit the point of the little finger. The segments of the valve, as likewise the chordæ tendineæ, are much thickened. A fragment of solid fibrin, of a quadrilateral figure, was attached by one of its edges to the auricular aspect of the mitral valve in such a manner that it must have been displaced over the orifice during the passage of the blood from the auricle into the ventricle.

The left ventricle was contracted and of normal thickness.

The sigmoid valves, both of the aorta and pulmonary artery, are in a healthy state; there is slight atheromatous degeneration of the coats of the aorta above the valves.

In this case the diagnosis of mitral contraction was made and confidently announced on the 16th of December, the day on which the præsystolic apex-murmur was first distinctly recognized.

Dilatation of the right chambers of the heart and tricuspid regurgitation were declared present on the day of the patient's admittance into hospital. Pulmonary apoplexy was identified a short time before the patient's death.

I have given you the details of this case, because it is a typical example of the particular form of disease of the heart which it exemplifies, with the clinical history of which you should be acquainted. It was submitted to the Pathological Society of Dublin, together with the morbid specimens which are now before you, on the 28th of January, 1865, and will be found fully reported in the *Dublin Quarterly Journal* for November of that year.

Case 2.—Ellen D., aged 30, mother of five children, admitted into hospital January 10, 1865. A fortnight after her last confinement, which took place a fortnight ago, had a "fit," during which she was unconscious, and on recovery found she had lost entirely the use of the right arm, and partially also that of the lower limb of the same side; sensibility is only impaired in both limbs; the mouth is slightly drawn towards the left side; pulse 102, weak, and remarkably irregular, as is likewise the heart's action, which is, however, unattended with murmur.

14th: Second sound of heart doubled.

February 1st: A loud rough murmur immediately precedes the first sound, which is unaffected; second sound double. Patient remembers now that seven or eight years ago she suffered from palpitation after exertion; has never had rheumatism or spat blood; no œdema in any part of body.

10th: Pulse 84, irregular and failing. Left hospital on 26th February much improved in general condition, but without any improvement as regards the paralysis. The treatment in this case consisted in the administration of bichloride of mercury and iodide of potassium, with the view of promoting resorption of the extravasated blood or cerebral embolus to which the paralysis was attributed; subsequently strychnine was given in one-sixteenth grain doses three times daily.

Case 3.—Jane L., aged 30, mother of four children, living at Stillorgan, visited the hospital dispensary June 14, 1865, complaining of languor and debility. She is pale; pulse 96 and "visible;" respiration natural; heart's action strong; loud rough murmur *preceding* first sound, and confined to region of apex; this murmur occupies latter part of diastolic pause, and ends *at* first sound, which is heard distinctly, unaccompanied by murmur. Second sound is double over apex where it is loudest, also over base and ascending aorta. One of the junior students present who examined the heart remarked that it seemed to him as if there were "three sounds."

Patient had acute rheumatism, engaging knees and elbows, four years ago, but has no reason to suppose that the heart was then implicated. Seven months ago spat about a pint of florid blood, and a little, which was of a darker hue, three weeks since. Slight râle in left mammary region; no œdema or dyspnœa.

June 21st: Patient visited the dispensary again to-day; is much better; pulse 90, full and regular; when heart acts strongly, as after exertion, a jarring fremitus is felt over apex; other phenomena as before.

The treatment consisted in the administration of iron and quassia.

Case 4.—Jane G., aged 34, married, but without children, was admitted into hospital January 26, 1866. Had rheumatic fever when thirteen years old, but has no recollection of heart having been engaged in that attack, and enjoyed good health subsequently; had occasionally had hæmorrhage from the bowels, which she attributes to "piles." Three years ago received from her husband, whilst under the influence of drink, a blow in the region of the liver, by which she was stunned; suffered pain in this situation, and shortly afterwards became dropsical; has not been jaundiced. The feet and legs were greatly swollen, as was likewise the abdomen. The former were punctured, and after a short course of medical treatment she got quite well of the dropsy, and enjoyed comparatively good health till six weeks ago, when she caught cold from wet and exposure during the voyage from Liverpool to Dublin. Shortly afterwards the feet and legs became swollen, and the breathing oppressed.

On admission, the lower extremities were livid and patchy, and enormously distended with serous infiltration. The toes were purple in colour; some apertures had formed spontaneously in the legs, and from these serum exuded. Pulse small and weak, but regular; orthopnœa; lips livid; conjunctivæ injected, and of a purple tint, with an admixture of jaundice; hands and fingers cold and livid; respiration greatly oppressed; jactitation; urine passed in small quantity (not more than three ounces in twenty-four hours, and loaded with bile-pigment).

Owing to the distress which change of posture occasioned, it was impossible to examine the chest posteriorly. It was, however, dull below and in front, and to an extent sufficient to obscure præcordial dulness. Cardiac impulse of ordinary strength and accompanied with slight fremissement. The apex pulsated in the usual situation, and here two distinct murmurs were heard; the first in the conventional order of cardiac phenomena was loud and rough, and *preceded* the first sound by an appreciable interval; it was limited to the area of the apex and *succeeded* by the first sound, which was clear and unattended with murmur; the second murmur was less distinct here, softer and more distant; it was *diastolic* in rhythm, and superseded or replaced the second sound; was loudest at the base, where it was the only murmur distinctly heard, and was traceable upwards in the course of the aorta for about two inches.

Slight disfigurement of hands and fingers from chronic gout, and some serous effusion into peritoneum.

Diagnosis.—Mitral obstruction; partial aortic regurgitation; disease of liver, probably cirrhosis, with effusion into all the serous cavities.

Prognosis in the highest degree unfavourable; death imminent within the next few days.

January 27th: Passed a sleepless night; punctures discharged very little; two patches of gangrene the size of a crown piece, one upon the dorsum of each foot; no radial pulse; great dyspnœa and agonizing pain in the abdomen.

28th: Patient died at half-past one o'clock this morning, having previously thrown up a large quantity of dark coagulated blood.

Autospy ten hours after death by the Resident-Surgeon, C. O'Neill.—Much serous effusion into peritoneum; liver contracted and firm, with thickened capsules; much reduced in volume, somewhat globular in figure, and on

section was found to be in the condition described by Kiernan as that of "portal venous congestion." Spleen of average size, firm and heavy; capsules thick and opaque on convex surface. In the substance of the spleen were imbedded several masses of a mortar-like substance, as large as a bean, perfectly encysted, and consisting apparently of lithate of soda. Kidneys healthy; no evidence of peritonitis. Thorax: a large collection of serum in each pleural cavity; lungs healthy, with exception of bases, which were solid and dull on percussion and opaque on surface, owing to thickening of fibrous investment. On section this portion of each lung was firm, dark red, and did not yield either blood or serum. Pericardium contained about a pint of straw-coloured serum. The surface of the heart was as if universally daubed over with white paint, but polished and glistening; its fibrous envelope was greatly thickened. A flake of white membrane was found floating loosely in the liquid effusion. Heart of average size and consistence. Right auricle contained a large mass of yellow fibrine, ending in a rounded extremity at the auriculo-ventricular opening. Right ventricle of average thickness, somewhat dilated, and containing a few shreds of decolorised fibrine. Pulmonary artery free and healthy. Left auricle somewhat thickened in its walls (see measurements). Left ventricle contracted and thickened. Mitral valve rigid, much thickened, and nearly calcified. The segments were united in such a manner as to convert the auriculo-ventricular opening into a narrow slit-like passage opposing the free entrance of blood into the ventricle, but scarcely admitting of regurgitation. The aortic valves were somewhat thick and rigid, but not in an advanced stage of disease; they permitted the slow entrance of water from the aorta into the ventricle. The lining membrane of the aorta was red and dotted with yellow patches of atheroma.

Measurements of Heart.—Walls of right ventricle 3-16ths of an inch thick at apex, and $\frac{3}{8}$th of an inch in central portion. Right auriculo-ventricular valve consisted of only two segments, the septum of Lieutand being absent.

Left Auricle.—Cavity $2\frac{1}{4}$ inches from septum to outer wall, $2\frac{3}{4}$ inches from superior wall (near appendix) to root of mitral valve, 3 inches from anterior to posterior wall; thickness of walls in sinus, $\frac{1}{4}$ inch.

Left Ventricle.—Cavity, from root of mitral valve to apex, $2\frac{1}{2}$ inches; antero-posterior diameter near attachments of septum, $1\frac{1}{4}$ inch; thickness of walls, 5-16ths of an inch at apex, $\frac{1}{2}$ inch at central portion, $\frac{5}{8}$ inch at base; aorta 1 inch in diameter immediately above valves.

This case admitted of no hope from treatment, which was, therefore, confined to palliative measures, such as brandy and etherial stimulants, warm applications to the feet, occasionally small doses of blue pill and extract of taraxacum, with the view of quickening the action of the liver, and liquid nutriment.

The details of the case, together with the morbid specimens, were laid before the Pathological Society of Dublin on the 3rd of February last.

The next case was complicated with right hemiplegia, atrophy of the lef anterior lobe of the cerebrum, and loss of speech, and has been fully reported in The Medical Press and Circular of May 23, as a good example of aphasia. I will here give only an epitome of the case, dwelling upon those portions of it which have reference to the cardiac lesion.

Case 5.—Jane Q., aged 47, married, and the mother of one child, admitted into hospital March 17, 1866. Health has been good, with exception of a few attacks of rheumatism. On the night of the 27th of last December went to bed in her usual health, and on the following morning was found hemiplegic on the right side, and incapable of uttering a word beyond the monosyllables, "yes" and "no;" there was also paralysis of the right side of the face. At the date of admittance her condition had undergone no change as regards voluntary motion in the right side and the faculty of speech; pulse so weak that it was not calculable at the wrist; counted by the heart it was 160; heart's action most irregular, both sounds morbidly clear, extensively transmitted over the chest, and *unattended with murmur.*

Under date of 23rd March, it is reported in my notes that there had been no radial pulse for the two preceding days, and on the following day (March 24th), the action and sounds of the heart had ceased to be perceptible; patient conscious and can swallow liquids; coldness and lividity of extremities, the latter in patches; died at four p.m.

Autopsy twenty-four hours after death.—It is unnecessary to describe here the condition of the brain, which was of deep interest, and confirmatory of the views of M. Paul Broca as regards the connexion between atrophy of the second and third left frontal convolutions of the cerebrum and loss of speech. The details are given in The Medical Press and Circular of May 23rd, and will be published, together with an admirable woodcut of the brain, in the proceedings of the Pathological Society, to which the case was communicated on the 7th April last. The heart was of average size, the left auricle dilated and its walls hypertrophied (see measurements below), and the left auriculo-ventricular orifice much contracted by cohesion of the segments of the mitral valve.

Left auricle one-fourth of an inch thick at superior and left portion; do., one-eighth of an inch thick in central portion; left ventricle, one half inch thick in central portion; do., one-fourth of an inch thick at apex.

The mitral orifice barely admitted the tip of the index finger. The left lung presented a good example of pulmonary apoplexy. The morbid specimens illustrative of the heart and lung complication are now before you, and I will proceed to make a few remarks on this portion of the case.

I entertain no doubt whatever that this poor woman was the subject of endocarditis, implicating the mitral valve, and causing partial cohesion of its segments in one of her attacks of rheumatism; this was the starting point of her disease and the immediate cause of her death. On the night of the 27th of December, the woman being then in her usual state of health, a fibrinous embolon was, in all probability, detached from the mitral valve, wafted along by the arterial current, and impacted in the left middle cerebral artery, whence the left anterior lobe of the cerebrum and the upper portion of the left motor tract derive their principal nutrient supply; hence paralysis of motion on the opposite side and loss of articulate speech.

It is true that an embolon has not been found, and therefore there is not proof that this was the cause of the symptoms mentioned; still, the sudden occurrence of a *local* cerebral lesion, *not* apoplectic, the patient being in her usual state of health up to the time of its occurrence, taken in conjunction with pre-existing valvular disease due to inflammatory deposit on the arterial side of the heart, will admit of no other solution, and affords circumstantial evidence so strong that even in the absence of the peccant body at the period of death, and of a satisfactory explanation of its disappearance, I am forced to assume its existence on the night of the 27th of December, and for some time subsequent to that date; it may have been disintegrated and have re-entered the circulation in a molecular form; but on this part of the subject I will not further speculate.

The diagnosis of mitral contraction was not made in this case, because the pathognomonic sign of præsystolic apex murmur was not present. This sign, which I believe to be inseparable from mitral constriction, as long as the left auricle contracts with ordinary force, ceases to be developed, as indeed all cardiac murmurs do, some time previous to death, owing to debility of the heart.

In this particular form of cardiac disease it is remarkable, and in my opinion likewise characteristic, how long the patient may exist without a radial pulse. Thus, in Case 1, I find the following remark in my notes on this subject, under date December 17, *forty days* before the patient's

death: "Pulse 102, and so weak the wonder is she is able to stand; yet she walks about the wards and corridors quite firmly, and declares she is better." On the 21st of January neither radial pulse was perceptible, nor was it to be felt at any time subsequent to this date, although the patient lived till the 26th—that is, for a period of *one hundred and twenty hours*, with absolutely no pulse at the wrist.

In the case now under consideration (Case 5) the radial pulse was so weak on the 17th of March (the day of admittance) that it could not be registered; on the 21st, and after that date, there was no radial pulse, yet the patient lived till four p.m. on the 24th—*i.e.*, *seventy-two hours* after pulsation at the wrist had ceased.

The preceding considerations may afford an explanation of the absence of præsystolic murmur in a case of veritable mitral contraction, seen only during the more or less protracted period of profound debility immediately preceding death.

The other signs and symptoms characteristic of mitral contraction were present in the case under notice, but obscured by the more prominent symptoms arising from the cerebral lesion; thus, the pulse was flickering and intermittent, and ultimately failed altogether some time before death; there was comparatively little venous engorgement or lividity of the surface or extremities, such as are witnessed in patients suffering from mitral regurgitation, for the obvious reason that the circulation by the arteries being in defect, the systemic veins were consequently not surcharged with blood, as they are in the last-mentioned form of disease. This difference is probably due to the fact, that in mitral regurgitation the left ventricle is in a state of hypertrophy, and therefore acts with compensatory force upon the column of arterial blood escaping by the aorta, whilst at the same time it exercises an unwonted back pressure upon the pulmonary circulation through the patent mitral orifice, and thus upon the venous side of the heart, whereas in mitral contraction left ventricular hypertrophy does not exist, and mitral patency, if at all, only in a very moderate degree. Consequently the pressure upon both ends of the circulating column is much less, and the volume of blood escaping by the aorta being already much reduced, the pulse is small and faltering, and reflux upon the lungs, and through them upon the right side of the heart, is less in quantity and in force.

For the reasons just given respiration is much less embarrassed, and dropsical effusion less general and less considerable in mitral obstruction than in mitral regurgitation; but whatever the cause may be the fact is as now stated.

The action of the heart in cases of mitral contraction is likewise peculiar; it is quick, weak, markedly irregular, and of the "tick-tack" character; and the sounds are sharp and propagated to a great distance over the chest. The second sound is also not unfrequently *reduplicated;* this occurred in at least two of the cases in the present category. It is not easy to explain this phenomenon; the most rational view consistently with our present knowledge is that which attributes it to a want of synchronism in the closure of the aortic and pulmonic valves. In mitral contraction the great difference in tension of the aorta and pulmonary artery may cause a corresponding difference in the period of closure of the two sets of valves.

The last case I shall submit to you has been recently under your observation, and therefore you will remember all the particulars connected with it.

BELFAST BRANCH OF THE ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.—Dr. Browne, R.N., the treasurer of this branch of the above society, thankfully acknowledges to have received the sum of £5 as a subscription from the Marquis of Londonderry, per James Brownlow, Esq., J.P.; and of £2 4s. from Dr. A. A. Stewart, Staff-Assistant-Surgeon, Fort Victoria, West Coast of Africa, per Dr. R. Stewart, hon. secretary.

CASE OF HÆMORRHAGE FROM THE RECTUM.

By GEORGE W. BALFOUR, M.D., F.R.C.P.E.

ON the 17th of March last I was requested to see a young man, aged 21, formerly robust and healthy, never having had a day's illness, but now feeble, anæmic, and confined to bed from pure debility. He stated that he had just returned from London, having been unable to keep his situation there from continually increasing weakness, that for six months past he had lost blood daily at stool, and this drain was, so far as he knew, the sole cause of his debility. I ascertained that he had only one stool every day, in the morning, but that after it a quantity of bright red blood, amounting usually to about two ounces, escaped and coagulated in the pan; the stool was rather small for a man of his build. He had no piles, either external or internal, and there was apparently nothing to account for this debilitating hæmorrhage. I requested my friend Mr. Annandale to see him with me on the 23rd; he made a most careful examination of the rectum, but could discover nothing wrong, either internally or externally, except a slight natural—by no means spasmodic—stricture of the sphincter. Recalling to my mind the interesting observations made by Mr. Syme on hæmorrhage from the rectum in his "Clinical Observations on Surgery," Edin., 1861, and in particular the remarks he has made at p. 85 upon this apparently natural peculiarity as one cause of such hæmorrhage, Mr. Annandale proposed to divide with a bistoury the mucous membrane of the bowel, with a few of the internal fibres of the sphincter; this was accordingly done at once, and a piece of lint put between the lips of the wound. My patient's bowels were moved the next day without medicine, and—with the exception of a streak or two from the wound—without hæmorrhage for the first time for six months. In the course of a few days the little wound was entirely healed, and a satisfactory stool continued to be passed without any blood till the 13th April, when a teacupful of blood was passed immediately after his stool. On the 14th a similar quantity of blood was passed in a similar manner, and I asked Mr. Annandale to see him with me next day. On the 15th a mere trace of blood was passed along with the stool, and on a careful examination by Mr. Annandale the incision was found perfectly healed, and everything else normal. Mr. Annandale then informed me that Mr. Syme had occasionally observed a slight recurrence of the hæmorrhage at irregular intervals after the performance of this operation in similar cases, these hæmorrhages, however, having no detrimental influence on the ultimate success of the operation, and he suggested that such might be the case in regard to this patient. I am glad to say that this has been the actual result, and that my patient has, up to this date (June 12), had no recurrence of hæmorrhage, that his health is now completely restored, and that he is now prepared to return to business, with his strength perfectly renovated.

No explanation has been ever attempted to be given of this remarkable peculiarity, this curious dependence of hæmorrhage upon a conformation so slightly abnormal. It is difficult, indeed, to see how this remarkable phenomenon could be explained, and it is indeed fortunate for our patients that no explanation is required. The practical sagacity of Mr. Syme has empirically solved the difficulty, and placed in our hands a remedy at once simple, easily applicable, and successful, and I have much pleasure in recording, for the benefit of other sufferers, so remarkable and successful an instance of such a simple cure for an affection so debilitating, and so certain, if unrelieved, of proving ultimately fatal.

18, Lynedoch-place, Edinburgh.

ALUMINIUM.—A trial has just been made at Florence of a cuirass in aluminium, which is as light as an ordinary waistcoat, nearly as flexible, and capable of turning a musket ball fired at the distance of thirty-eight paces and of resisting a bayonet thrust from the heaviest hand.

Hospital Reports.

MERCER'S HOSPITAL.

CASES OF LOSS OF SPEECH (APHASIA) WITH HEMIPLEGIA.

(Under the care of Dr. MOORE.)

OCCASIONAL TOTAL SPEECHLESSNESS—IMPERFECTION OF SPEECH AT ALL TIMES—RIGHT HEMIPLEGIA.

[Reported by Mr. ALBERT F. L'ESTRANGE.]

Case 1.—Frederick H——, aged 29, a shoemaker by trade, was admitted into Mercer's Hospital on the 14th March; his face was pale and puffy looking; his right pupil more dilated than the left; his voice was thick and he spoke slowly and drowsily, and as if he had not control over his tongue, and he was occasionally at a loss for a word. He had manifest loss of power over the right leg and the right arm, and betrayed great emotion on being asked as to the duration of his illness, &c.

He stated that about two months before his admission, whilst at work, he was suddenly seized with severe headache; this passed off, but ere long was followed by pain down his right side and leg; he attempted to rise from his seat and in doing so fell. On being assisted, his legs refused to support him, and he had total loss of power over the right arm. He could not see with the right eye; and on being spoken to by his wife he was unable to articulate a single word, although perfectly conscious that he was spoken to. In this speechless condition he remained for two hours. After the lapse of some days he regained comparatively the use of the right arm and leg, and his power of speech. About a week after this attack he again felt a quivering sensation in his lips and sense of uneasiness generally, which he attempted to battle over, as he said, by going into the air. This restored him somewhat, and he went into an adjoining shop to buy a weekly newspaper, but on arriving at the counter was unable to ask for it or articulate a single word, although he was perfectly conscious all the time what he wanted. In about fifteen minutes he again recovered his speech. His muscles generally were flaccid, and his heart's action very feeble; he suffered from constipation. His urine was slightly alkaline, but contained no albumen; its specific gravity was 1016. His father and mother are both alive and in good health, and all his brothers and sisters are healthy. During his stay in hospital he had no return of the total aphasia; but his speech was drowsy and interrupted, whilst no improvement was perceptible in the hemiplegia.

IMPERFECTION OF SPEECH—MISPLACING WORDS—LOSS OF MEMORY—RIGHT HEMIPLEGIA WITH DEVIATION OF THE EYES.

Case 2.—Joseph ——, aged 55, a carpenter by trade, was admitted into Mercer's Hospital on the 5th March last suffering from paralysis of the right half of the body. He appeared flushed, and the temporal arteries in both sides were very visible, more especially the right; his mouth was drawn to the left side whilst the tongue, when protruded, pointed towards the right side. He had lateral deviation of the eyes to the left side, but no abnormal condition of the pupils; the paralysis of motion of the right side was complete, and his speech was quite unintelligible. After some days he was able to give the following history of himself:—About a year and a half ago, whilst engaged in building a house in Drogheda, he suddenly felt heavy, fatigued, and unable to continue his work; next day he was worse, his vision having become indistinct and his speech affected. On the third day, not feeling better, he set out for Dublin, and whilst in the train was seized with violent headache and vomiting, and with difficulty could distinguish the passengers in the carriage with him. He underwent some active treatment at this time, but although he improved, and was able to resume his work after some time, still his powers of calculation and memory generally were seriously impaired; for instance, he would frequently take up a tool and forget what use to make of it, and he would occasionally transpose or misplace words and names. On the 2nd of March last he was seized with loss of power of the right side, accompanied by loss speech as already described. He confesses to have been a hard drinker, having had syphilis and a heavy fall on his head some years ago. His head was shaved, and a blister applied over the vertex. He got one-sixteenth of a grain of biniodide of mercury in syrup of bark three times a day, and the vesication was kept up. In a few days his speech was comparatively restored, but still he spoke drowsily, and at the end of a fortnight he left the hospital, the paralysis of motion of the right side being barely perceptible.

EPILEPTIFORM CONVULSION—RIGHT HEMIPLEGIA—APHASIA.

Case 3.—James D——, aged 40, was admitted into Mercer's Hospital in November last. He was completely hemiplegic on the right side, and there was partial anæsthesia. At this time he was speechless, but when spoken to he seemed to understand what was said to him, being at the same time unable to repeat a single word, even when called into his ear. After a few days his efforts to speak might be best described as "an incoherent jumble;" still later he could say some words intelligibly, others he would attempt, and give them up in despair, then he would misplace them, and be perfectly conscious of having done so. Finally he left the hospital, speaking slowly and drowsily, but yet he could be understood. The treatment employed in this case (and which was repeated) consisted of blisters over the vertex, with the internal exhibition of iodide of potassium.

HEMIPLEGIA OF LEFT SIDE—NO IMPERFECTION OF SPEECH.

Case 4.—Jane McG——, aged 62, was admitted into Mercer's Hospital in March, 1866. On admission she had complete loss of power of the left side, but her speech was intact.

Dr. Moore, in commenting on the above cases, observed that the subject of aphasia (or loss of speech) accompanying right hemiplegia (disease of the left half of the brain) was engaging a great share of attention whilst it was found that left hemiplegia (disease of the right half of the brain) does not entail such a phenomenon, and such a result the above cases go to prove.

He dwelt on the pathological researches of Sanders and others, which fix the seat of this lesion in the external left frontal convolution of the brain, where the anterior lobe meets the middle lobe, immediately on front of the fissure of Sylvius; and he concluded his remarks by stating that his late distinguished colleague and accomplished physician, Dr. Jonathan Osborne, had contributed a most valuable memoir on this subject to medical science nearly half a century ago.

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY.

CASES UNDER THE CARE OF MR. PORTER,

SENIOR SURGEON TO THE HOSPITAL.

[Reported by ARTHUR WYNNE FOOT, M.D.]

(Continued from page 655.)

FRACTURE OF THE INFERIOR MAXILLA.

Case 21.—During the present month a cab-driver, 20 years of age, applied at the hospital for advice about an injury of his lower jaw, received on the previous night by a fall from his cab while in a state of intoxication. examination, a fracture was discovered about a quarte an inch to the left of the symphysis menti. He was in

pain; the pain was aggravated by attempts at mastication. There was slight irregularity in the line of the teeth at the injured side of lower jaw, with some mobility of the parts, and crepitus; increase in the flow of saliva was not noticed. The adjacent teeth on either side of the line of the fracture were fastened together by a metallic ligature; a gutta-percha splint, neatly moulded to the part, and padded with lint, was applied to the lower border of the chin and along the body of the jaw, and kept in position by means of a double-headed roller, with a split in it for the chin.

Mr. Porter remarked upon the great degree of direct violence generally necessary to cause fracture of this bone, the strongest of the bones of the face; upon the situation of the fracture in this case, which was that where the bone is most usually broken in adults—between the symphysis and the insertion of the masseter muscle; upon the propriety of speaking of fractures of the lower jaw as compound, laceration of the gums or mucous membrane of the mouth almost always allowing of the access of air in some degree to the fissure; and upon the advantage of securing steady apposition of the adjacent teeth by metallic in preference to silken ligatures—a practice known to and approved of by Hippocrates.

HYDRARTHROSIS AFFECTING THE KNEE-JOINT—TREATMENT BY PRESSURE.

Case 22.—A delicate-looking girl, 18 years of age, was admitted into hospital the first week in June with a chronic effusion in the right knee-joint. The cause of the accumulation of fluid was obscure, there being no history of injury, acute inflammation, or of rheumatic or strumous affection of the joint. The knee was observed to "swell" three years ago, and had been of its present size for at least a year. Fluctuation was very distinctly obtained, the patella was floated out forwards, away from the femoral condyles, extension of the leg was performed with difficulty, unless with the assistance of the left foot, from the partial displacement forwards of the great extensor tendon and its sesamoid bone by the effusion into the joint and into the sub-crural sac above the knee-joint. There was no change in the skin, nor was pain present to any great degree. Comparative measurements made on the 7th of June were as follows:—

	Sound.	Morbid.
Above patella ...	13¾ ...	16½ inches.
Across ,, ...	13⅞ ...	17¼ ,,
Below ,, ...	13 ...	13¼ ,,

Upon the same day, the parts having been sponged with camphorated spirits, the emplastrum ammoniaci cum hydrargyro, spread on holland, was tightly applied in strips over the swelling, and the parts of the limb immediately above and below it; and she was prescribed iodide of potassium, with liberal diet and strict rest. Ten days afterwards, when the strapping, now become loose, was removed, the comparative measurements were:—

	Sound.	Morbid.
Above patella ...	13¾ ...	15¼ inches.
Across ,, ...	13⅞ ...	16¼ ,,
Below ,, ...	13 ...	13 ,,

Fresh plaster was applied immediately as before.

Mr. Porter drew attention to the position of the patella as a diagnostic mark between synovial and bursal effusions, to the many evidences of the passive chronic nature of the effusion, indicating some latent constitutional cause for the morbid condition, and alluded to the various methods of treatment remaining in reserve should pressure prove too tedious or ineffectual, such as vesication, puncture, and injection of the synovial membrane of the joint.

TUMOUR INVOLVING THE OPTIC NERVE—PROTRUSION OF THE GLOBE—AMAUROSIS—EXTIRPATION OF THE EYEBALL.

Case 23.—A young woman, 24 years of age, was admitted with her right eyeball protruding from the orbital cavity, so much so that the upper eyelid frequently slipped behind the summit of the globe, becoming locked there, and giving rise to a very uncomfortable sensation of the eye "being out on her cheek," until she pushed the ball backwards with her finger, when the lid could be returned to its place. The tarsi could not be brought into contact. The ball was directed downwards and outwards, the pupil fixed midway between dilatation and contraction. She was, moreover, blind, and had been so for four years. The eyeball commenced to come forwards about the time she lost her sight. She did not become suddenly amaurotic, but described her sight as "stealing away." She had latterly been subject to hemicrania on the same side, feeling as if she received a sudden blow from a stick on the right side of the head, and sometimes as if "something started in that side of her head." There were no subjective phenomena of colour or vision in the eye; the globe was not itself enlarged, nor its motions impaired. The conjunctiva was not very much injected. The lids were uninflamed. The other eye was healthy and natural in all respects. There was no affection of the heart or thyroid body.

With the view of replacing this useless organ by a glass eye, and of relieving her from a source of constant distress, disfigurement, and alarm, Mr. Porter removed the globe, having first made an exploration of the post-ocular region.

On removal, the globe of the eye was not found to be enlarged, nor the orbital fat in excess, but an irregular shaped, soft pinkish mass closely surrounded the optic nerve as it penetrated the fundus of the globe, the tumour being at this place so identified with the nerve as to be inseparable from it. The growth was not a vascular one, nor did it present the physical appearances of encephaloid disease, while its colour and situation excluded the probability of its being any other form of cancer. Microscopic examination of the tumour resulted in some contrariety of opinion as to its malignant or non-malignant nature, but as the specimen is still under examination its structure will no doubt be ascertained.

RICHMOND, WHITWORTH, AND HARDWICKE HOSPITALS.

DR. LYONS'S CLINIQUE.

MISCELLANEOUS NOTES.

Scarlatina and Rheumatic Arthritis.—Mary Jane Coleman, aged 14, was admitted into the Hardwicke Hospital on the 25th May, 1866, under Dr. Lyons's care. On admission she had violent pain in the head and back, and but slight sore throat, and a dusky hue of skin, partly due to defective ablution. On the following day well-marked scarlatinal eruption made its appearance on the chest, arms, and legs. She was placed on three-grain doses of the chlorate of quinia, with perchloric acid. Under this treatment she steadily convalesced. When about two days up she was attacked with pains in several joints, and soon exhibited well-marked phenomena of rheumatic arthritis, which affected both knees, the ankles, and some of the minor joints. She was placed at once on the triple combination of potash salts (carbonate, acetate, and nitrate of potash in infusion of gentian) usually employed in Dr. Lyons's Clinique. The joints were carefully poulticed with chamomile flowers and poppy heads, and small doses of opium were given at intervals, to allay pain and procure sleep. This case progressed most favourably, the patient being fully convalescent in eight days, and she was shortly after discharged, the heart remaining perfectly intact.

The association of the rheumatic condition with that of scarlatina, which is occasionally witnessed in these countries, is more familiar to observers in the East and West Indies, some of the southern states of North America, and the ports which border the Gulf of Mexico. It has been witnessed in New York, and in the eastern hemisphere at Calcutta, Rangoon, and other British stations. Under the

name Dengue, or Scarlatina Rheumatica, it has on many occasions and in many of the localities above cited exhibited a very manifest epidemic tendency, and has usually been regarded as infectious. Painful swellings of the smaller joints, and occasionally of the testes, and the lymphatic glands in the neck, axilla, and groin, are observed to arise in connexion with the red rash and sore throat of scarlatina. In this form of affection the rheumatic diathesis and the scarlatinal malady co-exist and proceed *pari passu*. In this point of view the rheumatic affection stands in a somewhat different relation to the specific pyrexia in the class of cases to which that just cited from Dr. Lyons's Clinique, as well as those usually observed in these countries and on the continent of Europe, ordinarily belong. In this latter form, the rheumatic affection usually occurs as a sequela of the scarlatina, but the pathological relation of the two maladies is perhaps not for this reason the less clear. The not unfrequent occurrence of cardiac complication in scarlatina (ordinarily in the form of pericarditis), with or without distinct arthritic affections, is worthy of note in considering the pathology of the disease and its affinities with other morbid states.

Scarlatina with mixed eruption.—A boy, aged 12, was admitted into the Hardwicke Hospital with mild sore throat and an eruption of an obscure and somewhat complicated character. A general dusky-red tint pervaded the entire skin, and mixed therewith was observable to the sight and touch a vast number of thickly-set, very minute pustules, granular in the feel which they presented to the hand when passed over the surface, and, when viewed closely, exhibiting minute yellowish-white points of partially concreted purulent matter. It was a point of some difficulty, as well as interest, to decide at once what the nature of the affection was. Having regard to the presence of sore throat, though in very mitigated form, and the claret colour of the fauces and tonsils, and bearing in mind other complicated and anomalous form of the disease which he had previously seen, Dr. Lyons came to the conclusion, that the case was one of scarlatina in which the proper eruption of that disease was to some extent masked by the occurrence of a minute pustular eruption. This diagnosis was confirmed by the more full development of the scarlatinal rash on the following days, when it went through its ordinary course to desquamation, outstripping the slower progress of the minute pustular eruption, which took many days to maturate and fade. In ordinary cases the diagnosis of the eruptive fevers is not attended with difficulty, but few practitioners of experience can have failed to meet cases in which an absolute diagnosis seems at times impossible. Dr. Lyons, in commenting on this case, alluded to one in which for days successively there was an alternation between the phenomena of measles, scarlatina, and the very earliest stage of the small-pox eruption, and the case wound up favourably without its being possible to assert in a positive manner whether the malady had been measles or scarlatina. Similar cases have been observed by other practitioners.

Chronic Pericarditis.—A brief note of the following somewhat anomalous case may be found worthy of record. The patient, a man aged 60, was admitted to the Whitworth Hospital labouring under phlegmonoid erysipelas in both legs. He was in a very low asthenic condition, and required careful support and full stimulation, besides which repeated free incisions were made to give exit to large collections of purulent matter which formed at intervals in both lower extremities. Under this treatment the patient improved slowly, but when partially convalescent he was suddenly seized with an attack of vomiting at night, and threw up a considerable quantity of purulent matter mixed with blood. Extensive muco-crepitating râles were now audible through the anterior part of the left side of the chest, and sweats at night continued for a considerable period. No complaint was made of any symptom referrible to the heart, but in the course of a very careful clinical examination Dr. Lyons discovered the presence of an exceedingly well-marked double friction sound of rough character in the præcordial region, audible over a space a couple of inches square, centering in the sternal attachment of the fifth left costal cartilage. The pulse was 140 per minute, and it may be mentioned that a marked atheromatous condition was observable in both radial arteries; in the right, about an inch and a half of the vessel presented a peculiar and regular moniliform or minutely-beaded character sensible to the finger lightly passed over it; the left presented two or three somewhat sharp spicular elevations on being particularly prominent. The further details of this case may be shortly summarised. The patient convalesced gradually, acquired a very fair amount of health and strength, but two phenomena remained persistent during the many weeks he remained in hospital. The double pericardiac friction continued undiminished in intensity, but the patient was totally insensible of any pain, distress, or other symptom whatever referrible to the heart, and the pulse continued to range from 140 to 145. To this state the patient showed complete indifference, and having convalesced to his own satisfaction he insisted on leaving hospital, the cardiac sounds and pulse rate persisting as above described.

Acute Pericarditis, uncomplicated, latent throughout, fatal.—This case may be cited as an example of the extremely insidious and fatal character of pericarditis under certain circumstances. The patient, a girl aged 22, after exposure to cold winds, was found to exhibit acute pericarditis, under which she laboured for two days incessantly, and walked some distance to town. The pulse was 130, friction sound well marked, and no sense of pain complained of. The pulse rose day by day till it reached between 150 and 160, and, despite active treatment, she sank on the 8th day with symptoms of purulent absorption, the lymphy exudation having become transformed into pus.

Cerebro-Spinal Arachnitis of about forty days' duration; recovery.—H. B., aged 22, a previously healthy young man, was admitted to the Hardwicke Hospital on May 13, 1866. His occupation, that of assistant in a mineral water manufactory, exposed him to a draught playing with some force through a gateway behind his back. He was somewhat suddenly seized on Friday, the 10th of May, the day of his attack, about three p.m., with pain in the neck and head. He at once came home and went to bed, and next morning found his neck quite stiff and painful and his head drawn back with inability to move it forward without inducing severe pain. The day following he was delirious, violent, and got out of bed, and could with difficulty be controlled and got back to bed. When seen after admission he was rational, but complained of violent pain in his head, which was retracted and could not be drawn forward without causing intense suffering, and in fact could not by any means be forced forward so as to perform the ordinary nodding motion. From this time forward his complaints had chiefly reference to his head, in which he suffered almost unremitting pain both day and night, much aggravated, however, during the latter interval, and over which remedies seemed to have but little control. Leeches were applied to the temples in repeated relays; in all, over twenty leeches were thus employed. The head was shaved and blistered, persistent attempts were made to bring his system under the influence of mercury, but without the smallest result; he was then treated with belladonna externally and internally. Three grains of the extract were ordered to be made into twelve pills, one to be taken every three hours; he took, in all, six grains of the extract, and he himself attributes more efficacy to this than to any other of the remedies employed, with the exception of the leeches, in which he had persistent faith throughout, and repeatedly when at his worst craved their renewed application. He was, it should be observed, carefully fed and his strength supported, and after the lapse of about three weeks a certain amendment was observable, the pulse sank to about 70, the rigidity of the deep muscles of the neck subsided, and he was enabled to nod his head forward with little or no pain. Intense pain in the head at night was, however, still the subject of con-

stant complaint, and a new and formidable symptom began to make its appearance. It was observed that the right pupil was slightly dilated, and slight impairment of vision in this eye was elicited on close cross-examination of the patient. The inequality of vision might have readily escaped notice but for the close surveillance that was maintained in regard to everything concerning so obscure and interesting a case. The impairment of the ciliary muscles was best evidenced by the following expedient adopted by Dr. Lyons to test the action of the iris. When the eye was covered with the hand for half a minute, and the pupil then allowed to dilate, it recovered its normal dimensions sensibly more slowly than that of the corresponding eye. This condition continued for a period of at least ten days, with persistent suffering from headache on the part of the patient, loss of sleep at night, and a state of things which promised but ill for any chance of ultimate recovery. Slowly, however, under the persistence of the treatment mentioned, the patient began to convalesce, the pupil gradually regained full power, headache diminished and finally ceased, and the patient is now convalescent. The total duration of the case was upwards of forty days.

The well-marked affinity with this case, that of a boy aged 12 years, in the same ward, may be mentioned. At a future period we trust to report a full history of his condition.

Syrup of the three Phosphates of Iron, Quinine, and Strychnia. —At the suggestion of Dr. Lyons, Messrs. Graham have had made, by Serjeant Moss, two preparations of this combination. The stronger contains two grains, and the weaker *one* grain of the phosphate of iron, the latter more suitable for cases in which it is desired to administer the iron salt more sparingly.

Foreign Medical Literature.

TWO CASES OF TUMOUR OF THE BRAIN, WITH REMARKS ON THE CONNEXION BETWEEN CEREBRAL TUMOURS AND AFFECTIONS OF THE RETINA AND OF THE OPTIC NERVE.

By W. KOSTER.

Translated from the *Nederlandsch Archief voor Genees- en Natuurkunde*, 1e Deel, 4e Aflevering, Utrecht, 1865.

By WM. DANIEL MOORE, M.D.Dub. et Cantab., M.R.I.A.,
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(Continued from page 658.)

b. *Echinococcus lobi postici hemispherii dextri. Syncope and convulsions. Blindness from inflammation of the optic nerve and retina.*

Bothsie V., aged 20, born at Heeg, in Friesland, presented herself on the 24th September, at the Netherlands Hospital for Diseases of the Eye, on account of great diminution of the power of vision. She had formerly enjoyed good sight. For the last six months the power of vision had gradually diminished, with such symptoms as violent headache, through the whole head, and great photopsia. For the last three months she has occasionally suffered on an average once in ten days, from attacks in which she falls powerless, without loss of consciousness.

She is a well-made person of middle height, pale complexion, her face is swollen; features quite devoid of expression. Her eyes are wide open, the pupils are large and little movable. The vision of the right eye is 2-200ths, of the left 10-200ths (that is, with the right eye letters can be distinguished at two feet, with the left at ten feet, which the normal eye distinguishes at 200 feet). The field of vision is in both eyes very much limited concentrically. On examination with the ophthalmoscope the media are found to be quite transparent, but on the other hand there is considerable change of form of the papillæ nervi optici. These have quite lost their distinct boundary, coalesce in a diffused manner with the retina, which near the papilla is irregularly spotted and turoid, and are evidently swollen, their surfaces projecting more anteriorly than the other parts of the retina. Their colour is red, and in the erect as well as in the inverted image when strongly magnified, a number of radiating little vessels are distinguishable. The large vessels near the papilla are very tortuous, alternately dark and pale, the retina is here thick and irregularly transparent. In the yellow spot, especially in the right eye, a group of glittering white spots is perceptible, forming a bright white spot about equal in size to the yellow spot.

This form of neuritis n. optici was precisely that which occurs with tumours of the brain, as it has been repeatedly described by von Graefe. The peculiar attacks too confirmed the diagnosis of tumor cerebri. Syphilitic retinitis, or retinitis from Bright's disease, were also thought of. But from the history communicated by her medical attendant, it appeared that lues was out of the question, nor did any symptom exist indicative of it. The investigation respecting Bright's disease, to which the patient's appearance gave rise, was completely negative: no trace of albumen was found in the urine on repeated examination, neither did the other organs present any abnormity.

The patient was taken into hospital in order to be kept under observation. She was put upon treatment consisting in the employment of Autenrieth's ointment to the neck, and stimulating friction around the eyes; internally small doses of corrosive sublimate were given. In the attacks of violent headache cold water and sometimes ice were applied to the head. Thus she continued in hospital from the 24th September to the 17th October. During this time the power of vision diminished only slightly; she was, however, dull and depressed, and complained more and more of headache. The attacks of photopsia had not recurred; the papilla of the optic nerve was less red; the fits were more frequent and of longer duration; in them she fell down suddenly and appeared quite unconscious, although she subsequently said that she remembered very well what had happened to her; she was then put to bed and continued for some time oppressed with quick breathing, cyanotic colour and scarcely perceptible pulse. While she lay in bed, too, she was sometimes seized with an attack.

On the 17th October, the physician was called in the morning, because an attack appeared to last unusually long, and the respiration became quicker and shorter. When he arrived some moments later, she was already dead.

The post-mortem examination took place on the 18th of October, and, with the exception of the contents of the skull, no abnormity was found in any organ. The dura mater was loosely attached to the thin cranial bones. The convolutions of the upper surface of the brain were strongly compressed. The pia mater and the cerebral mass itself, however, contained a moderate quantity of blood; the parts at the base of the skull were normal, but appeared slightly flattened.

On the infero-posterior surface of the posterior lobe of the right cerebral hemisphere a swollen spot immediately caught the eye, in which fluctuation was perceptible, and where, moreover, fluid was distinctly visible through a very thin layer of the surface of the brain. The first impression was that a very high degree of hydrops ventriculorum was present.

The cerebral mass was cut into in layers at the under surface of the right posterior lobe, whereby we soon came upon a whitish tolerably resistent sac, surrounded by the white substance, but in the place already mentioned lying nearly at the surface. The cerebral mass was only loosely

connected with the upper surface of the sac, and could be detached from it with the handle of the scalpel.

The sac was cut into, and the fluid discharged was collected. The latter was clear as water; but in the portion which flowed out last a great number of white points were seen. The quantity of fluid thus collected amounted to upwards of 105 cubic centimètres. The nature of the new formation was at once evident from microscopical examination of one of the white corpuscles floating in the fluid: it consisted of a great number of well-marked *echinococci* loosely connected by a mucous mass.

On the inner wall of the sac great numbers of such round white corpuscles were seen to hang, as, after being separated, floated about in the fluid. Each of these collections of echinococci were from one-half to one and a half millimètres in diameter. The wall of the sac, subsequently dried and examined in sections, was rather more than a millimètre in thickness, and consisted of the ordinary multiple very firm layers, while internally the softer blastema layer occurred, from which, over the whole upper surface, the colonies of echinococci were developed.

Microscopical examination exhibited no other morphic constituents in the fluid. The chemical investigation was performed by Dr. Brondgeest. The fluid was clear, slightly viscid, had an alkaline reaction; its specific gravity was 1·0083, when evaporated at the temperature of 217° F., it left 1·5 per cent. of solid constituents. Neutralized with acetic acid it became rather turbid, and it yielded, when boiled with a trace of nitric acid, a flocculent precipitate; it was also precipitated by metallic salts and ferrocyanide of potassium when previously acidified (albuminous matters). An alkaline solution of copper was reduced by boiling; caustic potash and soda when boiled with it gave a brown colour (sugar). Boiling with chloride of iron gave rise to a brownish-red colour (succinic acid?). No cholesterine could be discovered.

The eyes and optic nerves were taken out, and were partly prepared for subsequent investigation, partly examined in the fresh state. From accidental circumstances, however, the examination was very imperfect.

The optic nerves, examined in sections taken both at the distance of the eye and in the neighbourhood of the sclerotic, both after being dried and after being hardened in chromic acid, exhibited no abnormity (Donders and Koster). The right eye was hardened in chromic acid, and exhibited on section a considerable swelling of the papilla of the optic nerve, passing equally on both sides into the surface of the retina. Some time later the retina was so brittle that no complete sections of it could be made. So far as they were obtained, it appeared that in front of the equator it was normal, and behind the equator it was here and there irregularly swollen, while precisely in that situation the elements of the different layers, the fibrous layer excepted, seemed less circumscribed.

A number of such sections, decolorised by soda, exhibited neither granular cells nor fatty metamorphosis. In the left eye, on the contrary, the examination of which was begun in the fresh state, a white coloration was seen at a distance of 3½ millimètres from the papilla, which, brought under the microscope, exhibited on one side an imperfect, partly double circle of granule-cells, of about 1½ millimètres in diameter, apparently situated deep under the surface. Issuing from the swollen papilla, the bundles of nerve fibres were seen with extraordinary distinctness spreading like a plexus on all sides; the fibres swollen, partly in a varicose, partly in a general manner, were easily isolated. The connective tissue was increased. The elements of the other layers exhibited also the larger and smaller bloodvessels, locally isolated, no abnormity. A portion of the retina was dried with the other membranes, and rather long after, it is true, was examined in sections. But that without the fibrous layer no extraordinary morbid changes existed, appeared satisfactorily, and in a hundred sections in different directions not a single granule-cell was seen. The changes seemed, therefore, to be restricted to the above-mentioned circle. In order to trace their situation and their connexion to the elements of the retina, the preparation made, which was kept in glycerine acidified with acetic acid, was sacrificed. In this mode it was discovered that the granule-cells were situated under the fibrous layer, firmly enclosed in and difficult to be isolated from compact granules (most probably from the most external granular layer). To which elements of the retina their development was referrible could no longer with certainty be determined. The great firmness exhibited by the fibres of the fibrous layer in this preparation was remarkable. They suffered themselves, as it were, spontaneously to be isolated through a great extent, and exhibited in part a remarkable and extensive fusiform swelling, in part the ordinary varicosities. Of the half-dried membranes sections were also made, carried longitudinally through the optic nerve and the papilla: in this way a great increase of the connective tissue on the inside of the lamina perforata was seen, so that here between the nerve-bundles broad layers of connective tissue were continued, and moreover precisely in the place where the nerve-fibres lose their medullary sheath was a number of small granule-cells, only in the nerve-bundles, not in the intervening fasciculi of connective tissue. Transverse sections of the optic nerves dried, or hardened by chromic acid, exhibited no morbid changes.

The occurrence of a single echinococcus-sac in this case is remarkable. Nowhere else in the body, not even in the liver, were these entozoa met with. While we find echinococci comparatively frequently in the liver, they very rarely occur in the brain. In Lebert's "Anatomie pathologique" we find mention made of two cases, the one seen by him in the "Société d'anatomie" at Paris, the other quoted only as a case by Zéder. In addition, some scattered cases of echinococcus cerebri are known in literature.*

As the examination of the entozoa themselves afforded no new peculiarities worthy of note, we refrain from a detailed description of them. We should only repeat what is already to be found in the work of Lebert just quoted, particularly in Leuckart's well-known book,† and in many others. We believe, however, that we shall do the reader no disservice by taking this opportunity of briefly mentioning the facts at present known respecting the constitution and difference of the echinococcus colonies and the history of the development of these entozoa. The echinococci are found in two different sorts of cysts, of which the one is described as *scoleciparíens*, and the other as *altriciparíens* (Küchenmeister). The latter consists of a smaller or larger cyst, on whose inner wall a gelatinous formative layer containing granules occurs, which in different places gives origin to fresh echinococcus colonies. Of this our case consequently presents a type. The whole internal surface was studded with adherent points, each consisting of ten, twenty, and more distinct animalcules, in various degrees of development. A process of the formative layer keeps the animalcules together, even after they have become quite independent, and no longer adhere to others, from which they sprang by germination. Finally, they become more free from the formative layer, are connected only by a little stalk to the whole colony, and may then fall off into the fluid which fills the large mother cyst; or the entire collection of more fully developed echinococci falls off from the wall, and forms the corpuscles floating in the fluid, such as were found especially in our case. The mode of development seemed in all points to agree perfectly with the complete and accurate description given by Leuckart, to which I would therefore refer the reader for further particulars.

The Echinococcus scoleciparíens (Echinococcus veterinorum of earlier writers), which is found chiefly in the

* Hooper, *Morbid Anatomy of the Human Brain.* Küchenmeister, Schmidt's *Jahresbücher*, Bd. 99, p. 99, *et seq.* G. Rodust in Henle und Pfeufer's *Zeitschrift*, Bd. xv., Hft. 3.

† *Die Menschlichen Parasiten, und die von Ihnen herrührenden Krankheiten* [Human Parasites, and the diseases proceeding from them], p. 328.

liver, is distinguished by this, that from the original hydatid germs do not arise on the inner wall, but fresh echinococcus sacs form close to it, so that at last an infinite number of sacs of various sizes lie close to one another. The mode in which this process takes place has not yet been cleared up in all its parts, but it depends evidently on a proliferation outwards from the original cyst, and partial separation. The occurrence of such a colony may, as the cysts are very small, give rise to their being mistaken for alveolar cancroid.*

The history of the development of echinococci was cleared up by the experiments of von Siebold.† The reason why the tapeworm, which is formed from the hydatid, was so long overlooked, lies in the smallness of the animal.

The latter consists of only three or four articulations, of which the last, in the mature state, is larger than the remainder of the animal, which, in its integrity, is only four millimètres long. The animalcule is met with in the intestinal canal of the dog, and the ova are apt to occur in the intestinal canal of cattle, apes, and men,‡ in whose stomachs the development of the scolex begins, which, after a longer or shorter journey through the body, settles somewhere permanently, and by external proliferation (echinococcus scoleciparíens), or by germination taking place on the inner wall (echinococcus altriciparíens), is developed into a colony, by preference in the liver or brain.

The patient observed by us belonged to the peasant-class; the ingestion of eggs of a tænia echinococcus (probably from ditch-water) might, therefore, easily take place. We can thus readily understand the intrusion of the echinococcus-scolex in him, although we must, of course, refrain from an endeavour to explain the further development in this case, precisely in the posterior lobe of the right hemisphere of the brain.

The scolex thence penetrated prejudicially, and, by gradually developing the large cyst, gave rise to irritation of and pressure on the brain. As to the comparative slightness of the persistent phenomena of cerebral affection, the irregularly recurring attacks of syncope and spasms, and the manner in which at length death ensued, we must be silent. Our very slight knowledge of the signification of the parts of the brain and of their functions, of the periodicity of the phenomena of nervous action, even in the normal state, and of the connexion between organic changes within the skull and disturbances in the cerebral function, is in such a case again distinctly illustrated, placing the history we have recorded in the same category with so many observations of cerebral abscesses and tumours of the brain, which sometimes betray themselves only by headache, slowness of movement, and slight dulness of intellect, and in which death suddenly ensues.

In this case we have not even the possible explanation of the fatal result by supervening cerebral congestion, effusion, hæmorrhage, which might hold good in the first case. The proofs of such lesions did not exist in this second case.

(To be continued.)

* Virchow, *Das alveolair-kankroid der Leber.* Tübingen, 1854.

† *Ueber die Verwandlung der Echinococcus-Brut in Tänien. Zeitschrift für wissenschaftl. Zoölogie*, Bd. IV., p. 409.

‡ The frequent occurrence of echinococci among the inhabitants of Iceland, where, according to Eschricht, about one-sixth of the population dies of the affection, depends on their living in close contact with their numerous dogs.

THE doctrine of the conservation of force seems to have met with an opponent in Professor William Thomson, who has delivered the annual Rede Lecture at Cambridge, taking for his text "The Dissipation of Energy." He is stated to have arrived at the conclusion that the earth is again approaching, by the gradual dissipation of energy, a state resembling its primal condition, and in which it will be as it had been, inhabitable by man as at present constituted.

Proceedings of Societies.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, MAY 2ND, 1866.

Dr. BARNES, President.

THE following gentlemen were elected Fellows:—Dr. Andrews; Dr. Rugg; Mr. Sequire and Mr. Bassett of Birmingham; Mr. Blease of Altringham; Mr. Brown of Ealing; and Mr. Cornwall of Fairford. Professor Lazarewitch of Charkoff, was elected an honorary Fellow of the Society.

Dr. WILTSHIRE showed a new form of Uterine Tent, composed of sponge and laminaria, the sponge forming an outer casing to the laminaria.

Dr. BARNES exhibited a Uterus with its Appendages which were affected with colloid disease. He also showed a specimen, which he had received from Dr. Brunton, of Abscess in the Placenta. The abscess contained about an ounce of pus. There had been no symptoms of pain during gestation; but there had evidently been inflammation of the decidua. Dr. Barnes considered these cases very rare, and exceedingly interesting. He knew of but two or three on record, and they were described by French authors.

CASES OF LACERATION OF THE UTERUS, WITH REMARKS.

By THOMAS RADFORD, M.D.

The author, after briefly alluding to the views of Hunter, Denman, and Douglass on this most dangerous complication to labour, related minutely the histories of nineteen cases which had fallen under his notice. Of this number, in eleven the ages registered were from twenty-one to forty years, and it was found that the accident occurred more frequently between the ages of thirty-nine and forty. The number of labours which each woman had undergone varied from the first to the eleventh; and it was shown that laceration of the uterus happened most frequently in women pregnant for the eighth time, and that in those *enceinte* for the first time the accident took place quite as often as it did in any of the other cases which were registered. The duration of the labour from its commencement to the occurrence of laceration (though in some cases not exceeding three or four hours) was generally from ten to thirty hours. Of the various causes or conditions mentioned as producing laceration, slight contraction at the brim of the pelvis appeared to have been the most frequent. The author considered that when the form of the pelvis was only slightly contracted, the os and cervix uteri partially descended during labour into or a little through the aperture of the pelvis, so that, as the head of the infant was forced down, the uterine tissues became fixed between this body and the pelvic bones. The fixity of this structure actually formed a *point d'appui* from which the uterine fibres during contraction forcibly pulled; and the great probability was that sooner or later the tissue either directly tore, or, being first contused and softened, yielded. As regarded the situation of the laceration, the cervix uteri was the part most frequently affected, and sometimes with it the body of the organ was also implicated. In eleven cases the laceration was longitudinal, in three transverse, in three oblique, and in one circular. Of the nineteen cases, three recoveries took place, or nearly sixteen or seventeen per cent. Dr. Radford, in his concluding remarks, observed that when we contemplated the frequent fatality of laceration of the womb, we were led to inquire whether there were no symptoms which showed themselves as universal precursors of this dreadful catastrophe; and if there were, were we possessed of the means of prevention. In all the cases he now brought before the Society, there could not be found any with premonitory symptoms which *of themselves*

would warrant any operative measures being taken in order to avert the impending danger. Nevertheless, he thought we should carefully consider all the contingent circumstances of protracted labours, and especially of those which were prolonged by mechanical impediments; and whether they were produced by relative disproportion of the capacity of the pelvis to the size of the fœtal head; if so, we should adopt measures of timely delivery.

Dr. Grailly Hewitt acknowledged the great value of Dr. Radford's paper, but could not agree in the antiphlogistic treatment mentioned by the author. He (Dr. Hewitt) concurred in the opinion that there was an absence of uniformity of symptoms in these cases; and strongly urged the necessity for early artificial aid in some cases of protracted labour. He related a case of concealed hæmorrhage, in which the symptoms were closely allied to those observed in ruptured uterus.

Dr. Playfair could not approve of the treatment which had been adopted in those cases where the fœtus had escaped into the peritoneal cavity. He thought a much better line of treatment would be to perform gastrotomy. He knew of twelve cases in which this operation had been performed, and in some with satisfactory results.

Dr. Braxton Hicks said that, with respect to the symptoms of rupture, it was generally asserted that recession of the head was a constant symptom, but that he had never seen a case where this had taken place. He believed there were many more cases of ruptured uteri than we were cognisant of. Dr. Hicks believed that one of the greatest safeguards against rupture was the use of chloroform.

Dr. Eastlake observed that in the diagnosis of rupture of the uterus some data were furnished by auscultation, the fœtal heart sounds becoming inaudible after the rupture. This point Dr. McClintock strongly insists upon; as also that in these cases there is very little hæmorrhage.

The President regretted that through indisposition Dr. Radford was unable to be present. He considered the first great cause of rupture was protracted labour, and the object to be had in view was to remove the obstruction as speedily as possible. A second cause was rigidity of the os uteri, and he agreed with the author as to the necessity of incising the os. A third and fourth cause existed in the obliquity of the uterus, which caused it to become jammed in the pelvis; also, when there is a dead fœtus in utero there is a want of the resiliency which a live child possesses, and the action of the uterus rather tends to squash than to expel it. He also mentioned disease of the uterine tissue as another cause leading to rupture. He thought softening of the tissue might depend upon degeneration, either before labour or during labour, by the pressure of the fœtal head against the pelvis. With respect to gastrotomy, he would say that Dr. Radford had urged the operation, but that it had been overruled by others. The late President of the Society objected to any operative measures whatever when the fœtus had escaped into the abdominal cavity; and he (Dr. Barnes) had seen a case where it was left, and the woman recovered.

Dr. Brunton observed that the cases which Dr. Radford had collected were attended by midwives, and he knew that midwives were in the habit of giving very large doses of ergot. He believed that this was one of the great causes of rupture of the uterus; and when it did not cause rupture the placenta was often retained, owing to the irregular contractions of the uterus produced by that drug.

The meeting then adjourned.

Royal College of Surgeons in England.—During the last week nearly one hundred and thirty gentlemen have been undergoing the preliminary examination in Arts for the Fellowship and Membership of the College; for the former distinction, however, only sixteen caddidates offered themselves. The result of these examination will not be known for a week or two.

Abstracts of the Scientific Societies.

Royal.—May 31.—Dr. W. A. Miller, Treas. and V.P., in the chair.—The following papers were read: "An Account of certain Experiments in some of which Electroscopic Indications of Animal Electricity were detected for the First Time by a New Method of Experimenting," by Dr. C. B. Radcliffe.—"On the Stability of Domes," by Mr. E. W. Tarn.—"On the Means of Increasing the Quantity of Electricity given by Induction Machines," by the Rev. Dr Robinson.—"On the Dynamical theory of Gases," by Mr J. C. Maxwell.

Geographical.—June 11.—Sir R. I. Murchison, Bart., President, in the chair.—"On the Effects of the Destruction of Forests in the Western Ghauts of India on the Water Supply," by Mr. C. R. Markham.—"On Mediæval Travellers to Cathay," by Col. H. Yule. The author had for some time past made a special study of all the accessible materials relating to travels into China during the thirteenth, fourteenth, and fifteenth centuries, and the paper was a summary of the results of his researches. Travellers at this period entered China from the side of Tartary; and as the country was called in this part of Asia *Khitái*, it became known in Europe by the name of Cathay, a word of nearly the same pronunciation. The travels of Marco Polo were passed over as already well known, and the author dwelt at more length on the journeys of Friar Odoric, Ibn Batuta, and John Marignolli, the Papal Legate of 1338; the journals of the last-mentioned not having before been made known in England.

Geological.—June 6.—The following communications were read: "On the Metamorphic and Fossiliferous Rocks of the county of Galway," by Prof. R. Harkness.—"On the Metamorphic Lower Silurian Rocks of Carrick, Ayrshire," by Mr. J. Geikie.—"On a Cheirotherian Footprint from the base of the Keuper Sandstone of Darsbury, Cheshire," by Mr. W. C. Williamson.—"A description of some remarkable 'Heaves' or Throws in Penhalls Mine," by Mr. J. W. Pike.

Linnean.—June 7.—"On Myostoma, a new Genus of Burmanniaceæ," by Mr. J. Miers.—"On two new Genera of Compositæ (Mutisiaceæ) from India," by Dr. Thompson.—"Notes on the New Zealand Stictæ," and "Observations on New Zealand Lichens," by Dr. W. L. Lindsay.—"On the Surface-Fauna of Mid-Ocean—No. 2. Foraminiferr," by Major S. R. J. Owen.—"Characters of some undescribed Heterocerous Lepidoptera," by Mr. F. Walker.

Entomological.—June 4.—Sir J. Lubbock, Bart., President, in the chair.—Prof. Brayley communicated an extract from the Report of Mr. Consul Zohrab on the trade of Berdiansk for 1865 (received at the Foreign Office, and recently presented to Parliament), respecting a poisonous black spider which had appeared amongst the wheat at harvest time, had bitten more than three hundred persons, and created such a panic among the labourers that wages rose to double their ordinary rate.—Mr. McLachlan exhibited a caddis-worm case, of the genus Limnephilus, containing a dead pupa; the caddis-worm had, as usual, attached itself to a rush before changing to the pupa state, but had failed to make proper allowance for the growth of the rush, by which the case had been raised a couple of feet above the surface of the water, and the pupa had died in consequence.—Mr. Stainton mentioned that the gall-making larvæ on *Gypsophila saxifraga*, from Mentone, which he had exhibited at the previous meeting, had produced a species of Gelechia, allied to *G. leucomelanella*.—Mr. Pascoe exhibited a small collection of interesting Coleoptera, received by the Rev. H. Clark from the Rev. G. Bostock of Fremantle, Western Australia, including two new species of Articerus, an entirely new form, perhaps belonging to the Paussidæ, or perhaps more nearly related to Gnostus, and of which a description was read under the name of *Ectrephes formicarum*; also several specimens of Anthicus found in ants' nests, and other novelties belonging to the genera Ptinus, Hyocis, Platytynotus, Mecynotarsus, &c.—Prof. Westwood exhibited drawings and read descriptions of various new species of Goliah beetles.—Mr. C. A. Wilson communicated a further instalment of his "Notes on the Buprestidæ of South Australia."

Reviews.

ON THE FUNCTION OF ARTICULATE SPEECH, AND ON ITS CONNEXION WITH THE MIND AND THE BODILY ORGANS: illustrated by a reference to recent Observations on Certain Diseased States of the Brain. By W. T. Gairdner, M.D., Professor of Practice of Physic in the University of Glasgow. Glasgow. 8vo. 1866.

This is an 8vo pamphlet of thirty-nine pages, chiefly consisting of a paper under the above title, which was read before the Philosophical Society of Glasgow on the 7th of March in the present year. In addition to this paper, however, Dr. Gairdner gives us a case of aphasia which occurred under his care, and was subsequently published in the *Glasgow Medical Journal* for May, 1866; from that journal it is now reprinted. The attention of the profession has been of late years aroused to the minute consideration of this interesting affection, perhaps more by the writings of M. Trousseau than by those of any other prominent member of the profession. The result has been that numbers of our best educated physicians have directed their attention to the subject; and here we may remark, *passim*, that no inquiry that we are aware of so strongly tends to show the advantage of a good education to a physician as this one does; and, if we be not greatly mistaken, papers, such as that of Dr. Gairdner, will very much advance the interests of our calling as a *learned* profession; for this subject concerns divines, lawyers, philosophers, and literary men, as well as ourselves. As an instance in point, we may call attention to a report of cases which have lately occurred in Mercer's Hospital, under the care of Dr. Moore, a Dublin physician, and which we have much pleasure in presenting to our readers in our number of this day. The limits of a notice of this kind forbid a general discussion of this subject, so that we can only refer to a few points in Dr. Gairdner's paper. He considers:—

"That the devising of some form of speech must have been one of the first acts of the essentially human free will; and further, that the first effort of speech beyond a mere inarticulate cry, must have been the mental discrimination, and afterwards the designation, or *naming* of objects differing from that which is possible, even after ages of education by the side of man, to the dog, the horse, or the elephant, or even to our quadrumanous cousin (as some will have him) the ape, with his wonderful mimicry of the lower attributes of humanity."

Dr. Gairdner, after referring to a discussion on this subject in the French Academy of Medicine, to MM. Auburtin and Broca, and to M. Trousseau's researches, to the history of the term *aphasia*, and to a paper by Dr. Sanders in the *Edinburgh Medical Journal* for March, 1866 proceeds to detail and analyze some cases of this affection which occurred in his own practice and in that of other physicians. Like other writers, Dr. Gairdner notes the curious fact, that when the general faculty of speech is impaired, and when the articulation of ordinary language is all but destroyed, the power of uttering curses and oaths seems to hold its ground in no small degree.

There is much in this paper that is interesting, but it seems to us to be defective in two important particulars:— 1. It omits to mention that the subject is by no means a new one; and, 2, it in no way acknowledges the labours and writings of the Dublin School, some of these writings having appeared probably before Dr. Gairdner was born. In a *literary* question, such as this is, these are capital defects; and now that they are pointed out, we are quite sure Dr. Gairdner will remedy them in his next paper on aphasia.

The late Dr. Osborne, one of the most learned physicians who ever wore a scarlet gown in Dublin, published in the year 1834, a most curious paper, "On the Loss of the Faculty of Speech depending on Forgetfulness of the Art of using the Vocal Organs." This appeared in the fourth volume of the *Dublin Medical Journal*. In the year 1845, Dr. Steele, of Dublin, published in the January number of the same journal "A Case of Loss of Speech, &c., with Observations." This paper is well worth reading, especially that part which relates to the *faculty* of speech, as an essentially *human* endowment. In the *Dublin Quarterly Journal of Medical Science* for February, 1865, Professor Banks published a long essay "On the Loss of Language in Cerebral Disease." This essay contains, in fact, a review of the literature of the whole subject, and makes frequent references to papers written by Graves, and to the writings of Forbes Winslow, as well as to the experience of Dr. Banks himself, and to that of Dr. Kidd, with whom he saw one very curious case.

The extraordinary retention of the power of cursing and swearing was noted in "A short Biographical Sketch of a Remarkable Case of Insanity," published by Dr. Belcher in the *Dublin Quarterly Journal* for 1864; and in our own Hospital Reports for May 23, 1866, we published the details of "A Remarkable Case of Softening of the left Anterior Lobe of the Cerebrum, with Right Hemiplegia, and Loss of Speech," which occurred under the care of Dr. Hayden at the Mater Misericordiæ Hospital. Dr. Moore's cases continue the series.

ON THE APPLICATION OF SULPHURIC ACID GAS TO THE PREVENTION, LIMITATION, AND CURE OF CONTAGIOUS DISEASES. By James Dewar, M.D., Kirkcaldy. Pp. 31. Edinburgh: Edmonston and Douglas. 1866.

Dr. Dewar instituted a number of experiments with sulphur fumigation in connexion with the cattle plague, and he informs us that the plan has been very successful as a prophylactic. He has extended the same mode of treatment to the human subject, and the results are very encouraging. He relates several cases of phthisis in which the symptoms have been mitigated by the fumigation, and he also tells us that some diphtheritic cases have been cured by the same means. Dr. A. Halliday Douglas of Edinburgh, has been so much struck with the results that he has caused a chamber to be constructed for sulphur fumigations in an hospital with which he is connected, with a view of testing further the powers of this treatment in pulmonary complaints.

A VISIT TO VICHY, comprising a Sketch of its Mineral Springs and Thermal Establishment, with a Notice of the Medicinal Uses of the Vichy Waters, Salts, &c. By M. Prosser James, M.D., Senior Physician to the City Dispensary, &c. Pp. 50. London: Williams and Co. 1866.

The waters of Vichy have now a world-wide reputation, and their efficacy in certain classes of diseases is indubitable. As is well known, they contain a large quantity of bicarbonate of soda with free carbonic acid, and although it would appear from chemical reasoning that they must be less adapted for remedying the uric acid diathesis than waters containing potash, yet the Vichy Springs are visited by multitudes of invalids every year, and the waters are carried away to be consumed in distant lands by those who cannot make the journey to the place itself. Dr. James' pamphlet contains a great amount of useful and amusing information in relation to Vichy, its history, its scenery, and its springs, and he gives a list of diseases in which the waters have been used with advantage.

THE TRUE AND FALSE SCIENCES: A Letter on Homœopathy. Pp. 40. London: Churchill and Sons. 1866.

At a period like the present, when it would appear as if a kind of universal scepticism had seized upon the minds of

men in most subjects, and especially in matters relating to medicine, it is indeed extraordinary that the dogmatic absurdities of the so-called homœopathic system should obtain even a momentary attention. One theory on which the system rests, namely, *similia similibus*, &c., being untrue in fact, and the other, namely, the efficacy of medicines in the inverse proportion to their quantities, being at variance with the laws of nature, homœopathy, as a science, has no foundation at all, and the best that can be said of it is that the homœopathic globules, if honestly administered, do no harm, and that in many cases the patient gets well by the unaided powers of nature. The author of this pamphlet puts the whole question of homœopathy before the reader in a very sensible, calm, and dispassionate light. He appears to be well acquainted with the principles of Hahnemann and his disciples, and with regard to Hahnemann himself, he has come to the conclusion, with which we are inclined to believe most rational people will agree, that he was neither a fool nor a knave, but a solemn fanatic, unendowed with the sense of the ludicrous, and therefore unable to appreciate the folly of his own speculations.

THERMOMETRIC OBSERVATIONS ON THE FEVERS OF CHILDREN. By G. Stevenson Smith, L.R.C.S.E., &c. Edinburgh. 1866.

This is an 8vo pamphlet of twelve pages, and is a reprint from the *Edinburgh Medical Journal* for March, 1866. It treats of "The Normal Standard of the Temperature in Children as compared with that of Adults; of "The Value of the Thermometer as a Diagnostic Agent;" and gives tabular thermometric registries in cases of typhus, tyyhoid, and scarlatina.

The use of the thermometer as a diagnostic agent in disease is steadily making its way, and this paper tends to explain and simplify its use in some of the most fatal diseases of childhood. We hope its writer will continue his observations.

THE EDINBURGH MEDICAL JOURNAL FOR JUNE, 1866.

The present number contains the usual amonnt of useful and interesting papers.

We may particularly note one, the Harveian Discourse on the Life and Character of Dr. Alison; and we only wish that medical biographies were more frequently put before reading men in our profession. The other original communications are:—A paper on Paracentesis Thoracis in Pleural Effusions by the well-known Dr. Warburton Begbie; one on the Convolutions of the Human Brain, topographically considered, by Mr. Wm. Turner; two cases of Purpura Hæmorrhagica in Children, with remarks, by Mr. Stevenson Smith; and one on Dilatation of the Perinæum. by Dr. James More of Rothwell, Northamptonshire.

THE SOCIAL SCIENCE REVIEW. SANITARY REVIEW, AND JOURNAL OF THE SCIENCES, June, 1866.

The present number is much above the average in point of interest; and is peculiarly attractive to medical readers, as four out of its six orginal papers concern us: I. is on the Prevention of Infection; IV. on Hospitals, their dimensions, site, construction, airing, warming, and ventilation; V. on Inevitable Diseases; and VI. a Memoir of Dr. Thomas Hodgkin. The remaining papers are also interesting to us as subjects of the British Crown; II. is headed, "Analysis and Description of the Report of the Royal Commission on Capital Punishment, 1866;" and III. is on a very important matter, "The Redemption of the National Debt."

The Poor-law Medical Officers in London have formed themselves into an Association.

London Medical Press & Circular.

"SALUS POPULI SUPREMA LEX."

WEDNESDAY, JUNE 27, 1866.

THE PERILS OF HOSPITAL PRACTICE.

An action of what the *Times* calls "a rather novel character," was tried before the Lord Chief Justice in the Court of Queen's Bench a few days ago. If we were to designate the action we should style it as an instance of the astounding abuse to which the law may be put in persecuting persons of position and respectability, because they happen to belong to the Medical Profession. The plaintiff is a Polish tailor, and the defendants, on this occasion, are not private practitioners pursuing their profession for the ordinary purpose of remuneration, but they are Mr. Timothy Holmes, the distinguished scholar, author, and surgeon, who, as Assistant-Surgeon to St. George's Hospital, was temporarily performing the duties of Mr. Tatum, one of the Chief Surgeons; and Mr. Freeman, the House-Surgeon of the same institution. In the quaint and technical language of the "declaration" in which the plaintiff set forth his grievances, it is stated that he "retained and employed the defendants, to bestow their care, skill, diligence, and attention, as and in the way of their profession and business of surgeons and apothecaries, in and about the treatment of the plaintiff, for and in respect of a certain complaint and disorder, and that the defendants accepted and entered upon such employment, but conducted themselves so carelessly and unskilfully in and about the treatment of the plaintiff, that by reason thereof the plaintiff was wrongfully placed and immersed and forcibly held in a bath heated to an excessively and improperly high temperature, and for an excessive and improper length of time, whereby the plaintiff was severely scalded, wounded, and injured."

Now, those who are acquainted with the documents known as "declarations" need scarcely be informed that they may or may not be a tissue of falsehoods; but the usage of the law permits and even encourages the exaggerated, not to say mendacious language which they contain, the only reparation made to the person against whom they are levelled being that the charges are abandoned when they cannot be proved in evidence. How far the declaration of grievances sustained by the plaintiff in the case to which we allude is a veracious statement must be judged by those who follow the course of the proceedings. We may state generally that, whether the statements contained in a declaration be true or not, a great deal of money is expended on both sides, first of all in clearing away the legal cobwebs in which the case is always and purposely involved, and then in eliminating whatever grains of fact may be contained amidst the superfluity of verbosity, exaggeration, or downright lying, which the ingenuity or the imaginative powers of some members of the legal profession may construct.

It is well also for every member of the Medical Profession to recollect that in almost every act which he performs, or, indeed, we might say in every trifle which he may neglect to perform, in the daily and hourly routine of his avocations, he is liable to have an action at law levelled against him, his only protection being his inability to pay the expenses of a heavy lawsuit. It is very rare, indeed, for these actions to be brought against such unfortunate members of our Profession as may be struggling with difficulties, and if any of our brethren should unhappily have been bankrupt or insolvent, or have been known to compound with their creditors, they may have the satisfaction, however melancholy a one it may be, of knowing that they are at least secure against these frivolous lawsuits which the rapacity of attorneys may suggest, and which our courts of law, by a perversion of the noble principles which they were originally designed to uphold, are always ready to entertain. Thus every member of our profession in every step or transaction of his ordinary avocations, has a kind of sword of Damocles suspended over his head, and the more respectable he is the more probable it is that the blow will be aimed against him. For it cannot but happen, considering the fallacy of human judgment in general, and the peculiar difficulties besetting the art and practice of Medicine and Surgery in particular, that the results of cases will often disappoint expectation, or even that errors of judgment may be committed; but against the consequences of such mishaps or misadventures in most other professions, custom and prescription and law itself have carefully guarded the individual agent. Thus a clergyman, for instance, may be betrayed into the enunciation of erroneous doctrines, but his fault is cognisable only before the tribunal of his ecclesiastical superiors; a magistrate may commit an innocent person to gaol on erroneous evidence, but he is legally exempt from all consequences unless he has been actuated by corrupt motives, and a lawyer may utter as many libels as he pleases, perhaps to the ruin of the person attacked, if only they are uttered in a Court of Justice.

But to allude more particularly to the case which has called forth these remarks, we must observe that in all other cases of a similar kind the surgeon has been called to account for some malpraxis or negligence, real or assumed, committed by himself, but in the action against Messrs. Holmes and Freeman the defendants are actually made the victims for an injury, which, if it ever was inflicted at all, was the act of persons who were not even their servants but the officials of a public institution!

We have given an abstract of the trial in another column, and are therefore relieved from the necessity of commenting upon the evidence in detail, and we only remark that in point of law the plaintiff had not a leg to stand upon as against Messrs. Freeman and Holmes. If any injury was inflicted it was by the fault of the nurses, against whom or against the Hospital authorities the action ought to have been brought, if it were brought at all. But it appears that the Hospital was applied to by the legal advisers of the plaintiff, and that the Governors were willing to make any reasonable compensation if the plaintiff could prove that he had sustained any injury, and if he would forego an action at law. But, acting either on his own judgment, or on the advice of others, he chose to bring his action, the result of which will be that he will not only receive nothing at all in the way of compensation, but will have to pay all the expenses of the cause into the bargain. It is stated that Messrs. Holmes and Freeman will not be put to any personal expense in the proceedings, as the cost of the defence is defrayed by the Hospital.

THE USES OF SULPHUROUS ACID GAS.

For many months Dr. Dewar of Kirkcaldy, has been engaged in impressing upon the Government, the public, and the profession, the importance of employing the fumes of sulphur in the prevention and cure of disease, and quite recently he has extended their use in a different and scarcely less important direction—the preservation of animal food. Without accepting his views of the nature of disease—pointing, as he seems to indicate, to the origin of all disease from cryptogamic spores—as at all correct, we may nevertheless state that he has arrived at several interesting and remarkable practical results. Dr. Dewar's experiments were at first initiated in connexion with cattle plague, and his method of fumigating byres is to take a chaffer two-thirds full of red cinders, place a crucible in them, and in it a piece of sulphur stick the length of one's thumb, which is sufficient for a byre containing six cattle. If ordinary attention be paid to ventilation, the attendant may shut himself in along with the cattle during the process, not only without detriment, but, as we shall presently see, with occasionally unlooked-for benefit. This process may be repeated four times a day, and the result has been that, when this system has been thoroughly and determinedly practised, there has been no case of death among the cattle from any epidemic cause whatever. Nor has this been the sole result. Ringworm, angle-berries (molluscum), mange, and lice have disappeared, and a horse which had been a few times unintentionally fumigated, was unexpectedly cured of obstinate grease of the heels. Nay more, in a large dairy, which for thirty years had maintained a notorious character for mortality from pleuropneumonia, and the present tenant of which had for eight years past never been one whole month free from this disease amongst his cattle up to the 1st November last, and had buried sixteen cows during the preceding twelve months, the last of them only three days before he began to fumigate, this disease has since then ceased to be observed, and the cows have remained perfectly healthy. These facts are extremely remarkable, and of themselves would compel a further investigation of the influence of sulphurous acid fumes; but what we have still to relate is still more extraordinary, and could scarcely be believed but upon the testimony of an upright and honourable medical man, such as we know Dr. Dewar to be. For not only were chilblains and chapped hands found to disappear from the hands of the attendants upon those cattle which were regularly fumigated, but in the case of a groom of Dr. Dewar, supposed to be dying from phthisis, and who was

employed to fumigate certain cattle, the most extraordinary results were attained; for within one week the night sweats had ceased, his cough gradually abated, the expectoration diminished, and he gained nearly two stones within four months, and though now dependent for existence upon one lung or little more, he looks nearly as strong and is as able for ordinary stable-work as he was previous to his illness.

This case has been observed by Professor Sir J. Y. Simpson, by Dr. Halliday Douglas, and by other medical men, who are conversant with the facts. Indeed, so remarkable and encouraging have the results obtained in this and in several other similar cases appeared to Dr. Halliday Douglas, that he has determined to construct a chamber for the purpose of employing sulphur fumigation in connexion with the Chalmers Hospital, that he may have an opportunity of personally investigating the matter and testing the results. It is truly somewhat singular, and peculiarly illustrative of the circular—or shall we rather say spiral—manner in which medicine moves, or, if you will, progresses, though its progression is limited, and as yet not well defined, that Hahnemann was led by his theory of disease to propound sulphur as the most important remedy in tuberculosis, while Dr. Dewar, from the success of sulphur in its treatment, has been apparently led to deduce its origin from cryptogamic sporules—a closely similar theory. With theories, however, there is at present no need of troubling ourselves; the practical results are sufficiently striking to insure for this treatment a more careful and extensive trial. In diphtheria and various other complaints sulphur fumigation has proved immediately and strikingly beneficial, and in at least one instance it has almost instantly cut short an outbreak of hospital gangrene in the wards of our Edinburgh Infirmary, and, properly employed, it may possibly prove capable of limiting the spread of cholera, fever, and other contagious diseases. For the disinfection of inanimate material the addition of a little nitre to the sulphur, and the combination of these fumes with the steam of boiling water, improvises a disinfectant at once the most powerful, most searching, and most efficacious which can be obtained, utterly destructive at once of any latent contagion, and of every form of insect life. But we have not yet exhausted all the strange properties of sulphur fumigations: it is not only productive of animal health while in life, but it also prevents putrefaction after death. In some recent experiments (in June weather) in regard to this, a sheep's head was kept quite fresh and sweet for thirteen days; a boiled crab—well known to be a peculiarly perishable edible—was quite sound after eight days; haddocks, after being smoked two or three times, were found to be quite fresh at the end of eight days. The process is equally applicable to every other form of animal food, which merely requires to be fumigated three or four times a day in a chamber closed as much as possible against the admission of fresh air. At a convivial entertainment recently given by Dr. Dewar the company were entertained with viands thus preserved, and one and all expressed their perfect satisfaction with the success of the process, as evinced by the satisfactory condition of the food presented to them.

How novel and strictly original Dr. Dewar's views are as to the pleasantly tonic virtues of sulphur fumigations may be learned from a statement in the most recent work on materia medica—Dr. Scoresby-Jackson's "Note-Book"—where he states that in sulphur fumigations "great care must be taken to protect the respiratory organs from the fumes by closing the apparatus round the neck, and yet how inconsistent these ordinary views are with popular experience may be learned from the popular idea of the great benefit to be derived from new flannel—that is, flannel thoroughly impregnated with sulphur fumes, and also with the fact that in woollen mills—in certain departments of them—the workmen live from year's end to year's end in an atmosphere thoroughly impregnated with sulphurous acid gas. Unquestionably a laborious and tedious accumulation of experience in regard to the positive influence of sulphur fumes upon the health may be anticipated by an inquiry into the ordinary condition of such workmen; and we shall feel obliged if any of our readers shall be kind enough to contribute any information on this head, similar to that which was contributed to the *Monthly Journal* by Dr. Thomson of Perth, in regard to the influence of an atmosphere charged with oil. It would indeed prove singular if, after all, the benefit supposed to be derived from oil was solely due to sulphur.

THE MORISON LECTURES, EDINBURGH.

The six Annual Lectures on Mental Diseases, under the late Sir Alexander Morison's endowment, are now being given in the Physicians' Hall, Queen-street, by Dr. Seller, the able and accomplished physician specially appointed by Sir Alexander Morison to be the first lecturer under this endowment.

On each succeeding Tuesday and Thursday the hall is well filled with an audience, comprising not only the *élite* of our Edinburgh medical men and many of our brethren from the country, but also many members of the legal profession, not of its subordinate branches only, though these are well represented, but even from the Bench itself.

The first lecture, which was delivered upon Tuesday, the 5th of June, was chiefly occupied by a rapid sketch of the life and labours of the late Sir Alexander Morison, and in particular with an account of the few months immediately preceding his death, which took place at his house near Balerno, in the parish of Currie, at the advanced age of 87. The latter portion of the lecture was occupied by a sketch of some of the medical aspects of deprivation of mind.

The second lecture of this course, which was delivered upon Thursday, the 7th of June, was occupied with a detail of some of the legal aspects of deprivation of mind. The third lecture, delivered on the 12th of June, took a rapid survey of some of the social aspects of deprivation of mind, special attention being directed to so-called "judicial murder" in relation to the case of persons supposed to be insane, and to the actual and intended influence of capital punishment, as well as to the equally interesting and difficult subject of the legal restriction of drunkards. The fourth lecture, delivered on the 14th of June, entered in a most interesting manner into the subject of deprivation of mind in relation to the physiology of the nervous system on the one hand, and psychology, or the science of mind, on the other. The concluding lectures of this course will be given in the Physicians' Hall, Queen-street, on Tuesday the 19th and Thursday the 21st June, at four p.m.

The mortality of London is still greatly in excess of the average. The week before last the deaths were 1370 or 152 above the estimated number. Three deaths (two of them children) are referred to cholera, and three to hydrophobia.

THE *LANCET'S* BIBLIOGRAPHER.

THE inexcusable course adopted by the *Lancet* in regard to Dr. FOSTER'S book, which we exposed a few week's since, is repeated in its last issue with even a more flagrant display of partiality and injustice to the author, and with an effrontery which seems to imply that the profession has no power of discriminating for itself. The reviewer has lashed Mr. ANNANDALE'S lately issued work on "Minor Surgery" with his severest scourge, printing parallel passages from it and Mr. CHRISTOPHER HEATH'S work on the same subject, and roundly taxing the author with gross and premeditated plagiarism. Here are the words of the indictment:—

"With the exception that the subjects treated of do not always follow in the same consecutive order, the plan of the work, and, in many instances, almost the very words, appear to us to have been borrowed from Mr. Heath, and this without the slightest acknowledgment from Mr. Annandale."

We have carefully read over the passages selected by the reviewer from the rival works to prove the charge of plagiary, and we distinctly assert that not a single sentence quoted from Mr. ANNANDALE'S book bears any greater resemblance to that from Mr. HEATH'S than the essential similarity of the description warrants. It is as ridiculous as it is unfair to ground an accusation of plagiary on such a similarity, because if such did not exist either work must be vague or incorrect. We quote for illustration one of the passages emphasized by the reviewer as conclusive against Mr. ANNANDALE:—

ANNANDALE.	HEATH.
"*In performing the operation, the vein must be fixed below with the thumb*, and an incision made into it *in the direction of the fibres of the sterno-mastoid muscle. When sufficient blood has been extracted, a pad must be placed over the wound*, and retained by means of a bandage or sticking-plaster."—p. 205.	"Bleeding from the jugular vein is rarely employed, but is performed in the following way:—*The left thumb of the operator is to be placed on the vein*, immediately above the clavicle, so as to obstruct the course of the blood. As soon as the vein is prominent, the lancet can be used, *taking care that the incision is made parallel to the sterno-mastoid muscle*, and thus somewhat across the vein. *When sufficient blood has been drawn, a pad is to be placed on the orifice*, and a bandage to be applied over it."—p. 86.

Paragraphs like this, and that "Mr. ANNANDALE'S book closely resembles Mr. HEATH'S in size, type, and number of pages," is considered by the *Lancet* sufficient ground for a charge of shameful fraud against a gentleman well known to be above such a fault. To us it appears that the reviewer who turns his pen from his legitimate work of honest criticism to the maintenance of a personal monopoly in any subject, and the promulgation of statements which he is utterly unable to prove, not only offends against professional propriety, but insults the discriminination of his readers.

MR. EWART has announced his intention of moving in Committee on the Capital Punishment Bill that the death penalty be abolished in the case of women. We have from time to time advocated warmly the total abolition of the death punishment, but we cannot see the semblance of a reason for confining its operation to the male sex. There are no murders more atrocious, more distinctly premeditated, than those perpetrated by women (witness the crimes of Constance Kent and Charlotte Winsor), and if we could accept capital punishment at all it would be rather in such cases than in any other.

THE authorities of Guy's Hospital have appointed two Registrars for the purpose of superintending the work of the clinical clerks and hospital reporters on the medical and surgical sides respectively. Dr. Hilton Fagge is appointed for medicine, and Dr. George Eastes for surgery, at liberal salaries.

Provincial Intelligence.

BIRMINGHAM, JUNE 18, 1866.

FEW events of interest have occurred here since the last letter of your Correspondent. The Midland Medical Society has finished its session for 1865–66, after a series of very successful meetings. The papers read have been marked by more than ordinary ability and originality, and the attendance of members has been most satisfactory. Among the papers read at the last few meetings one by Mr. Furneaux Jordan, "On the Syphilitic Diseases of the long Bones," especially deserves mention. The author put forward some very original views as to the localization of these affections, and advanced the view that many of the diseased conditions of these bones now classed together under the term strumous are in reality manifestations of hereditary syphilis. The paper will, we believe, be shortly submitted to the profession in the pages of one of the medical journals.

Mr. Arthur Bracy placed before the Society at its last meeting a very interesting specimen of rupture of the aorta. The accident occurred in a young woman under thirty years of age, and had taken place suddenly without any discoverable cause. The rent had run obliquely round the vessel about one inch from its origin, and implicated only the internal and middle coats. The outer coat had ruptured afterwards from the pressure of the blood. Considerable patches of atheroma were visible on the inner coat.

The second Medical Society of this district, the Birmingham and Midland Counties Branch of the British Medical Association, held its annual meeting on Friday last. No business of special importance was transacted with the exception of a change in the hour of the ordinary meetings. The members have hitherto met at six o'clock in the evening, and the hour has been found very inconvenient for many of the country members, who have long distances to travel after the business of the Society has terminated. Several attempts have, therefore, been made to change the hour. The subject was fully discussed on Friday last, and on the representation of some of the country members, three o'clock in the afternoon was finally fixed upon as the hour of meeting for the next session. This change will, in our opinion, be found very beneficial, inasmuch as it will insure a much better attendance of the country members of the Society, and by thus making the meetings reunions of the majority of the medical practitioners of the midland counties, and not of a few only from the neighbourhood of Birmingham, render this branch of the British Medical Association one of the most flourishing in the kingdom. Dr. Carter of Leamington, succeeded Dr. James Russell as President, and Professor S. Berry was unanimously chosen President-Elect. After the

transaction of the ordinary business, the President (Dr. Carter) delivered an able and highly interesting address. Taking the treatment of rheumatic fever as an example of the changes which have of late years characterised the practice of medicine, he glanced at the various methods of medication which have from time to time found favour in the treatment of this malady. After analysing the theories on which these various methods have been based, he called attention to the statistics of the duration of the disease under various plans of treatment, published by Dr. Chambers, and to the cases treated on the expectant method in Guy's Hospital. In concluding, he expressed a strong faith that the hitherto slow progress of therapeutics would soon receive a fresh impetus, and that the scientific method of inquiry which had done so much for physiology and pathology would yield as rich fruits by giving precision to our views of the action of medicines.

A cordial vote of thanks to Dr. Carter for his address brought the business to a close, or rather allowed the members to adjourn to the annual dinner which so pleasantly winds up, year after year, the session of the branch.

The sanatorium scheme, of which the readers of THE MEDICAL PRESS AND CIRCULAR have from time to time heard, has proved very successful. Nearly £9000 have been obtained, and the committee are now deliberating upon the choice of a site, and collecting data from the different medical charities in Birmingham with reference to the number of beds likely to be required by each hospital. The strongest opinion prevails that no site within five miles of the town should be chosen, and in the opinion of many a building at a distance of ten miles would prove more suitable. In either case the sanatorium must be so placed as to be easy of access by one of the many lines of rail branching out of the midland metropolis.

The guardians of the poor for this borough have for some time been considering a plan for establishing a central dispensary. During the past month a sub-committee of the board has been collecting evidence on the subject, and some curious facts have been announced. Mr. Southall, in his evidence, for example, told the guardians that the in-patients at the workhouse infirmary cost about 1s. 11d. each case for drugs, while the calculation for the parish out-patients shows a cost of about 3d. per case. All the evidence hitherto submitted points in the strongest way to the necessity of some reform, and must convince even a board of guardians that the salaries of the parish medical officers—too small a remuneration for their heavy duties in attending the sick poor—must be a miserably inadequate recompense for medical attendance and the supply of drugs. By establishing a central dispensary, and by thus undertaking to provide the drugs, the guardians may make the necessary reform, and ensure a certain and adequate supply of medicines to that class of the community which is ever most exposed to disease, and placed in the least favourable conditions for contending against it.

THE BRITISH MEDICAL ASSOCIATION.

THE leading members of the profession in Dublin have, we understand, had under their consideration the propriety of inviting the British Medical Association to hold their Annual Meeting for 1867 in Dublin, and a very general feeling has been expressed in favour of such a course. The Association is eminently entitled to all the honour which its Irish brethren can confer on it, and we trust that the invitation will be officially conveyed and promptly responded to by the Association. Its members in Ireland are not numerous, but, nevertheless, we are convinced that a hearty welcome will be accorded by the profession in Ireland.

[Since the above was in type, we have learned, on good authority, that the authorities of the University of Dublin, and also the President and Fellows of the King and Queen's College of Physicians have determined on inviting the British Medical Association to Dublin in 1867.—ED. M. P. & C.]

MEDICAL PUFFERY.

THE *Londonderry Sentinel* of the 12th inst., among other excerpta, gives the following extract from the *Cork Examiner* :—

"SURGICAL OPERATIONS.—A series of surgical operations recently performed at the North Infirmary, by Dr. N. J. Hobart, has afforded that excellent practitioner an opportunity of introducing into Cork a new invention, by Dr. Richardson of London, which must prove of great value in totally obviating pain, and rendering the use of chloroform—an expedient generally resorted to with reluctance—unnecessary. The part to be operated upon, after being subjected for about two minutes to ether spray, is rendered completely insensible for the time. Dr. Hobart has now used it in a great variety of operations—such as the operation for carbuncles, opening abscesses of all kinds (including deep-seated abscesses of the breast), inserting setons, putting stitches in wounds, &c.; and in all these cases the patients, though themselves watching the performance of the operation, were completely insensible to pain. The apparatus has not yet been sufficiently perfected to enable limbs to be removed under its influence; but for all minor, yet intensely painful, operations it is a great boon, and is, moreover, unattended with any danger whatever."

A Subscriber asks, "is this in accordance with professional etiquette?" and we readily answer certainly not, *if inserted by Dr. N. J. Hobart.* There is no evidence, however, that such is the case; and we are slow to believe that so respectable a practitioner would do anything of the kind. The *Cork Examiner* is well affected to the profession, and in all probability would not become subservient to professional puffery.

It seems to be fashionable to put accounts of surgical operations in the daily papers. The following extract shows something of this kind, and as we have above alluded to Dr. N. J. Hobart, a Cork practitioner, we refer to Dr. Kavanagh, merely to say we very much doubt that gentleman being in any way a party to this kind of puffery. Each of these gentlemen may well say, "save me from my friends":—

"ETHER SPRAY.—The medical men of Limerick and Cork are introducing, with the most merciful effect to suffering humanity, the singularly safe and simple agency of the medical lenitive above named, of the qualities of which in relation to chloroform, and the effects in surgical operations, a statement appeared recently in these columns. The invention is due to Dr. Richardson of London, and from all that appears, mankind will have reason to bless the man by whom this assuasive of agony has been placed in the hands of the life-saving profession to which he belongs. It was applied, we find, on Monday last, at Barrington's Hospital by Dr. Kavanagh, in the presence of the other surgeons of the institution, for the removal of a tumour from the armpit of a young woman, who had been suffering from it for the last two years. It was larger than a hen-egg, and though nine other tumours of smaller size were found under the large one, necessarily causing some delay in their extirpation, the cutting and other manipulation were entirely unfelt by the patient. This simple invention will be a boon and a blessing to the afflicted. By its use some of the most

painful operations of surgery can be performed with complete immunity from suffering and unattended by the slightest risk. The benumbing effects of the agent are produced by its rapidly reducing the temperature of the part it is applied to below the freezing point. Ether being highly volatile, when brought into contact with a warm surface, it becomes suddenly changed from fluid to a state of vapour. The change is brought about by the chemical law of denser bodies when passing into a rarer state, absorbing from surrounding objects, heat, which is rendered latent. In this case the heat is absorbed from the part to be operated upon; or, in other words, the part is made perfectly cold and benumbed to insensibility."

Parliamentary Intelligence.

HOUSE OF LORDS.—June 18th.

MEDICAL ASSISTANCE AT POLICE STATIONS.

The Marquis Townshend asked whether any instructions had recently been given to the police relative to the treatment of persons in a state of insensibility taken to police stations.

Lord Stanley of Alderly was understood to say that the police had been instructed on such occasions to send for medical assistance.

HOUSE OF COMMONS.—June 14th.

POOR-LAW BOARD REPORTS.

Colonel Hogg asked the President of the Poor-law Board whether he would lay the reports of Mr. Farnall and Dr. Smith on the state of the metropolitan workhouses when complete upon the table of the House.

Lord Enfield replied that the report of Mr. Farnall was complete, and as soon as that of Dr. Smith was ready both would be laid on the table of the House.

MEDICAL OFFICERS OF THE ARMY AND NAVY.

In reply to a question from Colonel North, Mr. Childers said that in July last the College of Physicians wrote to the War Office, complaining that the status of the army surgeons was unsatisfactory, and to the Admiralty, stating that the condition of the navy surgeons was not on a par with the army surgeons. In consequence of these representations the two departments had appointed a committee to inquire into the rank, pay, and position of the surgeons. The Treasury were not yet aware of the result of the inquiry, but when they should be placed in possession of the views of the two departments they would be able to deal with both the army and navy surgeons. The question was an important one, and involved the expenditure of a considerable amount of public money.

REGISTRATION OF DOGS.

Mr. Butler asked the Secretary of State for the Home Department whether it was the intention of her Majesty's Government to introduce during the present session any measure for the registration of dogs, with a view to the prevention of hydrophobia and of other injuries to person and property, for which the owners of dogs are not now practically responsible.

Sir G. Grey replied that a measure would shortly be introduced to abate the nuisance complained of (hear).

PUBLIC HEALTH BILL.

On the motion of Mr. Bruce, the Select Committee on the Public Health Bill was nominated.

June 19th.

THE RINDERPEST.

Mr. Norwood asked the Vice-President of the Committee of Council on Education whether he was aware that the provinces of Groningen and Friesland, in Holland, had been and still were free from the rinderpest, and that stringent precautions were taken by the authorities there to prevent its introduction; and whether the attention of the committee was directed to the advisability of an immediate relaxation of the prohibition of the import of cattle from Groningen and Friesland.

Mr. Bruce said he believed it was true that the cattle in those two provinces had been and still were free from the rinderpest; and precautions had been taken by the authorities there to prevent its introduction. The Government had recently directed inquiries to be made with a view to see whether the importation of cattle could be permitted without any danger of contact with diseased animals.

METROPOLITAN WORKHOUSES.

Mr. Davenport Bromley put the question of which he had given notice on this subject; but as it was afterwards discovered that the President of the Poor-law Board was not in his place, the matter dropped without any answer being given.

GRIFFIN TESTIMONIAL.

TO THE EDITOR OF THE MEDICAL PRESS AND CIRCULAR.

Sir,—Will you kindly insert this circular which has been posted to every Poor-law Medical Officer in England and Wales, and also every Subscriber to the Griffin Testimonial Fund.—I am, Sir, yours obediently, Robert Fowler.

145, Bishopsgate-street, Without, June 20, 1866.

"Dear Sir,—I beg to inform you that the presentation of the above will take place at a public meeting, to be held at the Freemasons' Tavern, Great Queen-street. on Thursday, July 5th proximo, at three p.m. in the day.

"If you have not forwarded me your subscription to the fund, I would respectfully ask that you *at once* do so.

"Let each and all thus show some slight appreciation of, and some gratitude for, those untiring energies which, during the last ten or eleven years, our champion has bestowed on the cause of Poor-law Medical Reform. I enclose a copy of Mr. Griffin's last letter to the journals, to show you how continually watchful he is of our interests.

"If also you have not sent me your Carte de Visite (as very many of the subscribers have done), I hope to receive it in time for the Photographic Album of Mr. Griffin's friends and admirers, with which it is decided additionally to present him. Let your Carte de Visite have your designation, profession, title, and (if a Poor-law Medical Officer) the name of your union plainly written on the back.

"Should it be your intention to attend the meeting (*no banquet*), it would be a great convenience if you would inform me thereof on or before the 30th instant.

"The testimonial is now on view at the manufacturers, Messrs. Mappin and Webb, 71 and 72, Cornhill.—Yours faithfully, "Robert Fowler, M.D., Treas. and Hon. Sec.

"145, Bishopsgate-street, Without, June 20, 1866."

COURT OF QUEEN'S BENCH.—Westminster, June 16.

(Sittings at Nisi Prius, before the Lord Chief Justice and a Special Jury.)

PERIONOWSKI *v.* FREEMAN AND ANOTHER.

The plaintiff, who is by birth a Pole, and by trade a tailor, professed to be unable to understand English enough to be examined in it, although he gave evidence of conversations and statements by the defendants. In May last year he had suffered from a disease, for which he had become a patient in the hospital, and which required a warm hip-bath. According to his account, the defendants, the surgeons, not only ordered it, but were present and personally directed it, and he was actually forced into and kept in a steam hip-bath, in which the water was so hot that it severely scalded him. The defence turned upon the point that the defendants, the surgeons, having ordered that the patient should have a hot hip-bath, went on to attend other patients in the same ward, and were not present when he was put into it; and when they came back, a quarter of an hour afterwards, found him upon the bed. There was no doubt that at that time he had been somewhat scalded, although it was said that the extent of the injury was greatly exaggerated. But whatever it might have been, the defence, in a word, was, that it was not their fault, and that it arose from the negligence of the nurses. And, indeed, the only witness produced by the plaintiff (besides himself) who was personally present on the occasion, could not, when he was pressed in cross-examination, positively state that the surgeons had

returned before the man was out of his bath; and the only medical witness called for the plaintiff, who was asked a question as to the duty of surgeons on such occasions, stated that it was no part of a surgeon's duty to be present, when a hot bath was administered, to test its heat, but that this was a matter ordinarily left in the hands of nurses. The case for the plaintiff, however, as sworn to by himself and his witness, was that he screamed out and struggled with the nurses when he found the water too hot, and that they held him down, and that the medical men who were in the ward must have heard his screams. The defence, in substance was, that it was practically impossible that surgeons should personally attend to such matters, their patients were far too numerous, and their duties too onerous to admit of their discharging the duties of nurses in addition to their own. The defendants were called in support of the defence, and stated positively that they were not present when the man was put into his bath, but had gone on to attend other patients in the same ward, and that they heard no sound of screaming or struggling, nor heard any complaint from the man when they came back to him, and in this they were confirmed by two medical students who were with them. Their directions, they said, were that the water should be as hot as the patient could comfortably bear, and it was not necessary that it should be very hot. The man was not, in fact, to sit in the hot water, but over it—for the sake of the hot vapour. They both positively swore that the man made no complaint of scalding, and that there were no appearances of it, at the time; nor did they see or hear anything of the scuffling or screaming which the plaintiff had described in his evidence. However, a few days afterwards—hearing something about scalding—one of them examined him and found he was scalded, but up to that time he had made no complaint. They stated that there were 200 surgical and 150 medical patients in the hospital, and there were four surgeons, each of whom had about 50 patients to attend to. There was a record kept of the cases, in a book at the hospital. There were two nurses engaged in this case, who put the man in the hip-bath. The surgeons had no control over the nurses as to appointment or dismissal, which rested with the board. When the complaint was made they desired that it might be sent to the board to be inquired into. That course, however was not taken, but this action was brought. Besides the defendants themselves some very eminent medical gentlemen were examined on their behalf. Mr. Paget, one of the senior surgeons of St. Bartholomew's Hospital (and who had examined the man), and Mr. Curling, one of the senior surgeons of the London Hospital, stated tnat it was no part of the duties of the surgeons in such cases to be present on such occasions, or to see to the temperature of the water, which, they said, was part of the "familiar knowledge" of the nurses. The doctors gave their directions that patients were to have hot baths, and left it to the nurses to see to the baths. And this, they said, was the usual hospital practice. In answer to the Lord Chief Justice, Mr. Paget said that when hospital surgeons had ordered a patient a hot bath there was nothing at all inconsistent with the proper discharge of their duties that they should go on to attend to other patients; but that, on the contrary, it was the usual course of hospital practice. In this Mr. Curling entirely concurred, adding that it was practically impossible, from the number of patients, that they should take any other course. Mr. Curling also said, as Mr. Paget had said, that a surgeon no more knew what was the fit temperature of hot water for a bath than a nurse, who was necessarily quite familiar with it. The nurses were not called on either side. This being the evidence,

The Lord Chief Justice observed that as this was proved to be the usual hospital practice, and as a person who became a patient in an hospital could expect no more than the usual and ordinary degree of care and attention, this action would not be maintainable merely for the negligence of the nurses. And the only question would be whether the defendants were liable, by reason of their personal presence on the occasion, which they denied. The sole point, therefore, was whether they were personally present when the man was put into the bath.

Mr. Huddleston, the counsel for the plaintiff, acquiesced in this view, and contended that the defendants were near enough to have known of and prevented the mischief.

Mr. Coleridge, for the defence, insisted that the negligence was that of the nurses, and that they or the hospital authorities who employed them were properly liable, not the unpaid hospital surgeons, who had no power to dismiss them. The nurses, he urged, were the parties really liable, and for that reason he had not thought proper to call them as witnesses.

Mr. Huddleston, in reply, urged that the nurses ought to have been called as witnesses for the defence; and he suggested that the defendants must or might have heard the screams and scuffling with the nurses to which the plaintiff and his witness swore, and that therefore they were liable for not interfering to prevent the injury.

The Lord Chief Justice, in summing up the case to the jury, observed that our great hospitals, supported, as they were, entirely by alms and voluntary subscriptions, could not be supported if they had to engage a staff of medical men sufficient to attend to all the minor incidents or details of medical or surgical operations which might be ordered, such as baths. It was indispensable that such matters should be left to nurses, who were necessarily familiar with them; and it had been satisfactorily proved by the testimony of some of the most eminent medical attendants of our hospitals that such was the ordinary and usual course of hospital practice. That being so, the question was whether the defendants had been present when the man was put into the bath or were near enought to observe what had occurred, which it was probable had been greatly exaggerated. It was well known that medical men were always anxious that no unnecessary pain should be inflicted upon their patients; and it was incredible that they should have allowed the man to be treated in their presence as had been described by him. This would be to impute to them a gross and senseless inhumanity which passed all the bounds and limits of probability. The defendants would not be liable for the negligence of the nurses, unless near enough to be aware of it and to prevent it. It was not because the plaintiff might have sustained some amount of injury that therefore a verdict was to be given against gentlemen who were not really responsible for it. And the statements of the plaintiff must be regarded with some degree of distrust, seeing that, although he professed to be unable to understand English, he had spoken to conversations in that language. No doubt persons who went as patients into hospitals were not to be treated with negligence; but, on the other hand, medical gentlemen who gave their services gratuitously were not to be made liable for negligence for which they were not responsible.

The jury at first appeared to disagree, and prepared to retire to consider their verdict; but, in the result, agreed to a verdict for the defendants, adding that they thought the plaintiff had been ill-used.

Our Weekly Retrospect of the Medical Journals.

JUNE 22ND.

THE various journals have leaders on the subject of the trial in the Court of Queen's Bench, in which the Pole Perionowski was plaintiff, and Surgeons Holmes and Freeman, of St. George's Hospital, were defendants. The plaintiff while in hospital had been scalded by the negligence of the nurses of the hospital, and the suit should have been instituted against the hospital authorities instead of the surgeons. The whole case is very trivial, and one evidently got up for obtaining money, in which, however, the expectation was not realized, as the jury, although admitting that the plaintiff had been injured, yet found for the defendants. The hospital board, we understand, paid all the expenses of the defence. This accident has opened up the question debated some time ago in the board-room of this very institution, as to the advisability of placing the patients under the care of a religious sisterhood, which would take the whole responsibility of the nursing.

The cattle plague returns are rapidly decreasing. The *Lancet* hopes that Drs. Markham and Dewar may be permitted to perform some experiments of a scientific nature; the former has already suggested the transfusion of whipped blood, the latter proposed sulphurous acid gas for the destruction of the poison.

In and about London the dog nuisance has become

unbearable. Many dog bites have been reported, and some cases of hydrophobia.

The Rotherhithe inquiry does not exhibit the poor-law guardians, who tolerated such a system of neglect and inhumanity, to any advantage:—"The woman Brutton was a sort of fiend, who, in the intervals of opium-eating, indulged in the most savage brutality: the dragging of patients in the last stage of disease to the closets, and their dying on the floor (as was proved in two cases within a short space of time), were examples of special neglect and unusual hardship; but it is a characteristic fact that, although these things were proved beyond doubt or cavil by a number of independent witnesses, whose separate evidence was in every instance confirmed and corroborated, the guardians maintained throughout a tone of injured innocence, and the chaplain was called to give them a good character. The doctor, it appears, is in receipt of £20 per annum as a net salary for the performance of most onerous daily duties, and is subject to annual re-election. He is a gentleman and a man of intelligence."

Our contemporary suggests the use of an universal system of short-hand among medical and scientific men; if such were adopted the printers would soon learn to set up type from it as well as from the most perfect caligraphy.

The baronetcy of Sir Thomas Watson has been gazetted, there is but one feeling of general satisfaction evidenced by every branch and individual of the profession.

The Austrian War Office do not intend to accept the services of foreign medical gentlemen until all who have studied in Austrian or German universities have been absorbed.

Dr. Lankester writes a long letter, explaining the difficult position in which he is placed, and the hard card he has to play in his dealings with medical men; he also shows that the large salary which he is supposed to enjoy is very much reduced by expenses.

The woman Forester has been acquitted; it may be recollected that she was indicted for procuring abortion in a married woman, who died from the treatment she received. Dr. Brown's evidence was contradictory as to the exact words used by the dying woman. This was the means by which the prisoner escaped.

Dr. Rogers writes of the good effect of quinine in the hectic fever of phthisis.

Professor Hancock reviews in his lecture the various operations of a conservative nature which have been undertaken from time to time for the removal of portions of the foot.

Dr. Mandsley describes cases of a particular form of insanity, which might be called impulsive, the person all the while being conscious of the act and its consequences, but unable to prevent it.

A case of necrosis of the lower jaw is recorded from Bartholomew's, in which the disease was traceable to the application of the oil of tobacco to a hollow tooth.

From the *Medical Times and Gazette* we learn that Dr. Viallet urges the necessity of establishing a School of Midwifery in each of the French departments.

Attention is drawn to the Fellowship of the College of Physicians, about which there is evidently some dissatisfaction, some of the recipients of that honour not being deemed sufficiently worthy of it.

Dr. Richardson's views as to the curability of the rinderpest, and its treatment by the injection of artificial chyle, have been submitted to the Privy Council of Ireland.

The account of the method of treatment of fractures in the London hospitals is resumed.

The *British Medical Journal* announces that Dr. Dyster, a warm admirer of the late Dr. Baly, being anxious to perpetuate his name, has generously placed £400 at the disposition of the College of Physicians, for the purpose of providing for the presentation of a medal occasionally for the best essay on physiological subjects.

The Cæsarean section has been performed in Liverpool by Dr. Grimsdale for distortion of the pelvis. The mother was doing well forty-eight hours after the operation.

ANNUAL BANQUET OF THE LICENTIATES IN DENTISTRY OF THE ROYAL COLLEGE OF SURGEONS OF ENGLAND.

This festival was celebrated on Tuesday, the 5th of June, 1866, at the Albion Tavern, Aldersgate-street, City,

F. C. Skey, Esq., in the chair.

On the removal of the cloth, and after the usual loyal and patriotic toasts had been honoured,

The Chairman proposed the toast of the evening, "The Diploma of Licentiates in Dental Surgery." After taking a retrospection of the dental profession, he said that the reason there were not so many extractions now as formerly was owing to the pathological knowledge that the licentiates in dentistry had imbibed; this it was that had saved thousands of teeth as it had saved thousands of limbs in the hospitals. He begged to ask the gentlemen present to join with him in drinking the toast.

The toast was drunk with great cordiality.

Mr. Underwood, in acknowledging the toast, said he considered, now that the College had granted a diploma for dental surgery, it remained for the dentists to show whether they were worthy of that rank, for it was a degree that they might justly be proud of and a passport for he who had obtained it, to show that he was competent to practise his profession. He (Mr. Underwood) trusted that the licentiates would never disgrace their place in the College of Surgeons, but carry her good name before her, so that she should never regret having entered the names of the dental licentiates.

Dr. Roberts of Edinburgh proposed "The Health of the Examiners of Dental Surgery."

Mr. Harrison, in thanking the gentlemen for the manner in which they had drunk that toast, hoped that the examiners would be worthy of the honour the College had conferred upon them.

The toast of "The College of Surgeons" was proposed by Mr. Rymen.

Mr. Luke, in reply to the toast, said that he considered the College of Surgeons had conferred some benefit on dentistry, and that dentistry had conferred some benefit on the College of Surgeons.

Mr. Cartwright, in proposing the toast of the "Medical and Scientific Societies," coupling with them the "Odontological Society," said he considered the latter society had been the means of bringing men together to read and discuss on papers that would otherwise never have known each other.

Mr. Cattlin, President of the Odontological Society, in acknowledging the toast, was proud of his present position as president. The Odontological Society had been the main instrument in forming the Deatal Hospital; but not only had it done this, but it had also raised members of the dental profession to a higher position. That the Odontological Society had done good, and was at present rising, no one could deny, and in the name of that society he begged to return thanks for the toast.

Mr. Mummery proposed the health of the licentiates in dental surgery present from the provinces, which was acknowledged by Mr. Hepburn of Edinburgh.

The health of the Chairman, proposed by Mr. James Parkinson, was acknowledged in a very humorous speech by Mr. Skey, who, in conclusion, proposed the health of the Stewards, coupled with the name of Mr. Alfred Hill.

Mr. Alfred Hill returned thanks on the part of the Stewards and himself, and thought that in these times it was necessary to meet together after our daily toil, and he believed that in doing so they went forth with fresh courage. He much regretted the absence of Mr. Arnold Rogers, which was caused through sickness. In conclusion, he assured them that whatever trouble they as Stewards had taken was fully remunerative by the way in which their health had been drunk.

During the evening several glees and solos were sung under the direction of Mr. Baxter, assisted by Mr. W. Coates, Mr. F. Walker, and Mr. Winer.

SIR THOMAS WATSON, M.D., BART.

THE news of the well-merited, though somewhat tardy, honour conferred on the respected President of the Royal College of Physicians of London, will be received throughout the profession with unanimous satisfaction. It is almost superfluous to mention the numerous claims which Sir Thomas presents for this dignity, that of the Presidency of the College being only one out of many. As a scholar and a gentleman, an able writer, an elegant and dignified speaker, and an accomplished practitioner, he has long held the foremost rank among the physicians of the metropolis; and we only echo the sentiment of thousands when we wish him long life and health in the enjoyment of the honour which has fallen to his lot.

THE METROPOLITAN POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

AT a preliminary meeting of Metropolitan Poor-law Medical Officers, held at the house of Mr. Godrich, Medical Officer of St. George's, on the 20th inst.—Dr. Rogers of the Strand Union, in the chair—it was unanimously resolved:

"1. That an Association be formed, to be called 'The Metropolitan Poor-law Medical Officers' Association.'

"2. That the annexed form of address be printed and sent to every parochial medical officer within the metropolitan district.

"3. That the following gentlemen be appointed officers of the Association *pro tem.*:—Dr. Rogers (Strand Union), President; F. Godrich, Esq. (St. George's, Hanover-square), Treasurer; Dr. Dudfield (St. Margaret's and St. John's, Westminster), Honorary Secretary."

DEAR SIR,—An Association of Metropolitan Union and District Poor-law Medical Officers has been formed, with the object of mutual assistance in any difficulties arising out of our duties; and also for the purpose of urging upon our respective local boards, the Poor-law Board, and the public, that amendment of our position as public servants as our status as members of a learned and scientific profession demands.

The present moment is opportune for the formation of such an Association, inasmuch as recent revelations have clearly demonstrated the absolute necessity of some change in the system of metropolitan poor-law medical relief, and the public are prepared to urge some alteration on the Legislature.

Under these circumstances, for us to remain queiscent is to allow those who would aid us to form the conclusion that we are indifferent to the just claims of the sick poor, and careless of our position as State servants.

We consider that a small annual subscription will be sufficient to cover our working expenses.

Should you feel disposed to join us, you will kindly signify the same to one of the undersigned at your earliest convenience.—We are, dear Sir, yours faithfully,

JOSEPH ROGERS, *President* (*pro tem.*)
FRANCIS GODRICH, *Treasurer*,
Grove House, West Brompton.
T. ORME DUDFIELD, M.D., *Hon. Sec.* (*pro tem.*),
8, Upper Phillimore-place, Kensington.

P.S.—Another meeting will be shortly held, of which due notice will be given.

WESTERN MEDICAL AND SURGICAL SOCIETY OF LONDON.—The following officers for the session 1866-7 were elected at the last annual meeting:—President: Dr. Fuller. Vice-presidents: Mr. Prescott Hewett, Dr. Marcet, Mr. T. Dickinson, and Dr. Anstie. Council: Dr. Way, Mr. Vasey, Dr. D. Davies, Mr. Traer, Mr. Knight, Dr. Daniell, Dr. Blandford, Mr. T. Holmes, Mr. J. R. Lane, Dr. Morell Mackenzie, Mr. Nayler, and Dr. Fyfe. Treasurer: Dr. Baines. Hon. Secretaries: Mr. Milner and Mr. C. Hunter. Hon. Librarian: Dr. Godwin. Auditors: Mr. T. Taylor and Mr. Hall.

Medical News.

ROYAL COLLEGE PHYSICIANS OF LONDON.—At a general meeting of the Fellows held on June 15th, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the Science and Practice of Medicine, Surgery, and Midwifery, were duly admitted to practise Physic as Licentiates of the College:—

Hallett, Thos. Geo. Palmer, Queen's-crescent, Haverstock-hill.
Humphreys, Frederick Will, Trinity-square.
May, Henry, Birmingham.
Nankivell, Arthur Wolcot, Torquay.
Oppert, Francis, M.D. Berlin, Great Russell-street.
Parsons, Daniel Walter, Liverpool.
Power, Richard Eaton, Portsea.
Webster, Thomas, Redland, near Bristol.

At the same meeting, the following were reported by the Examiners to have passed their Primary Examination:—

Smith, Frederick Walter, St. Thomas's Hospital.
Toulmin, William, Guy's Hospital.

QUEEN'S UNIVERSITY IN IRELAND.—At a meeting of the Senate of the above University, held on Wednesday, the 20th inst., in the Council Chamber, Dublin Castle, the following Degrees in Medicine and Surgery were conferred by the Right Hon. the Lord Chancellor of Ireland, Vice-Chancellor of the University:—

Doctors in Medicine.

Thomas St. John Clerke, of Queen's College, Cork; William Collins, of Queen's College, Cork; George John Gibson, of Queen's College, Cork; John Macaulay, of Queen's College, Belfast; Newenham Edward Maher, of Queen's College, Galway; Edwin Field Nelson, of Queen's College, Belfast; Samuel Parke, of Queen's College, Belfast; James Edward Saunderson, B.A., of Queen's College, Galway; William Sharpe, of Queen's College, Galway and Belfast; George V. Wood, of Queen's College, Cork, Belfast, and Galway; Alexander Young, of Queen's College, Belfast.

Masters in Surgery.

William Collins, of Queen's College, Cork; Barry Delaney, M.D., of Queen's College, Cork; Alexander Filson, B.A., M.D., of Queen's College, Belfast; George John Gibson, of Queen's College, Cork.

APOTHECARIES' HALL OF LONDON.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise on June 14th:—

Harrison, Jonathan Atkinson, Wirksworth, Derbyshire.
Harvey, Thomas, Waterloo-road.
Sargent, James Forbes, Bentinct-terrace, Regent's-park.
Schott, Georg Friedrich Julius, Frankfort-on-the-Maine.
Spearman, George, Plymouth.
Stevens, George, Jesse Barnabas, Strood, Kent.
Thurston, William French, South-bank, Notting-hill.
Wathen, John Handcocke, Fishguard, Pembrokeshire.

The following gentlemen also on the same day passed their first examination:—

Codrington, John Frederic, Guy's Hospital.
Fiddian, Alex. Paull, King's College Hospital.
Stothard, William Jepson, Guy's Hospital.

The following gentlemen passed their examination on May 31st:—

Bond, Thomas, 6, Carey-street, London.
Cullingworth, Charles James, Bawtry, Yorkshire.
Greene, James Shirwen, St. George's, near Wellington.
Lloyd, Ridgway Robert S. C. C., Doncaster.
Noel, Vincent Edmund, Westbury-terrace, Plymouth.
Owen, Richard Walter, Withers, Shrewsbury.
Smith, Frederick, Westminster.
Smith, Joseph William, Weaverham, Cheshire.
Upton, Herbert Chrippes, Petworth-park, Sussex.

As an Assistant:—

Sympson, William F. G. Wilson, Fenny Stratford, Bucks.

The following gentleman also on the same day passed his first examination:—

Worths, Charles James, Guy's Hospital.

OPHTHALMIA is said to be raging among the women and children of the troops in Meerut.

PROFESSOR W. BYRD POWELL, an eminent American physician and phrenologist, lately dead, bequeathed his head to one of his pupils, a Mrs. Kinsey. The executor of the deceased employed Dr. Curtis of Cincinnati, to take off the head, and it is now in the possession of the fortunate legatee.

A COTTAGE HOSPITAL is to be immediately opened at Warminster, a house and garden having been promised by the Marquis of Bath at a nominal rent of 10s. a year, for the purpose. The medical gentlemen of the town have intimated their willingness to give their services gratuitously.

PROFESSOR FARADAY lately received at his residence (being too unwell to attend a public meeting), the Albert gold medal of the Society of Arts, which has been awarded to him for his discoveries in electricity, magnetism, and chemistry.

A Parliamentary return gives the number of members on the books of the General Council of the Universities of Scotland, whether by degree or by attendance on classes during the requisite number of sessions. Edinburgh is returned as having 2400 names on its register; Glasgow, 1165; Aberdeen, 898; St. Andrews, 369.

THE ROYAL IRISH ACADEMY.—The following have been elected members of the Royal Irish Academy:—J. A. Baker, F.R.C.S.I.; E. H. Bennett, M.D.; F. R. Cruise, M.D.

CHARING-CROSS HOSPITAL.—At a large meeting of the governors of this institution on Monday week Dr. Julius Pollock, Physician to the Foundling Hospital, was elected one of the physicians to the hospital. Dr. Pollock is a son of the venerable Lord Chief Baron.

DR. JOHN YOUNG, F.R.S.E., F.G.S., has been appointed by Sir George Grey to fill the chair of Natural History in the University of Glasgow, vacant by the death of Professor Rogers.

THE cholera has established itself in Stettin, and in a tolerably severe form. In the nine days from June 2 to June 11, there had been 190 cases, of which 104 had been fatal. At Arnswalde, a town with a population of only 7000, there have been sixty-three deaths in sixty-three days. A few cases have also occurred in Berlin, and several houses are being fitted up as hospitals, in case they should become necessary.

THE Cattle Plague returns have reported 987 attacks in Great Britain as occurring during the week ended June 9.

THE Prussian Government have applied to the Deaconness Institution at Kaiserworth to send them sixteen deaconnesses to superintend the nursing of the army.

At the annual commemoration of Founders and Benefactors of the University of Oxford, the degree of D.C.L. was conferred upon Sir James Young Simpson, Bart., the distinguished Professor of Midwifery and Medicine in the University of Edinburgh.

THE EPILEPTIC HOSPITAL.—The Amateur Morning Concert for the benefit of the London Infirmary for Epilepsy and Paralysis, Charles-street, Portman-square, came off on Tuesday, the 12th inst., at Willis's Rooms, which were crowded by a large and fashionable audience. Amongst the performers were Lady John Manners, Mrs. Althaus, Mrs. Sheffield Neave, the Misses Alderson, the Misses Baillie, Miss Connor, Mr. Coleridge, and many other distinguished vocalists and instrumentalists. About £180 was realized on the occasion.

BOOKS RECEIVED.

Note-Book of Materia Medica, Pharmacology, and Therapeutics. By E. Scoresby-Jackson, M.D., F.R.S.E., &c. &c. Edinburgh: Maclachlan and Stewart. Pp. 632.

The Convolutions of the Human Brain Topographically Considered. By W. Turner, M.B.Lond, F.R.S.E., &c. Edinburgh: Maclachlan and Stewart. Pp. 28.

Observations on Diseases of the Lower Bowel; their Cure without Operation. By Andrew Paul, A.B., M.B. Eighth Edition. London: Philip and Son, Fleet-street.

WEEKLY METEOROLOGICAL REPORT FOR THE WEEK ENDING JUNE 23RD, 1866.

By J. H. STEWARD, Strand, and Cornhill, London.

June, 1866.	Barometer reading reduced to 32 degrees.	Thermometer. Max.	Thermometer. Min.	Dry bulb.	Wet bulb.	Wind. Direction.	Wind. Force.	Rain.	Remarks.
17	29·71	63	50	64	55	NW	—	000	Fine.
18	29·071	64	41	54	54·05	SW	—	020	Dull.
19	29·066	72·05	53	63·05	56	NE	—	022	Do.
20	30·010	73·05	53·05	62·05	54	SW	—	000	Fine.
21	29·094	74	55	68·05	62	SW	—	—	Stormy.
22	29·90	96	57·05	66	62·05	SSW	—	110	Fine.
23	30·09	80	66	68·05	60	SE	—	—	Fine.

Appointments.

LONDON.

W. L. BARKER, L.R.C.P., has been appointed Assistant to the Obstetric Physician, St. George's Hospital, vice S. G. Freeman, M.R.C.S.E., L.M., resigned.

J. BURTON, M.D., has been appointed Surgeon to the Walsall Cottage Hospital, vice J. Redfern Davies, M.R.C.S.E., resigned from ill-health.

H. HYDE SALTER, M.D., Senior Assistant-Physician to the Charing-cross Hospital, has been appointed Physician, vice W. Hughes Willshire, M.D., resigned.

W. C. WATSON, M.R.C.S.E., has been appointed Resident House-Surgeon to the Westminster Hospital, vice G. E. L. Pearse, M.R.C.S.E., whose appointment has expired.

BOND, T., M.D., has been elected Resident Medical Officer to the Public Dispensary, Carey-street.

PROVINCIAL.

BRIETZCKE, H., L.R.C.P.L., has been appointed House-Surgeon to the Public Hospital, Sheffield.

J. G. NICHOL, M.D., has been appointed House-Surgeon to the Chorley Dispensary, vice W. Paterson, M.D., resigned.

G. R. RAE, L.R.C.S.I., has been appointed Assistant Medical Officer to the Workhouse, Brownlow-hill, Liverpool, vice Wm. Rayner, M.R.C.S.E., resigned.

MOIR, J., L.R.C.P.Edin., has been elected Assistant House-Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

PEARSE, G. E. L., M.R.C.S.E., has been apppointed Senior House-Surgeon to the Royal Infirmary and Dispensary, Manchester.

RISK, F. S., L.K.Q.C.P.I., has been elected Resident Medical Officer to the Isle of Man Hospital and Dispensary.

R. MURPHY, L.A.H.Dub., has been appointed Apothecary to the Carrick-on-Suir Dispensary District of the Carrick-on-Suir Union, vice W. D. Welsh, L.A.H.Dub., resigned.

W. MURRAY, L.R.C.S.Ed., has been appointed Medical Officer and Public Vaccinator for the Delvin Dispensary District of the Delvin Union, Co. Westmeath, and Medical Officer to the Delvin Union Workhouse, vice M. Gallagher, M.R.C.S.E., deceased.

M. BREEN, M.D., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Labasheeda Dispensary District of the Killadysert Union, Co. Clare, vice J. Finucane, L.R.C.P.Ed., deceased.

P. O'NEILL, L.K.Q.C.P.I., has been elected Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Moone and Castledermot Dispensary District of the Athy Union, Co. Kildare, vice Pim, M.D., deceased.

Dr. S. SHAW has been appointed Medical Officer, Public Vaccinator, and Registrar of Births, &c., for the Manorhamilton Dispensary District of the Manorhamilton Union, Co. Leitrim, and Surgeon to the Manorhamilton Bridewell, vice T. S. Murray, L.K.Q.C.P.I., appointed to the Tobercurry Dispensary District of the Tobercurry Union.

T. and H. Smith's Codeia Lozenges.
These Lozenges have a remarkable effect in allaying Cough and Irritation of the Throat and Chest.
Prepared only by T. and H. SMITH and CO., 21, Duke-street, Edinburgh, and 69, Coleman-street, London; and to be had of any Chemist and Druggist; in Boxes at 1s. 1½d. and 2s. 9d. each.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

Notice to Medical Students.

PRELIMINARY EXAMINATIONS IN ARTS.

The FOURTH PRELIMINARY EXAMINATION in ARTS for the Session 1865-66, will be held at the College on Saturday, the 14th July, at 12 o'clock.

Students intending to present themselves for Examination can obtain information as to the Subjects of Examination, at the College, in Kildare-street.

LOMBE ATTHILL, M.D.,
Fellow and Registrar.

County and City of Cork Medical Protective Association.

At a special meeting of the Committee, called by requisition and held at the Royal Cork Institution, June 18th, 1866, it was proposed by Dr. O'Connor, seconded by Dr. Beamish, and carried unanimously:—

Resolved—"That, while we consider that members of our profession might confer great advantage on the public medical institutions by taking part in their general administration, we are, nevertheless, of opinion, that any interference whatever of a purely professional nature, by such members, with the duties of the responsible medical officers of these institutions, cannot fail to be productive of evil to the patients, and to bring discredit on the profession."

JOSHUA R. HARVEY, M.D., Chairman.
CHARLES ARMSTRONG, M.D., Hon. Sec.

LISNASKEA UNION.

LISNASKEA DISPENSARY DISTRICT.

The Committee of Management of the above Dispensary District will, at their Meeting, to be held on Saturday, the 14th day of July next, proceed to appoint a properly-qualified Midwife, at a salary of £20 per annum, with liberty of private practice under the sanction of the Committee.

Applications, with testimonials, to be forwarded on or before the 14th day of July next, to BLANEY LESLIE, Esq., Honorary Secretary, Nutfield, Lisnaskea. Applicants to be in attendance at the Workhouse at the hour of Twelve o'clock on the above date.

BLAYNEY LESLIE, Esq., Hon. Sec.

Dispensary Room, 23rd June, 1866.

CONTENTS.

VOLUME I. SECOND SERIES. JANUARY TO JUNE, 1866.

Abscess, chronic, treatment of by iodine injections, 300, 417; by drainage, 592; puerperal fœtid pulmonary, 630
Acupressure, application of, in amputation of thigh, 272
Adipose cellular tissue, changes in, 342
Advertisements, quack, 182
Age, retention of mental vigour in old, 467
Alcohol, detection of, 485
Algeria, hospitals for natives in, 318, 382
American war, the late history of, 307, 382, 616
Ammonia, excretion of, by the lungs, 514
Aneurism, dissecting, 56; popliteal, 100; primitive false, of femoral artery, 176; thoracic, 403, 448, 565
Anæsthetic, the new, 19; remarks on, 218, 234, 293, 465; in dental operations, 247; letter on, 321; Mr. Porter on, 395; Dr. MacCormac on, 445; Dr. Drysdale on, 506
Anthrax, treatment of, by pressure, 484
Aphonia, treatment of functional, by galvanism, 23, 29
Apparatus, the new anæsthetic, 203; an, for fire damp, 342
Arachnitis, on cerebro-spinal, 540, 561
Army medical department, 133; medical examination, 353; and navy medical service, 386, 552
Ascites, case of, 333
Ashe, Dr. selection from French medical literature—on the treatment of cholera by M. Foiesac, 30
Assistant, manslaughter by an, 133; charged with, 263
Association, Cork Protective, annual meeting of, 392; Sanitary, of London, 312; Medical, of Ireland, 615; Metropolitan Counties Branch of British, 641
Ataxy, progressive locomotor, 252, 538
Atrophy or gangrene from disease of nerves, 24
Australasian Medical and Surgical Review on the Pritchard case, 184
Austrian medical service, the, 664
Automatic barometer, 310

Babington, Dr. death of, 407
Barometer, automatic, on the, 310
Batavian Society, the, 344
Beer containing lead and copper, 515
Belfast Lunatic Asylum, 43
Belladonna and opium, antidotal properties of, 369
Bethlem Hospital, election at, 291
Bethnal-green Guardians and the Poor-law Board, 469
Birmingham, correspondence from, 182, 348, 692
Biscuits, charcoal powder and, 258
Black death, case of, 559, 624
Bladder and vagina, inflammations of, 426
Blistering, acute rheumatism treated by, 505
Blood, remarkable case of transfusion of, 394; stains, detection of, 383
Body, quinine a constituent of, 497
Bolster, Dr. selections from French medical literature—on vaginal hæmatocele, 31; on primitive false aneurism of femoral artery, 176
Brahee sugar, 92
Brain, tumour of the, 314; tubercle on the, 370
Brande, Professor, death of, 184
Bright's disease, case of, 508, 396; dropsy from, 366
British Medical Association, meeting of the, 670
Bromides, uses of, 29, 98, 410
Burn, contraction of neck from a, 171

Cabs, infected, on, 619
Cæsarean section, advantages of, 32, 371, 372; case of, 624
Calculus, phosphatic, in male bladder, 232
Calculus, specimen of large sized, 478
Cambridge, professorships of anatomy at, 182
Camphor in water, solubility of, 493
Capsicum in delirium tremens, 395
Carbon, bichloride of, anæsthetic properties of, 275
Carbonic oxide, non-exhalation of, 383
Caries and fistulous tracts, 402
Cattle plague, Dr. Watson on, 20; analysis of, with human diseases, 33; vaccination for, 89; Mr. Balfour on the failure of, 111; Drs. Griffin and Crisp on, 111; specimens of the skin eruption of, 123; progress of, 208; decline of, 291; Dr. Paterson on, 235; the *Times* and, 520
Cerebro-spinal disease, contributions to, 221
Cerebrum, softening of, 540
Certifying, surgeon on, 674
Cervix uteri, amputation of, 274
Charter House, the medical officer of, 291, 302
Children, diseases of, clinical records illustrative of, 220; fatty liver in, 342
Children, diseases of, 8; training of idiotic and imbecile, 113
Children's Hospital, Edinburgh, Christmas at, 44
Cholera, treatment of, 30, 535; experimental researches on, 106; ice in the treatment of, 310, 336, 574; causes of, 447; contagion of, 467; on common, 477; preventive measures against, 383, 459, 487, 498; on board the Helvetia, 524; quarantine and, 524, 550; outbreakof, in the East, 533; Dr. G. Johnson's theory of, 550; progress of, 552; the prophylactic arrest of, 593
Cholera and choleraic diarrhœa, on, 193
Chloroform inhalations, medical uses of, 244
Close stool, a new, 64
Closets, indoor, on, 320
Clubfoot, treatment of, 339
Coffee, aroma of, 141
College, new, of Science in Ireland, 349
College, Trinity, examination papers of, 285
Colon, cancer of lower part of, 80
Colotomy, operation by, 311; case of lumbar, 396
Combustion, seat of respiratory processes of, 427
Committee, report of, on the treatment and prevention of venereal diseases, 187; the, on the army and navy services, 208
Confederate States, army statistics of, 310
Conolly, Dr. death of, 296
Cork Medical Protective Association, 68, 117, 498; annual meeting of the, 322; memorial of the, 590; workhouse hospitals, management of, 618; treatment in, 674; etiquette in, 665
Cornea, foreign body on the, 279

Correspondence.—Dr. Haughton on strychnia poisoning, 17; Dr. Mapother on the unhealthiness of Irish towns, 17; Mr. Griffin on poor-law reform, 44, 92, 137, 186, 211, 233, 295, 263, 327, 379, 434, 580, 618, 620, 668; Mr. Collis on immunity from epithelial disease, 44; the army medical department, 67; fees to medical witnesses, 67: Dr. Coleman on the climate of Miltown-Malbay, 68; Liebig on extract of meat, 68; Dr. Williams on medical registration, 112; Birmingham correspondence, 182, 192, 692; the Fellowship of the College of Surgeons, 185; Dr. Cunningham on quacks and quackery, 206; Dr. Burke on the rinderpest or cattle plague; an Irish county coroner on coroners and their courts, 207; Dr. Little on quacks and quackery; Dr. Phelan on abuses of red tickets; Dr. Maxwell on uneducated midwives, 234; on the examination of the Royal College of Surgeons, 434, 5-6, 581; "M.D." on Savory and Moore's "reptile heart" syringe; Dr. Hildige on the liquor atropiæ of the Pharmacopœia, 466; Mr. Bewley on the Irish College of Surgeons, 434; Dr. Kolzensky on quackery, 580; "Medicus et Chirurgus" on undercharging for medical services, 581; Dr. Mackesy on the memorial of the Irish Medical Association, 582; Dr. Hadden on the Council of the College of Surgeons, 582; Mr. Tichborne on chlorate of quinine, 592; Dr. MacCormac on the treatment of cholera, 593; a "Subscriber" on the Medical Council; Dr. O'Flynn on, 639; Dr. Mapother on the election of Council for the Royal College of Surgeons in Ireland, 640; Dr. Davys on laborers' dwellings, 669; Dr. Fowler on the Griffin testimonial; "Veritas" on the Indian medical services, 669; Mr. O'Sullivan on medical officers and their guardians, 670; Dr. Cunningham on cholera hospitals, 694
Coronary arteries, diseased, 79
Cranium, absorption of the, 278, 424
Crothers, Dr. translations from French medical literature—on meteorological observations taken at Nice, 240, 251, 282, 341, 369, 511
Croup, morbid specimen of, 103; treatment of, by sulphuric ether, 633
Croydon, sanitary measures in, 439
Cruveilhier's paralysis, on, 477

Dawson, Dr. death of, 644
Deglutition, experiments for ascertaining the mechanism of, 485, 515
Delirium tremens, capsicum in, 395, 659
Delpech, M. report of results of investigations on trichinosis, 355
Dermatology, on, 332, 391, 621
Dick, Professor, death of, 385
Diphtheria, treatment of, 338
Diseases, venereal, in army and navy, report of committee on, 187
Disease, nature of, lecture on, 213; general type of, 281
Dislocations of shoulder, reduction of, 633
Dodo, the, Professor Owen on, 307
Dropsy, on, from Bright's disease, 366
Dublin, health of, 357
Duggan, Dr. translations from French Medical Literature, on clubfoot, 339
Dura mater, cancer springing from, 80
Dysmenorrhœa, obstructive, 453
Dyspepsia, nature, causes, and treatment of, 6, 71, 119, 271, 359

Ear, surgical observations on, 659
Eclampsia puerperales, on, 371
Eczema, cases of, 536
Edinburgh Royal Physicians' Society, 27; Royal Infirmary, 115; Medico-Chirurgical Society, 280; conversazione of Royal College of Surgeons, 208; University of, 384; College of Surgeons and University representation, 582
Eggs and their pretended substitutes, 492
Embolia, on, 506
Empresthotonas, idiopathic intermittent, on a case of, 251, 314
Empyema, chronic, treatment of, 568
English workhouses, the sick poor in, 377
England, Royal College of Surgeons of, 118; catalogue of, 208; fellowship of, 523
English poor-law system, working of the, 262
Entomological societies, meetings of, 312
Epulis, 506
Epilepsy, treatment of, 49
Epilepsy and paralysis, the London infirmary for, 292
Ergot, occurrence of, in different plants, 482
Ergot of the "Diss," 542
Eruption, papular erythimatous, following vaccination, 341
Erysipelas, on, 542; caustics in, 401
Ether, sulphuric, in treatment of croup, on, 633; spray producer, 615
Examination papers of Trinity College, 235; of the Queen's University, 672; Army Medical, 353; Netley, 185
Examinations, medical, at inquests, 290
Exostosis of frontal bone, case of, 173
Eye, on affections of, 4

Fatty liver, children in, 342
Fellowship of the College of Surgeons of Ireland, letters on the, 185, 293, 319.
Femoral artery, two cases of ruptured, 174
Femur, fracture of, 280, 542
Feet, management of turning in, 515
Fevers, on the classification of, 471
Fever in London, 352; in Mexico, 368; on mixed types of, 546, 648; introductory lecture on, 413; temperature of the body in, 73, 121, 169
Fire damp, apparatus for, 342
Fistula in ano, ligature in treatment of, 311
Fœtus, skeleton and cast of, 335
Forceps, modification of M. Ricord's, 651
France, treatment of lunatics in, 497

Gall-bladder, non-development of, 225
Gall-stones, geometrical forms assumed by, 33 9
Gastric ulcer, remarkable case of, 198
Glasgow lying-in hospital, 138
Glottis, on scalds of, 453
Glycerine, ill effects from swallowing, 103
Gout, treatment of, by hydrochloric acid, 443, 501
Gravidity, extra-uterine, 371
Great Britain, the Pharmaceutical Society of, 558
Greece, wines of, 258
Griffin testimonial, 559, 694
Gunshot wounds, cases of, 336
Gutta-percha shoe in treatment of talipes, 283

Hæmorrhoids, arsenic in, 575
Hæmatocele, vaginal, 31; complicated peculiar character of contents, 306
Hand, distortion of, 416
Health, the public, 114
Heart, with rupture of left ventricle, 56
Hernia, treatment of, 28; strangulated femoral, 450; case of, new operation for cure of, 363; case of strangulated femoral, 478
Hime, Mr. translations from French medical literature, on action of oxygen on the blood, 657
Hingston, Dr. on artificial vagina, 300
Hip-joint disease, shortening of the limb in, 128
Hodgkin, Dr. death of, 407
Homœopathy, national, 89
Hospital, Bethlem, election at, 297

HOSPITAL REPORTS.

City of Dublin Hospital.—Mr. Tufnell on fracture of femur treated with straw splints, and fracture of both bones of leg with egg and flour fixed apparatus, 280

King's College Hospital.—Mr. Wood on contraction of neck from a burn; congenital oblique inguinal hernia; oblique inguinal hernia of three years' duration; Sir W. Fergusson on fibrous tumour of hard palate; tumour in calf of leg, 171

London Surgical Home.—Ovariotomy, 78

Mater Misericordiæ Hospital.—Dr. Hayden on a case of ascites, with anomalous thoracic sounds, 333; on thoracic aneurism, 303, 448; remarkable case of softening of the anterior lobe of the cerebrum, 540; on black death, 559

Meath Hospital.—Cases under Mr. Porter—Local anæsthesia, 395; varicocele, 505; epulis, 506; bilateral talipes varus, 506; deformity of lower lip, 506; operations performed by Mr. Collis, 591; chronic hydrothorax, 654; ulcer of leg, 654; tumour on back, 655; erectile tumour on face, 655; Collis' fracture of radius, 655; fracture of lower maxilla, 681; hydrarthrosis affecting knee-joint, 682; tumour involving optic nerve, 682

Richmond, Whitworth, and Hardwicke Hospitals.—Dr. Lyons on the treatment of delirium tremens by capsicum, 395, 653; on phantom tumour of abdomen, 418; on pneumonia, 419; on tuberculization of lung, 419; on tonsillitis, 449; on fever, 482, 503, 562; on black death, 473; tonic treatment of pneumonia, 539; on cerebro-spinal arachnitis, 540; on the employment of a new febrifuge, chlorate of quinia, 562; on rheumatic fever, 591; on febris nigra, black death, 625; therapeutic notes, 653; Dr. Hughes's cases of acute pneumonia, 621; miscellaneous notes, 682

Richmond Hospital.—Mr. Hamilton on wry-neck, 484; on poisoning by oxalic acid, 484

Sir Patrick Dun's Hospital.—On Bell's paralysis of the portio dura, 222; Dr. Banks on a remarkable case of cerebro-spinal arachnitis, 561

St. Vincent's Hospital.—Dr. Mapother on hysterical tetanus, 365; dropsy from Bright's disease; psoriasis aggregata, 366; on Bright's disease, 396; acute rheumatism treated by blistering, 505; on fracture of neck of femur, on erysipelas of heart, neck, &c, 542; Dr. O'Ferrall on the treatment of anthrax, 484; on large abscesses by drainage, 592

Westminster Hospital.—Mr. Holton excision of tongue, 539

House of Industry, election of physician to the, 318
Humerus, fracture of, 280; dislocation of, 365
Hydrochloric acid in the treatment of gout, 443, 501
Hydrocephalus, acute, on, 620
Hydrothorax, chronic, on, 654
Hypogastrium, tumour in, 100

Ice-bag, on the, in the treatment of cholera, 310, 574
Illusions, spectral, 392
Indian Medical Services, on, 669
Infanticide, debate on, 627; on, 620
Infirmary, model workhouse, a, 258
Infirmaries, County (Ireland), Bill, 187, 269
Infirmary, London, the, for epilepsy and paralysis, 292
Injury, severe external complicated, results of, 306
Inquests, medical examinations at, 290
Insanity and criminal responsibility, on, 338; cases of, 630
Insane, morally, brain substances deficient in the, 182
Interments, premature, on, 356
Invalids, consumptive, Pau as a residence for, 219
Ireland, new college of science in, 349
Irish Medical Association, meeting at Limerick Junction, 13, 38, 40
Iritis, syphilitic, case of, 195
Iron, syrup of iodide of, 27; new form of administering, 492

Jaw, removal of lower, 480; exfoliation of, 426
Journals, retrospect of, 43, 69, 89, 115, 137, 194, 237, 261 297, 311, 354, 378, 391, 464, 493, 638, 671, 694
Junior Surgical Society of Ireland, 175

Knee, excision of, 56, 481; amputation of, 76; on diseases of, 102; foreign body in, 127
Kidneys, cystoid pathogeny of, 199, 238, 248
King and Queen's College of Physicians, Ireland, 387
Kyst, axillary, removed by operation, 299

Labour, treatment of exhaustion during protracted, 28; two cases of obstructed, 32; sudden death during, 274; premature, forty cases of, 371
Laborers' dwellings, on, 569
Laryngoscope, value of the, 623
Laryngoscopy, on the value of, 95
Larynx, new bivalve speculum for, 134

Leading Articles.—The new year, 1; testimonial to Dr. Paterson, 12, 64, 184; the cholera in Paris, 35; vestries and their sanitary work, 37; meeting of the profession at the Limerick Junction, 39; hospitals and their construction, 59; medical education in the English Universities, 61; scepticism in medicine, 61; proposed new medical hospital for Edinburgh, 61; the rinderpest and its remedy, 62; who is a quack? 83; the new medical baronetcy, 84; is rinderpest small-pox? 91; sensation and cattle plague, 87; medical registration, 107; the sick poor in workhouses, 107, 229; Fellowship of the Royal College of Surgeons, 131; "Look upon this picture and on this," 139; preventive medicine, 180; the Hunterian lectures at the College of Surgeons, England; the legislature and the cattle plague, 181; natural science at Cambridge; the sphygmograph; the professorships of anatomy at Cambridge; quack advertisements; deficient brain substances in the morally insane, 182; death of Professor Brande, 184; rationalism and empiricism in medicine, 202; on the rank and pay of army and navy medical officers, 204; recent researches on the antiquity of man; progress of the cattle plague; a new mode of supplying London with water; the army and navy services, committee; Mr. Worm's treatment of the cattle plague; the catalogue of the Royal College of Surgeons of England; Conversazione at the Royal College of Surgeons, Edinburgh, 208; education and training of idiotic and imbecile children of Ireland, 231; further extension of The Medical Press and Circular, 231; the conveyance of lunatics to asylums, 231; Urquhart *v.* Bonnar; memoranda of the month, 184, 232; homœopathy and the cattle plague, 233; the discovery of the trichina, 241; the supply of medical necessaries in the Tiverton Union; the army and navy services, 241; the poor-law board and the medical profession in England, 257; the meeting of the Medical Council; Parliament and the Vaccination Acts; the discovery of the trichina; a model workhouse infirmary; death of Dr. Conolly; the wines of Greece; Bragg's charcoal powder and biscuits, 258; the working of the English poor-law system, 262; evidences of poisoning; the case of Millett *v.* Edmonds, 286; the double qualification in Ireland, 288; quack advertisements and the public press in Ireland, 289; the cattle plague and its lessons, 315; the plea of insanity in criminal cases; St. Pancras Workhouse Infirmary, 316; changes in the examination system in Ireland, 317; bills for the improvement of the dwellings of the working classes, 317; priority of invention in local anæsthesia, 327; the amendment of the Medical Act, 345; the necessity of amending our sanitary laws, 346; on nursing the sick, 346; medical fees in Scotland; the burial of poor persons; new convalescent home for Edinburgh; medical science in India, 351; proposed sanatorium for Birmingham, 351; scepticism and credulity in physic, 375; verdicts of *felo de se*; rumoured abuse of patronage at the Horse Guards, 376; workhouse infirmaries, 403; medical titles, 404; the new Vaccination Bill, 405; the Vaccination (Scotland) Act, 406; State Vaccination, 428; the Fellowship of the

Royal College of Surgeons, 430; how Scotch prisoners are fed, 431; clinical lectures, 432; preventive measures against cholera, 459, 487; the sick poor and the House of Lords, 470; the sanitary improvement of Edinburgh, 464; Lunacy Acts (Scotland) Bill, 461-3, 550; village hospitals in Great Britain, 488; the thermometer as a diagnostic agent, 489; our sanitary state and prospects, 490; Professor Struthers on the Anatomical School of Edinburgh, 491, 495-521; treatment of the sick poor in Islington, 492; the franchise of medicine, 517; representation of the Queen's University, Ireland, 518; the case of Dr. Armstrong, 519, 551; meeting of the Medical Council, 519, 567, 609; medical men and their patients, 548; nurses' training institution for Dublin, 549; institution for imbecile children, 549; the Medical Council and the Amended Medical Bill, 577; black death, cholera, cerebro-spinal arachnitis; Scottish University representation, 578; the Edinburgh veterinary school; the visitation of examinations, 579; Greek as a necessary element in medical education, 580; the General Medical Council, 610; the new chemical notation; quantity *v.* quality; the Cork board of poor-law guardians and their medical officers, 611; the anniversary field day of the profession, 612; medical education and the Medical Council, 635; the London workhouse infirmaries again, 636; the vis medicatrix naturæ in the diseases of children, 637; the Edinburgh veterinary school, 638; council elections, 663; the medico-guardians and medical officers of the Cork Workhouse again; the *Lancet* and Dr. Foster, 664; the perils of hospital practice, 689; the Morison lectures, 690; the uses of sulphurous acid gas, 691

Leather, nothing like, 294
Lead-poisoning, abortion and menorrhagia caused by, 275
Leg, amputation of, 121; fracture of both bones of, 282; ulcer of the, 654
Levi, Dr. on acute progressive paralysis, 341
Liffey, nuisance from the, deputation to the Lord Lieutenant on, 322
Ligature, operation by, in fistula in ano, 311
Light, polarization of, on the, 331
Lip, deformity of lower, 506
Literary piracy, on, 366
Lithopædion, case of, 371, 515
Lithotomy, remarkable case of, 167, 223
Lithotrity, on, 47
Liver jaundice, hypertrophy of, 75; cirrhosis of, with ascites, 101; hydatid disease of, 543
London, sanitary association of, 352; fever in, 352; sick poor, 437
London, the University of, 20, 556; the College of Surgeons of, 20; fever hospitals in, 88; Infirmary for Epilepsy and Paralysis, 292; fellowship of, 644
Lungs, excretion of ammonia by, 514; tuberculization of, 419
Lunacy Acts (Scotland) Amendment Bill, 350
Lunatics, treatment of, 497

Man, antiquity of, recent researches on the, 208; vestiges of, 382
MacCormac, Dr. on the health of towns, 113; on whole meal bread, 623
Madden, Dr. translation from French medical literature on idiopathic intermittent emprasthetonas, caused by cancer of brain, 251
Manslaughter, an assistant charged with, 263
Medical Obituary, &c.—Dr. C. J. Ritchie, 17; Dr. Taggart, 140; Sir J. McGregor, 141; Prof. Brande, 184; Dr. Wyber, 269; Dr. O'Reardon, Dr. Conolly, Sir A. Morison, 296; Professor Dick, Mr. Melsom, Dr. Hemphill, 385; Dr. Dawson, 644; Dr. Smith, 645; Mr. Ure, 670
Medical officers of health and their masters, 105; of army and navy, 432
Medical etiquette, 92, 387; in the Cork workhouse, 665
Medical examinations at inquests, 290
Medical officer, resident, of the Charter House, 291
Medical Association of Ireland, annual report of the, 615
Medical officers, payment of, from the Consolidated Fund, 65
Medical news, appointments, vacancies, births, marriages, and deaths, &c., 22, 45, 70, 93, 117, 141, 187, 211, 266, 297, 328, 358, 388, 411, 467, 499, 529, 559, 590, 619, 645, 675, 697
Medical Benevolent Fund Society of Ireland, annual meeting of, 613, 673
Medical journals, retrospect of, 43, 69, 89, 115, 137, 194, 237, 261, 297, 311, 354, 378, 391, 464, 493, 695
Medical Benevolent Fund, 499
Medical education, Professor Huxley on, 525
Medical Council, the, 238 467, 519, 552, 583, 595; punishments of, 318; memorial of Cork Association to, 590; proceedings of, 666; list of entries in the, 440
Medical Acts Amendment Bill, 557
Medical Trials.—Rudman *v.* Armstrong, 527
Mercurial trade disease, lecture on, 531
Mercury, red oxide of, 270
Mercurial poisoning, on, 652
Metropolitan Counties Branch of Medical Association, meeting of the, 641
Midwives, uneducated, on, 234
Minchin, Dr. selection from French medical literature on remarkable case of gastric ulcer, 198
Mode, new, of supplying London with water, 208
Month, memoranda of, 16, 38, 84, 108, 183, 232
Moore, Dr. D. W., translations from Dutch medical literature—On laryngoscopic investigation in the presence of foreign bodies in the throat, larynx, and œsophagus, 30; on the pathogeny of cystoid kidneys, 199, 238, 248; on thoracic and abdominal respiration peculiar to sighing and yawning, 175; on the general type of disease, 281; on Bright's disease, 508; on aneurism of the thoracic aorta, 565; on cases of tumour of the brain, 655, 685
Morison, Sir A. death of, 296
Muscles, voluntary, granular degeneration of, 253
Mutton, diseased, death from eating, 339
Myocarditis, case of acute uncomplicated, 130

Neck, pulsating tumour at root of, 100
Nerves, atrophy from disease of, 24
Netley examination papers, 185
Neuralgia, aggravated case of, 246
New inventions—Savory and Moore's reptile heart, 407
Nice, meteorological and medical observations taken at, 240, 251, 282, 341, 369, 511
Nuisance, the, from the Liffey, deputation to the Lord Lieutenant on, 322; the anatomical museum, 432

Œsophagus, malignant ulcerations of, 579
Ophthalmia of new-born children, 427
Opium and belladonna, antidotal properties of, 369
Optic nerves, experiments on the [illegible] of vision of, 594
O'Reardon, Dr. death of, 296
Original Communications.—Dr. Elliott on wry-neck, 1; Dr. Semple on rheumatic pericarditis, 3; Dr. Robertson on the eye, 4; Dr. Crowther on malignant ulceration of the œsophagus, 5; Dr. Foster on dyspepsia, 6, 71, 119, 271, 359; Dr. G. Stevenson Smith on diseases of children, 8, 75, 220, 362; Dr. Bishop on a new method of applying remedial agents, 9, 96; Dr. Holt on stricture, 10; Dr. Mackenzie on the treatment of aphonia, 23; Dr. T. Stewart on atrophy from disease of nerves, 24; Mr. Donovan on syrup of iodide of iron, 26; Mr. Milton on syphilis, 27, 99, 473; Dr. Paterson on the treatment of exhaustion occurring during labour, 28; Dr. Horan on strangulated hernia, 28; Dr. Griffith on the uses of the bromides, 29, 98; Dr. Johnson on functional aphonia, 29; Dr. Ashe on the treatment of cholera [illegible]; Mr.

Hamilton on lithotrity, 47; on dislocation of the head of the humerus, 365; Dr. O'Rourke on epilepsy, 49; Dr. Grimshaw on temperature of the body in fever, 73, 121, 169; Mr. Symes on amputation of the knee, 76; on the new method of producing local anæsthesia, 218; Dr. Watson on the value of laryngoscopy, 95; Dr. McKinlay on amputation of leg, 121; Dr. Geoghegan on tracheotomy, 134; on impaction of artificial teeth in the pharnyx, 245; Dr. Donovan on ganglion of wrist, 136; Dr. Fleming on lithotomy, 167; on injuries of the pelvis, 191; Dr. Maxwell on the climate of Pau, 168, 219; Dr. Greenway on cholera and choleraic diarrhœa, 193; Dr. Balfour on the nature of disease, 213; on the polarization of light by octahedral crystals of oxalate of lime, 331; Dr. Fraser on cerebro-spinal disease, 221; Barton on deep-seated abscess of the thigh, 243, 273; Dr. Kidd on the medical uses of chloroform inhalation, 244; Dr James Hayes on neuralgia treated with "Corrigan's cautery," 246; Mr. McClean on local anæsthesia in dental operations, 247; Mr. Vartan on successful amputation of the thigh for elephantiasis of leg, 272; Dr. Richardson's clinical lectures on surgery, 299; Dr. Belcher on dermatology, 332, 391, 621; Dr. Moore on paralysis after diphtheria, 361; Mr. Tichborne's summary of science, 366, 631; Dr. Bell on illusions, 392; Dr. Meldon on a remarkable case of transfusion of blood, 394; Sir D. J. Corrigan's introductory lecture on fever, 413; Mr. Barwell on three cases of distortion of hand, 416; Dr. J. F. Duncan on the treatment of gout by hydrochloric acid, 443, 501; Dr. W. MacCormac on Richardson's method of inducing anæsthesia, 445; on whole meal bread, 623; on mercurial poisoning and its prevention, 652; Dr. C. F. Moore on fever and cholera, 447; Dr. Banks on the classification of fevers, 471; Dr. Dowling on cholera, 477; Dr. Mapother on mercurial trade disease, 531; on laborers' dwellings, 659; Dr. Leach on the outbreak of cholera in the East, 533; Dr. Forsayeth on the treatment of, 535; Dr. Cunningham on ezcema, 536; Dr. Isdell on ruptured vagina, 537; on placenta prævia, 537; Dr. Murney on paralysis, 538; Dr. Townsend on the treatment of tubercular phthisis, 563; Dr. Lobb's course of lectures on electro-therapeutics, 621; Dr. S. Smith on acute hydrocephalus, 620; Mr. Collis on a case illustrative of the practical value of the laryngoscope, 623; Dr. Little on a case of black death; Dr. Crawford on a case of Cæsarean section, 624; Dr. Eustace on cases of insanity of difficult diagnosis tending to crime; Mr. Byrne on puerperal fœtid abscess, 630; Dr. Kennedy on fever, 648; Dr. Davys on Richardson's ether spray producer, 651; Mr. Richardson on the modification of M. Ricord's forceps for circumcision, 651; Dr. Hayden on diseases of the heart, 678; Dr. Balfour on hæmorrhage from the rectum, 680

Ovariotomy, on, 78; actual cautery, nse of, in, 334
Owen, Prof. on the Dodo, 307
Oxalic acid, poisoning by, 484
Oxygen, action of, on the blood, 657

Paris, cholera in, 35
Parisian hospitals, statistics of, 378
Parliament and the Vaccination Acts, 258
Paralysis, acute progressive, 341, 538; after diphtheria, 361
Parliamentary Intelligence.—Cattle diseases bill; committee on cattle plague bill, 211, 242; sheep infection; disease among swine; navy estimates; cattle plague experiments, 242; the cattle disease prevention act; the dwellings of the working classes in the metropolis; the cattle plague; commons near the metropolis, 266; cattle plague returns; houses of the working classes; smoke nuisance; the Clerkenwell Guardians; the rinderpest among sheep; county infirmaries (Ireland) bill, 295; fresh outbreak of the cattle plague in London; cattle contagious diseases bill; flogging and branding in the army; mortality of troops in China; medical officers, 321; street accidents; capital punishment; the British Museum; the labouring classes dwellings bill, 353; cholera in Cork harbour, 494; small-pox in the royal navy; the cholera, contagious diseases bill, 466; the mortality among the troops at Hong Kong, 556; cattle plague in Ireland, 556; Strand Union Workhouse; the cattle plague; cattle diseases prevention act; cattle plague commission, surgeons in the Guards, 436; vaccination bill; the smoke nuisance; the public health acts; the cattle plague, 437, 667; Strand Union Workhouse; the cholera conference; metropolitan workhouses; army and navy medical officers, 667; medical assistance at police stations, poor-law board reports, medical officers of the army and navy; registration of dogs; public health bill; the rinderpest; metropolitan workhouses, 694
Patterson, Dr. and the Pritchard case, 184; *v.* the Editor of the *Glasgow Morning Journal*, 385
Pau, observations upon, 168, 219
Pelvic viscera, on, 225
Pelvis, injuries of, 191; gunshot fractures of, 382; narrowing of, 485
Penis, cancer of the, 336
Pepsine, commission on, 385
Pericardium, tumour on, 422
Phosphates, syrup of the, 653
Phthisis, tubercular, treatment of, 563
Pig, newborn, on a, 335
Pilula ferri iodi, permanent mass for, 612
Piracy, literary, on, 356
Placenta prævia, treatment of, 309; disease of, 453; case of, 537
Placenta, anomaly of, 32
Pneumonia and hepatitis, pathology of, 420; acute, 627
Poisoning, alleged, 356; by water-hemlock, 433
Polypi, laryngeal, removed from larynx, 280
Poor-law Board, the, and the sick poor in workhouses, 291
Poor-law medical reform, Mr. Griffin on, 92, 137, 186, 211, 233, 295, 263, 327, 379, 434, 580, 618, 620, 668
Portio dura, paralysis of, 222
Poultices, use and abuse of, 575
Premature interments, on, 356
Prescriber, verdict of manslaughter against an amateur, 467
Prostitution, medical aspects of, 123
Psoriasis aggregata, case of, treatment of, 366
Pubis symphisis, separation of, with rupture of bladder, 278

Quacks and quackery, on, 234; letter on, 206, 580
Quack titles, 377, 379
Qualification, the double, on, 294; "Medicus" on, 235, 287
Quinoidine, animal, in relation to disease, 551
Quinia, chlorate of, 562, 653
Quinine, a constituent of the body, 497; chlorate of, note on, 592; bromate of, 672

Radius, fracture of the, 655
Railway, North British, action against, 236
Red tickets, abuses of, 234
Red Sea, analysis of the water of of, 640
Rectum, cancer of, 311
Reid, Dr. testimonial to, 210
Rejected candidates, on, 667
Respiration, thoracic and abdominal, on, 175
Retina, detachment of the, 567
Reviews.—Dr. Farre's Manual of Materia Medica, 57; the Half-Yearly Abstract; Who Wins? 58; Dr. Playfair's Handbook of Obstetric Operations; Dr. J. H. Davis on Parturition; Dr. Sansom on Chloroform, 82; Mr. J. B. Brown on Australia for the Consumptive, 106; Guy's Hospital Reports, 131; M. Trousseau's Clinical Medicine, 178; Mr. Squire's Photographs of Diseases of Skin; Mr. Hardwicke's Science Gossip; the Household; the Popular Science Review, 202; Dr. Neligan on Diseases of the Skin; Dr. Argonaut on the Arts of Row-

ing and Training, 228; Dr. Holland's Lectures on Hydrophobia; Dr. Banon on Vaginal Fistula; Dr. Arnott's Contributions to Medicine, 229; Dr. Earle on Flooding after Delivery; Dr. Lee on the Health Resorts of the South of France, and on Nice and its Climate; An Invalid on San Remo as a Winter Residence, 255; Dr. Balfour's Introduction to the Study of Medicine, 256; Dr. Taylor's Medical Jurisprudence, 284; Dr. Anderson's Handbook for Yellow Fever and Pestilential Cholera; Transactions of the Obstetrical Society of London; Dr. Chambers on the Climate of Italy, 313; Dr. Heath's Manual of Minor Surgery; Dr. Bowman's Introduction to Practical Chemistry; Dr. Hugman on Hip-joint Disease; *Richmond Medical Journal; New York Medical Record;* the Anatomical Remembrancer, 314; Atlas of Portraits of Diseases of the Skin; Dr. Foot on the Cattle Plague, 343; Dr. Hammond on Wakefulness; Dr. Drysdale on Prostitution, 344; Dr. Peacock on Disease of the Heart; Transactions of the Obstetrical Society, 373; Dr. Tucker on Cholera and Fever; Dr. Johnson on Cholera; Dr. Squire on Diseases of the Skin; Dr. Althaus on Locomotor Ataxy, 374; Register of the King and Queen's College of Physicians in Ireland; Mr. Brown on the Curability of certain forms of Insanity, Epilepsy, Catalepsy, and Hysteria in Females, 401; Dr. Pollock on the Elements of Prognosis in Consumption, 428; Dr. Daldy on Disease of Heart, 458; Dr. Ogle on Aneurism, 459; Dr. Copland on Bronchitis; Dr. Dixon on Diseases of Eye; Dr. Hunter on the Permanganates; Archives of Dentistry; Dr. Galloway on Paralysis, 486; Dr. Flint on the Practice of Medicine, 515; Dr. Fresenius' Chemical Analysis, 546; Dr. Watts' Dictionary of Medicine, 547; Dr. Foster on the Sphygmograph, 576; Dr. Dunn on Syphilis, 608; Dr. Ziegler on the Medical Properties of Nitrous Oxide, 634; Dr. Ellis on the Abolition of Pain; Mr. Bird on Vegetable Charcoal, 634; Dr. J. H. Bennett on the Treatment of Pneumonia, 662; Dr. Gairdner on the Function of Speech; Dr. J. Dewar on the Application of Sulphurous Acid Gas in Contagious Diseases; Dr. Prosser James' Visit to Vichy; a Letter on Homœopathy, 688; Dr. G. S. Smith on the Fevers of Children; the *Edinburgh Medical Journal* for June; the *Social Science Review*, 689.

Rheumatic pericarditis, rare form of, 3
Rheumatism, treatment of acute articular, 451, 505
Rinderpest, decline of, 272; in sheep, 312
Rivers, pollution of, 559
Royal College of England, Fellowship of the, 293, 319
Royal College of Surgeons of Ireland, letters on fellowship of, 293, 185, 319; of England, 523, 644
Royal Dublin Society, evening scientific meeting of, 569
Royal College of Surgeons, Edinburgh, and university representation, 582
Royal Medical Benevolent College, 468

Sanitary laws, amendment of, 137
Scalp, atheromatous tumour of, 172; tumour of, 225
Sewage, utilization of, 91
Services, army and navy, the, 241
Scapula, extirpation of, 619
Schroeder van der Kolk, the late, 263
Scientific Societies, meetings of, 114, 140, 312, 384, 410, 440, 512, 564, 593, 633, 687
Science, summary of, 366, 513, 631
Scirrhus, specimen of, 336
Scotland, vaccination in, 292; Lunacy Acts Amendment Bill of, 350
Sense and volition, transmission of, 433
Sheep, rinderpest in, 312
Shoulder, reduction of dislocations of, 633
Skin, hæmorrhage from, 371
Smith, Dr. and the Irish Medical Association, 387
Societies, scientific, 265; Junior Surgical, of Ireland, 175
Society for the Relief of Widows and Orphans of Medical Men, 498

PROCEEDINGS OF SOCIETIES.

Academy of Medicine.—Hypertrophy of the tonsils, 546

Edinburgh Medico-Chirurgical Society.—Proceedings of, 399; Dr. Sanders on aphasia, 482; Dr. Begbie on paracentesis thoracis, 482

Harveian Society.—Dr. Sanderson on the analysis of the cattle plague with human diseases, 33; Mr. B. Squire on specimens of skin eruption of the cattle plague; Dr. C. Drysdale on the medical aspects of prostitution, 123; on a case of syphilitic iritis; Dr. de Méric on syphilisation, 195; on the duality of venereal diseases, 398; Dr. Drysdale on acute articular rheumatism, 451; on Richardson's local anæsthesia, 506; Dr. Stewart on embolia, 506; Mr. Walton on detachment of the retina, its causes and treatment, 567; Mr. Hill on chronic empyema, 568; Mr. Curgenven on infanticide, 627

Medical Society of London.—Mr. H. Smith on tertiary syphilitic ulceration; Mr. W. Coulson on ovariotomy; Mr. J. Lane on syphilisation, 53

Medical Society of the College of Physicians, Ireland.—Dr. Moore on paralysis of syphilitic origin; Dr. Belcher on diphtheria, 227; Dr. Hayden on diphtheria; Dr Madden on insanity and criminal responsibility, 338; Rev. Dr. Haughton on the geometrical forms assumed by gall-stones, 339; Dr. MacSwiney on a case of recovery from traumatic (?) tetanus, 481; Dr. Quinlan on fissure of sternum, 482; Dr. Kennedy on mixed types of fever, 546

Royal Medical Chirurgical Society.—Mr. Barwell on curvature of spine, 104; case of acute uncomplicated myocarditis, 130; Mr. Thompson on phosphatic calculus in male bladder; Mr. Allen on lithotomy, 223; Dr. Meryon on granular degeneration of the voluntary muscles, 253; anniversary meeting, 304; the President's address, 305; Mr. Durham on a case in which a new operation for the radical cure of hernia was successfully performed, 360; case of lumbar colotomy, 396; Dr. Caddy on notes of observation on fever on the coast of Mexico; Mr. Morehead on the pathology of pneumonia and hepatitis, 420; Dr. Harley on hydatir disease of liver, 543; Mr. Toynbee on pathological and surgical observations on diseases of the ear, 659

Obstetrical Society of London.—Dr. West on an anomaly of the placenta; Professor Berry on two cases of obstructed labour; Dr. Greenhalgh on the comparative advantages of the Cæsarean section over craniotomy, 32; Dr. Eastlake on brief notes of uterine therapeutics; Dr. H. Davis on fibroid tumour of uterus; annual meeting, 81; Dr. Meadows on amputation of the cervix uteri; Dr. Barnes on sudden death during labour; Dr. Baker on abortion and menorrhagia, dependent upon lead poisoning; Dr. Sansom on the properties of the bichloride of carbon; Dr. Beck on enlargements of the uterus which follow abortions, 275; proceedings of, 334; Mr. Brown on the use of the actual cautery in ovariotomy; Mr. Routh on a case of fibro-cystic disease of the uterus, 335; conversazione of the, 351; Dr. Radford on laceration of the uterus, 686

Obstetrical Society of Dublin.—Dr. Atthill on inflammation of bladder and vagina, 426; Dr. Wilson on the ophthalmia of new-born children, 427

Pathological Society of London.—Dr. Ramskill on a heart with rupture of left ventricle; Mr. Callender on excision of knee; Dr. Peacock on dissecting aneurism of aorta, 56; Dr. Peacock and Dr. Hicks on ulcer of œsophagus; Dr. Dickinson on diseased coronary arteries, 79; Mr. E. Hart on cancer springing from dura mater; Dr. Gibb on a fibrinous cast of trachea and bronchi; tapeworm expelled with its head; Mr. Curling on colloid cancer of lower part of colon, 80; Mr. Bryant on two cases of ruptured femoral artery, 174

Surgical Society of Ireland.—Mr. Tufnell on a case of malignant tumour filling the mouth and fauces, 51; Dr. Mapother on cirrhosis of liver with ascites, 101; Dr. Croly on disease of knee-joint, 102; on croup, 103; Mr. Richardson on ill effects from swallowing glycerine, 103; Dr. Wilkinson on foreign body in knee-joint, 127; Mr. Richardson on shortening of the limb in hip-joint disease, 128; Mr. Hargrave on atheromatous tumour of scalp, and on a case of exostosis of frontal bone, 173; Mr. Hamilton on a fibro-cellular tumour, 174; Dr. Stapleton on tumour of the scalp; Dr. Minchin on pelvic viscera; Mr. Macalister on the superior pulmonary veins of right side opening into the superior vena cava, and on non-development of the gall-bladder; Dr. Fleming on Holt's treatment of stricture of the urethra; Mr. Richardson on internal abdominal strangulation, 225; on two pulmonary veins opening into right auricle; Dr. Benson on extensive disease of the mitral valve; Dr. Geoghegan on injury of the spine, 277; Dr. Fleming on absorption of the cranium; Mr. Symes' case of separation of the symphisis pubis, 278; Mr. Smyly on ascaris lumbricoides in the trachea, and on laryngeal polypi; Mr. Collis on foreign body on the cornea, 279; Dr. Geoghegan on complicated results of severe external injury; on complicated hematocele, peculiar character of contents, 306; Dr. Croly on a skeleton and cast of a fœtus showing a large spina bifida; Dr. Darby on a young pig with double hinder extremities, 335; Dr. Fleming on cancer of the penis, 336, and on gunshot wounds, 337; Dr. Davys on fibro-cystic tumour, and on scirrhus of the breast, 336; Mr. Trenerry on cholera, 336; Dr. Benson on tumour on pericardium causing hydrothorax on one side, 422; Mr. Richardson on absorption of the cranium by by the pressure of ordinary non-congenital atheromatous tumours, 424; Dr. Grimshaw on exfoliation of portion of lower jaw after fever, 426; Mr. Croly on scalds of glottis, 453; Dr. Fleming on Cruveilhier's paralysis, 477; Mr. Croker on a specimen of large-sized calculus, 478; Dr. Wharton on hernia, 478; Mr. Banon on removal of lower jaw, 480; Mr. Hamilton on excision of knee-joint, 481; the President's address, 481.
Western Medical Society.—The pathology of syphilis, 507

Southampton, precautions against cholera in, 498; sanitary state of, 129
Sphygmograph, the, 182
Spine, treatment of curvature of, 104; injury of, 277
Splints, straw, in the treatment of fracture, 280
Statistics, Confederate States army, of the, 310
Starch, action of diastase on, 386
Sternum, fissure of, 482
St. Pancras' Workhouse, investigation in, 343
Strangulation, internal abdominal, on, 225
Surrey County Hospital, opening of, 496
Surgery, clinical lectures on, 299
Surgeon, serious charges against, 671
Syphilis, treatment of, 27, 99, 409, 473, 419; discussion on, at Medical Society of London, 53; the pathology of, 507
Syphilisation, on, 195

Tabes dorsalis and general paralysis, 386
Talipes, treatment of, by gutta-percha shoe, 283; varus, bilateral, 506
Tapeworm expelled with its head, 80
Taylor, Prof. on the treatment of placenta prævia, 309
Teeth, artificial, impaction of, 245
Temperature, the sense of, 400
Tetanus, hysterical, on, 365; traumatic, recovery from, 481
Thigh, deep-seated abscess of, lectures on, 243, 273; successful amputation of, 272
Tissue, adipose cellular, changes in, 342
Tiverton Union, medical necessaries in, 241
Tongue, on excision of, 539
Tonsils, hypertrophy of, 546
Tonsillitis, on, 449
Tooth cement, 494
Trachea, ascaris lumbricoides in the, 279; and bronchi, fibrinous cast of, 80
Tracheotomy, observations on, 135
Trichina, discovery of the, 241; disease, 615
Trichinosis, on, 355; Virchow on, 377
Triplets, case of, 320
Tubercle in the brain, 370
Tumour, malignant, filling mouth and fauces, 51; at root of neck, 100; in the hypogastrium, 100; fibro-cystic, specimen of, 336; of brain, 314, 655; phantom of abdomen, 418; resembling female mamma, 616; fatty, on back, 655; on face, 655
Tuson, Mr. testimonial to, 385
Tympanum, new method of applying remedial agents to the cavity of, 9, 96
Typhoid fever, cases with, 362

Ulcer, syphilitic, treatment of, by mercurial vapour baths, 451; with opium, 654
Ulster Medical Society, 526
United States, medical department of, 264
University, Anderson's, meeting in, 186
Ure, Mr. death of, 670
Urethra, treatment of stricture of, with Holt's dilator, 225, 450
Urine, albuminous, value of, 319
Uterine therapeutics, brief notes of some, 81
Uterus, fibroid tumour of, 81, 371; enlargements of, which follow abortions, 275; cystic disease of, 335; case of double, 371; forcible tearing away of, 514; rupture of, 574

Vaccination Bill, the, 260
Vaccination, Scotland, in, 292
Vaccination, erythematous eruption following, 341; bill, the English, 439; discussion on public, 641
Vaccine lymph, sale of, 136
Vagina, artificial, on, 309; case of ruptured, 537
Valve, mitral, disease of, 277
Varix, rupture of a, 372
Varicocele, treatment of, 505
Veins pulmonary, two, opening into right auricle, 276; pulmonary superior, on, 225
Venereal diseases, treatment and prevention of, in army and navy, 187
Venereal ulcers, duality of, 398
Vertebra, fracture of fifth dorsal, 277

War, American, the late, history of, 307, 382, 616
Water-hemlock, poisoning by, 433
Workhouse, Cork, medical etiquette in, 665
Workhouses and lunatic asylums, 88; St. Pancras, investigation in, 343; and the Poor-law Board, 433; infirmaries of London, 675
Worms, Mr. treatment of the cattle plague, 208
Wrist, on ganglion of, 136
Wry-neck, resulting from caries of vertical vertebræ, 1; hysterical, 484
Wyber, Dr. the late, 269

Zymotic, outbreak of an unusual, 520

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